

Get Better Together

for living better with health issues

Powerful Tools
FOR Caregivers



Memory
aging^{&™}
PROGRAM

Final Report 2024-2025



Participating
Regional Health
Authorities



Submitted by:

Amy Yonda, Outreach Coordinator
Phone: 204.632.3935 Email: ayonda@sogh.mb.ca
Wellness Institute at Seven Oaks General Hospital
1075 Leila Avenue, Winnipeg, MB
R2P 2W7

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Manitoba Evidence-Based Self-Management Programs

April 1, 2024 – March 31, 2025

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 48 programs ran this year: 20 were GBT, four were PTC programs, seven were TBH programs, and 17 were MAP.

The programs that were offered in 2024-2025 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 to allow participants from other Regional Health Authorities (RHAs) to take part.

Eight in-person GBT programs were offered in the Winnipeg Regional Health Authority (WRHA). Prairie Mountain Health (PMH) region ran 11 GBT programs, nine of which were in-person and two offered virtually. The Northern RHA (NRHA) offered one GBT program in-person in 2024-2025.

All of the PTC and TBH programs were offered in the Winnipeg Regional Health Authority. Four PTC programs were offered, all but one of which were virtual. All seven TBH programs were offered in-person. Of the 17 MAP programs offered, 13 were offered in WHRA, three in IERHA and one in PMH. All of these MAP programs were offered in-person.

A total of 587 persons participated in the four types of programs offered this year, and 487 completed the program, substantially more than in the previous two years, when 271 and 209 individuals completed respectively. The overall completion rate for programs offered in 2024-2025 was 83.0%, which is higher than the national average completion rate reported by the Self Management Resource Center (SMRC) for CDSMP (72%).

Across the 2024-2025 programs, the completion rate improved compared with last year. In the 20 GBT programs, 171 individuals attended at least one session, and 128 completed the program for a completion rate of 74.9%, compared to 72.0% last year. The four PTC programs had 29 participants, of whom 22 completed the program, resulting in a completion rate of 75.9%, compared to 68.6% in 2023-2024. A total of 124 individuals participated in the seven TBH programs, and 105 completed the program, resulting in a completion rate of 84.7%, an improvement over the 72.3% completion rate last year. In the 17 MAP programs, 232 of the 262 participants completed the program, resulting in a completion rate of 88.2%, an increase from 81.3% the previous year.

Individuals identifying as female made up the majority of participants in all four programs. Females comprised 77.7% of GBT participants, 86.7% of PTC participants, 75.9% of TBH participants and 83.9% of

MAP participants. Although participants in their 80s and beyond could be found in all four programs, the average age of participants was lower among GBT (54.4 years) and PTC (57.9 years) participants, compared to the participants in TBH (75.7 years) and MAP (74.2 years) programs. Across the four programs, participants reported that they had been diagnosed with an average of 2.9 chronic conditions. Participants in the GBT program reported the most conditions, on average (3.5 conditions) and participants in the PTC program reported the least (2.0 conditions). Across the programs, the most frequently-reported conditions were depression or anxiety, arthritis or rheumatism, high blood pressure and high blood cholesterol, though the standing of each condition amongst the top four varied by program. Almost all participants reported having a regular doctor or nurse practitioner. Participants in the GBT program were the least likely to have regular healthcare providers (86.1%), while 99.1% of TBH participants had this resource.

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 2024-2025; one for Powerful Tools for Caregivers (PTC) and three in a combined training that taught Memory and Aging (MAP) and Total Brain Health (TBH) programs. In the Prairie Mountain Health region, three new leaders were trained for MAP and TBH. In Interlake Eastern Regional Health Authority, eight new leaders were trained in MAP and TBH and three were trained in PTC. The Northern Health Region had three leaders trained in PTC. Seven leaders were trained in the MAP and TBH programs, and three in PTC, within the Winnipeg Regional Health Authority.

Recommendations

The following recommendations will support the self-management programs going forward:

- Continue to support RHAs in offering all programs in-person and virtually province-wide.
- Coordinate Leader Training sessions across the province for all programming and maintain program fidelity and license requirements.
- Continue to work with the Provincial Chronic Disease Self-Management Steering Committee and My Health Teams to leverage capacity and integrate programming into patient care and the broader healthcare system.

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 "Living a Healthy Life with Chronic Conditions," 5th Edition.

It is the process in which the CDSMP is taught that makes it effective. Classes are highly participatory, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active, 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 disseminating the CDSMP has as its central principle the belief that trained lay persons with chronic diseases 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 with 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-a-half-hour program and a condensed ninety-minute program, both aimed at those caring for an adult, and a specialized version of the program offered for caregivers of children with special needs. Programming can be offered in-person or virtually.

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

- Self-Care Behaviours: 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 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

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;
- Expanded capacity for programming by offering peer leader trainings in PTC, MAP and TBH;
- 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 for all Manitobians to take part; and
- Coordinated province-wide public awareness of peer-led self-management programming.

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 programs into their services.

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 —is included in the Health Management Group Program Schedule, managed by the WRHA.

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

Marketing & Communications

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

The WI website was updated this year, and as part of these changes, all self-management evidence-based chronic disease programs are now located on the same landing page: <https://wellnessinstitute.ca/clinical-programs/chronic-disease-management-programs/>. There is information, promotional material, and links for health partners to log on and gather program materials.

WI is part of the Seven Oaks Neighbourhood Resource Network, the Seven Oaks and Inkster Food Security Network, and the Keewatin Inkster Neighbourhood 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.

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

The Wellness Institute hosted the 2025 MEGA heart event organized by the St. Boniface Research Centre & Institute of Cardiac Sciences. A table with information on all of the self-management programs was available for attendees to gather at the health exhibit area.

WI was invited to do a virtual presentation for the Aboriginal Diabetes Initiative program on self-management and taking charge of your wellbeing. As part of the presentation, GBT, MAP, PTC and TBH were promoted and explained.

REGIONAL IMPLEMENTATION

The Wellness Institute has been offering Get Better Together (GBT) and helping residents better manage their health conditions for over fifteen years. Powerful Tools for Caregivers (PTC), Total Brain Health (TBH), and the Memory and Aging Program (MAP) were programs that were introduced more recently, and all four programs were offered during 2024-2025.

During 2024-2025, programs were offered both in-person and virtually using a secure digital platform. Four RHAs participated in 2024-2025, with a total of 48 programs offered, an increase from 35 programs in 2023-2024 and 32 in 2022-2023. Virtual programs allowed participants from other RHAs to attend, even if no programs were offered in their area.

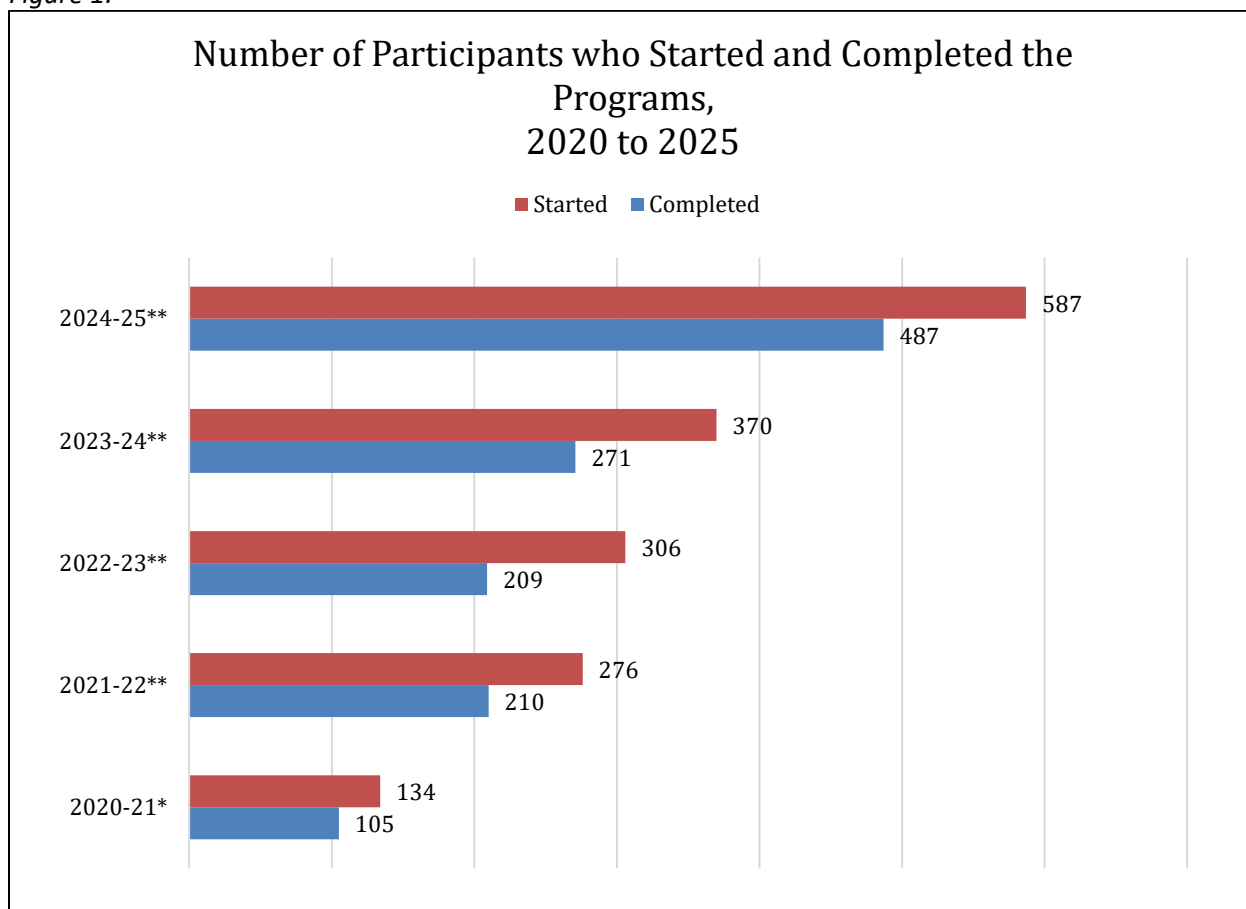
Winnipeg delivered 32 programs this year, an increase from 24 programs in 2023-2024. Of the programs offered in Winnipeg, eight were GBT programs, four were PTC programs, seven were TBH programs, and 13 were MAP programs. RHAs outside of Winnipeg delivered a total of 16 programs compared to 11 last year and 13 in 2022-2023. Twelve of these programs were GBT, and four were MAP programs.

Overview

RHA	# of Leaders/ Master Trainers certified 2024/25*	# of Programs Delivered 2023/24*	# of Participants Attended/ Completed 2023/24*
Southern Health -Santé Sud	0 / 0	0	0 / 0
Prairie Mountain Health	3 / 0	12	110 / 82
Interlake-Eastern Regional Health Authority	11 / 0	3	63 / 52
Northern Regional Health Authority	3 / 0	1	7 / 4
Churchill Health Centre	0 / 0	0	0 / 0
Winnipeg Regional Health Authority	12 / 0	32	407 / 349
TOTAL	29 / 0	48	587 / 487

* 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.
- No Leader Training or Refresher sessions were offered in SHSS this year.

Prairie Mountain Health

Host	Program	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Dauphin Hero Club	GBT	in person	April 9	1:00-3:30pm	10	8
Keeseekoowenin	GBT	in person	April 11	1:00-3:30pm	3	2
Samaritan House	GBT	in person	April 23	8:45-11:30am	10	9
Samaritan House	GBT	in person	July 9	8:45-11:30am	15	14
Town Centre Brandon	GBT	in person	September 5	1:30-4:00pm	5	4
Virtual	GBT	virtual	September 10	6:30-9:00pm	8	5
Viriden	GBT	in person	September 10	6:30 - 9:00pm	10	7

Westman Seniors Housing Coop in Brandon	GBT	in person	November 7	1:30-4:00pm	20	15
Grandview	MAP	in person	January 13	1:30-3:30pm	14	12
Sioux Valley	GBT	in person	January 20	1:30-4:00pm	4	0
Brandon Healthy Living Centre	GBT	in person	February 4	1:30-4:00pm	8	4
Virtual	GBT	Virtual	February 4	1:30-4:00pm	3	2
TOTAL					110	82

- Twelve programs were delivered this year in Prairie Mountain Health (PMH).
- Eleven of these programs were GBT, and one was MAP.
- Two of these were offered virtually, and 10 were in-person programs.
- One TBH program in PMH was cancelled due to poor weather
- Two GBT programs in PMH, in First Nations communities, were postponed due to a variety of factors including poor weather, low registration, schedule conflicts and building renovations.
- PMH promotes programming internally through My Health Teams, Physician Clinics, Nurse Practitioners, Mental Health Workers, the Chronic Disease Prevention Program Nurses and Dietitians, Health Promotion Coordinators, etc. External promotion is done to disease-specific organizations and senior centres. Promotion is also done on Prairie Mountain Health's social media accounts (Facebook, Instagram, and Twitter), website, and in the monthly publication Health Plus. Information tables are also set up at local health events throughout the year.
- One virtual MAP and TBH training included three leaders from PMH.

Northern Regional Health Authority

Host	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Flin-Flon	in person	January 23	6:30 - 9:00pm	7	4
TOTAL				7	4

- One GBT program was delivered in 2024-2025 in the Northern RHA.
- Three NRHA leaders were trained in Powerful Tools for Caregivers program.

Interlake-Eastern Regional Health Authority

Host	Program	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Gordon Howard Center in Selkirk	MAP	in person	May 1	10:00-11:30am	23	16
Gordon Howard Center in Selkirk	MAP	in person	November 13		14	10
Stonewall	MAP	in-person	February 25	1:00-2:00pm	26	26
TOTAL					63	52

- Three MAP programs were delivered in 2024-2025 in the Interlake-Easter RHA.
- One GBT program was scheduled but cancelled due to low registration.
- IERHA promotes through its wellness team e-newsletter, Facebook, word of mouth, and marketing through clinics, nurse practitioners, allied health, services for seniors and with posters on community bulletin boards. A display board promoting programming also rotates at events throughout the region as well.
- There were 11 people from the IERHA region trained this year; three in Powerful Tools for Caregivers and eight in Memory and Aging and Total Brain Health.

Winnipeg

Host	Program	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Opportunities for Employment	GBT	in person	February	1:00-3:30 pm	9	5
Valhalla apartments	GBT	in person	April 16	10:00-12pm	9	9
St James HART	PTC	virtual	April 16	10:00-11:30am	10	6
Millennium Library	MAP	in person	May 2	1:00-3:00pm	14	14
Age & Opportunity	PTC	virtual	May 14	6:00-7:30pm	6	5
Wellness Institute	GBT	in person	May 15	9:30-11:30am	10	7
Charleswood	TBH	in person	May 21	10:00-11:30am	18	14
Youville St. Boniface	MAP	in person	June 4	9:30-11:00am	4	3
Columbus Courts	MAP	in person	June 5	1:00-2:30pm	16	12
Opportunities for Employment	GBT	in person	June 4		10	8
Salvation Army-Community Ventures	MAP	in person	September 13	10:00-11:30am	15	15
Salvation Army-Community Ventures	TBH	in person	October 4	10:00-11:00am	17	17
Access Transcona	GBT	in person	October 15	1:00-3:30pm	6	4
Wellness Institute	MAP	in person	October 17	10:00-11:30am	10	9
Opportunities for Employment	GBT	in person	October 22	1:00-3:30pm	6	5
Wellness Institute	GBT	in person	November 5	1:00-3:30pm	6	5
Charleswood	MAP	in person	November 7	10:00-11:30am	14	13
Wellness Institute	TBH	in person	November 7	10:00-11:00am	10	9
Garden City Community Centre	MAP	in person	November 18	1:00-2:30pm	18	17
Whittier Seniors	MAP	in person	January 28	1:30-3:00pm	24	21
St James Assiniboia	TBH	in person	February 6	1:00-2:30pm	19	13
Young at Heart (YAH)	MAP	in person	February 7	1:30-3:00pm	19	15
Community venture	GBT	in person	February 7	10:00-12:30pm	12	11
Wellness Institute	MAP	in person	February 8	9:00-10:30am	12	10
Wellness Institute	TBH	in person	February 18	1:00-2:00pm	14	11
Parkside Plaza	TBH	in person	February 27	1:30-3:00pm	29	25
Community Venture	MAP	in person	March 3	10:00-11:30am	8	7
Charleswood	MAP	in person	March 5	10:00-11:30am	14	14
Age & Opportunity	PTC	virtual	March 19	6:00-7:30pm	6	4
Community venture	PTC	in person	March 21	10:00-11:30am	7	7

The Melody	MAP	in person	March 27	1:00-2:30pm	18	18
Louis Riel Library	TBH	in person	March 27	10:30-11:30am	17	16
TOTAL					407	349

- A total of 32 programs ran in Winnipeg in 2024-2025; eight programs were Get Better Together, four were Powerful Tools for Caregivers, seven were Total Brain Health, and 13 were the Memory and Aging program.
- One in-person GBT program was postponed.
- One virtual PTC program was cancelled.
- One in-person TBH program was cancelled.
- 29 of the programs were offered in-person, and three of the programs were offered online.
- Several new sites were launched this year; Community Ventures Salvation Army, Garden City Community Centre, Young at Heart (YAH) senior's club, Columbus Courts independent housing, The Melody retirement complex, Whittier Seniors retired citizens organization and Parkside Plaza apartments.
- Winnipeg Libraries have partnered with WI and are offering our slate of programming. The programs are promoted and listed on the City of Winnipeg Library website, allowing easy online registration and links for virtual offerings.
- There were 12 people from Winnipeg trained in programming this year. There were three for PTC and nine for MAP and TBH.

Implementation of Leader Training

The Wellness Institute hosted an in-person combined training for the Memory and Aging Program (MAP) and the Total Brain Health (TBH) program, during which seven leaders from the Winnipeg Regional Health Authority (WRHA) received training.

The Wellness Institute also hosted three virtual trainings this year. Two for MAP and TBH, and one for Powerful Tools for Caregivers (PTC). Nine leaders were trained for PTC, including three staff from Northern Regional Health Authority (NRHA), three from Interlake-Eastern Regional Health Authority (IERHA), and three from Winnipeg, who are staff from Age and Opportunity: Support Services for Older Adults. A total of 13 leaders were trained virtually for MAP and TBH: three staff members from Prairie Mountain Health (PMH), eight from IERHA, and two from Winnipeg, who are staff members from the Health Aging Resource Team (HART) at Access Transcona.

Training Sessions

Dates	Program	Mode	Attended / Completed Training Session
May 29, 2024	MAP and TBH	In-person	7/7
September 24, 2024	MAP and TBH	Virtual	8/8
December 18 and 19, 2024	PTC	Virtual	9/9
January 13, 2025	MAP and TBH	Virtual	5/5
TOTAL:			29/29

PROGRAMMING

Participation rate

An average of 10.2 people completed the 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 7.7 people per program who completed the four programs last year and 9.9 people in 2022-2023.

Finding out about the programs

Participants found out about the programs in various ways (Table 1). People were often informed about the programs by other organizations they were connected to, often the organizations hosting the programs. This was particularly true for the Total Brain Health and Memory and Aging programs, where nearly half of the participants indicated that they had heard about the program from the organization or site hosting it. 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. Emails, website and social media are increasingly important sources of information about these programs, particularly the newer programs.

Table 1. Source of information about programs

Source of information	Get Better Together (%)	Powerful Tools for Caregivers (%)	Total Brain Health (%)	Memory and Aging (%)
Host organization	39.9	7.7	47.2	48.1
Other organization	1.4	0	0.9	0.9
Family or friends	27.3	15.4	19.4	17.2
Healthcare provider in a clinic	17.3	23.1	2.8	4.7
Resource coordinator	7.2	46.2	22.2	28.3
Email	0.7	0	3.7	1.3
Website	3.6	7.7	7.4	3.4
Social media	2.9	0	1.9	1.7
Media (newspaper, radio, TV)	4.3	0	0.9	3.4

Program attendance

A total of 48 GBT, PTC, TBH and MAP programs were delivered in 2024-2025, with 613 individuals registering and 587 participating in at least one class.

Of those who had attended at least one session in the 48 programs, 487 participants completed the program. This year, the number of sessions offered in each program varied. All but one of the GBT programs ran for six sessions, the exception being a program that ran for three weeks. All PTC programs

offered this year ran for six sessions. For TBH programs, the number of sessions ranged from three to six. MAP programs typically ran for three sessions but for a few of the programs the sessions extended to four or five weeks.

Completion rate was based on the number of sessions offered. For programs with six classes, completion means that participants attended at least four out of the six sessions. Participants were considered to have completed programs running five sessions if they attended at least three of the sessions. For programs with four scheduled sessions, participants who attended at least three of the four classes completed the program. Participants who attended at least two of the three scheduled sessions were considered to have completed these programs.

The overall completion rate was 83.0%, an improvement from last year (73.2%) and 2022-2023 (68.3%). The average number of sessions participants attended in each program is shown in Table 2.

In the 20 GBT programs, a total of 171 individuals attended at least one session, and 128 completed the program for a completion rate of 74.9%. Four PTC programs had 29 participants, and 22 completed the program resulting in a completion rate of 75.9%. A total of 124 individuals participated in the seven TBH programs, of which 105 completed the program for a completion rate of 84.7%. The MAP program saw the greatest number of participants, as well as the highest completion rate among the four programs. In the 17 MAP programs, 263 individuals participated and 232 completed the program, for a completion rate of 88.2%

Table 2. Attendance for programs

Attendance	2020-21*	2021-22	2022-22	2023-24	2023-24
# registered	144	305	352	401	613
# who attended at least one session	134	276	306	370	587
# completed program	105	210	209	271	487
Average # of classes attended					
GBT & PTC (of 6 classes)	4.3	4.4	3.9	4.2	4.4**
TBH (of 4 classes)		3.1	2.8	3.8	3.7**
MAP (of 5 classes)		4.6	3.2	3.0	2.7**

*includes only GBT and PTC participants

**total number of classes varied by program.

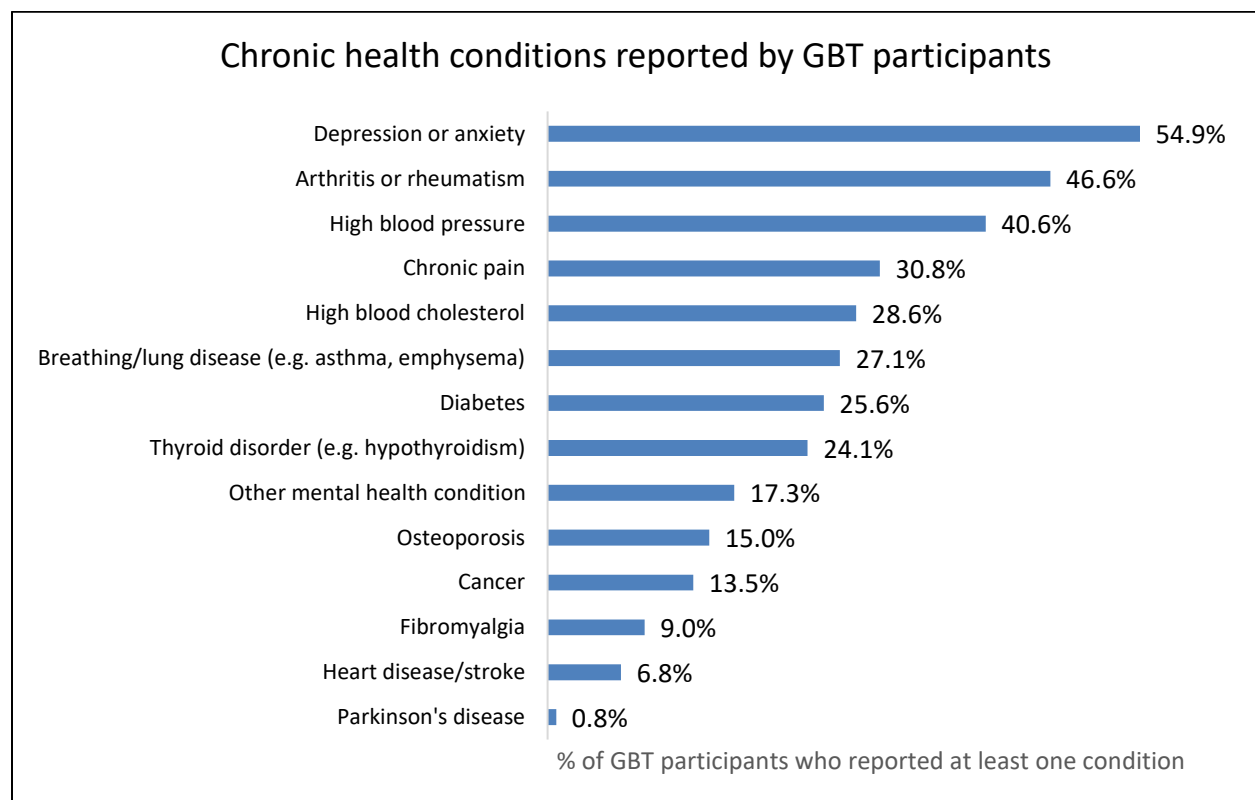
Get Better Together: Participants, Outcomes and Evaluation

Twenty Get Better Together (GBT) programs were offered during the 2024-2025 fiscal year. Eight were offered in Winnipeg, 11 in Prairie Mountain Health, and one in Northern RHA. Most of the programs were offered in-person. Only two of the programs in Prairie Mountain Health were offered virtually, and all of the participants were residents of that health region.

Demographic information about the participants was obtained from the pre-program questionnaire. Of the 171 participants who started the GBT program, initial data were obtained for 147 of them. Almost four in five of the participants (77.7%) identified as female. The participants ranged in age from 19 to 88 years; the average age was 54.4 years. Just over one-half of the group (55.9%) had received education beyond high school.

The majority of participants (86.1%) indicated that they have a regular family doctor or nurse practitioner. Participants reported an average of 3.5 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 (54.9%), arthritis (46.6%), and high blood pressure (40.6%). In addition to the printed list of conditions, participants mentioned 38 other conditions. Only five or fewer participants mentioned these conditions.

Figure 2.



Six programs used long-form evaluations that used questions on health and health-related behaviour, and among these, 33 participants completed evaluations at both pre and post-program, which is necessary to analyze changes to health and behavioural outcomes. 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 2024-2025 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, and playing mental games or singing songs to distract themselves.

At both pre- and post-program, the participants demonstrated strong communication with their physicians. The strategy most frequently-reported by participants was to ask their physicians questions about things they did not understand or about which they wanted more information, and the use of this strategy appeared to remain stable from pre-program to post-program. There appeared to be an increase in the frequency with which the participants would prepare a list of questions for their physicians prior to their visit.

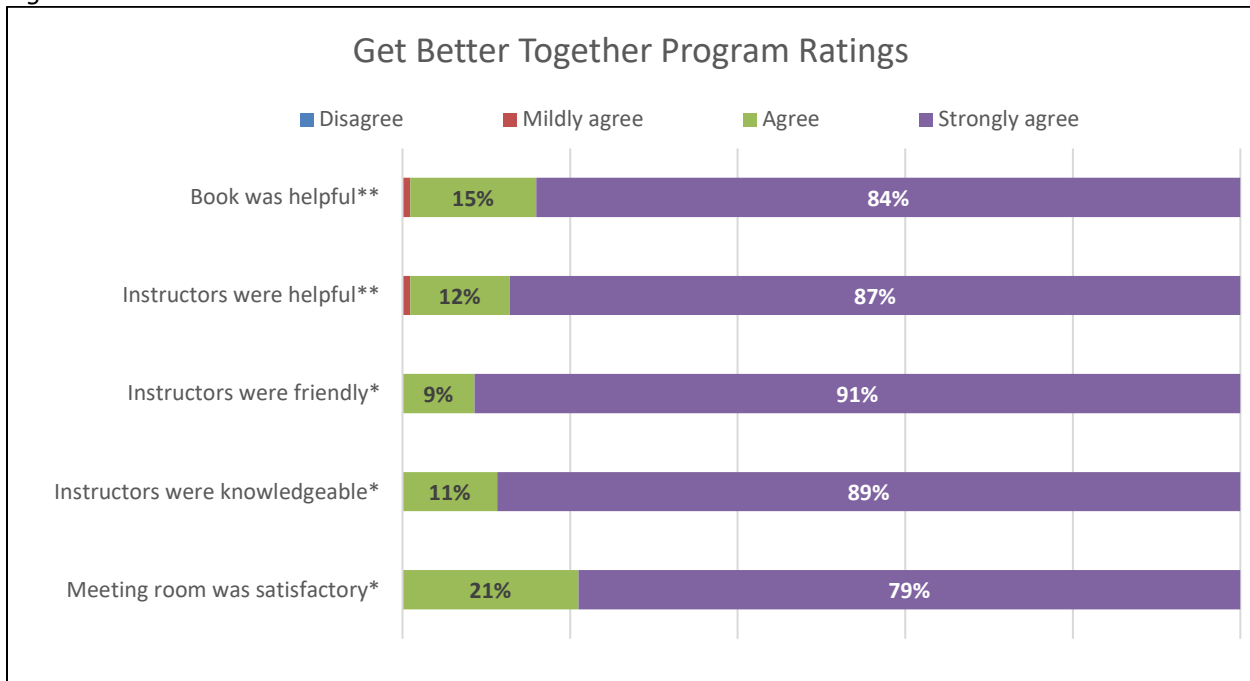
As in previous years, some behaviours and ratings remained stable throughout the program. Self-rated health changed very little, and compliance with medication instructions remained strong throughout. Use of healthcare services such as doctor visits and hospital stays did not change substantially over the course of the six-week program. 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, 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, 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 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, 57.8% of the participants felt much more confident, and 37.6% felt slightly more confident. Only 4.6% 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 five participants of virtual programs submitted post-program evaluations, so these are not presented in the figure below, however participants generally encountered few or no 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.

Figure 3.



* in-person program questionnaire.

** both in-person and virtual program questionnaire.

Participants were also asked to rate their overall satisfaction with the program. Almost three-quarters (70.8%) of the participants were very satisfied with the program, and 28.3% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 69.1% of participants would definitely recommend the program and 30.0% 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. Here are a few of the comments:

- Working in a group for this program brings lots of helpful tips from other members and the facilitators.
- Beneficial for discovering issues and being encouraged to take the challenge. Helping the group (brainstorming) helps you discover more about good quality of self.
- don't feel you have to do it all at once. Bite sized pieces are easier to consume. Be nice to yourself, don't beat yourself up for failing.
- GBT gives tons of info and advice on chronic health conditions.
- Get Better Together is a wellness program that will help not only with information and educating us our health conditions but also how to live healthy, physical health and mental health.
- Good program, well organized, well presented.
- Great discussions! Wonderful book. Instructors truly interested with everyone's concern.
- Great program to learn ways to help deal with the pain, stress and emotions of living with a chronic condition. Facilitators are very personable and understanding. Made the class fun!
- Having an opportunity to speak up about your struggles is more important than you may think.

- I would say that you are not alone. Many others you meet in your daily life are going through similar feelings. Being able to self-manage gives you power over the things you can control.
- I will advise anyone dealing with health conditions of any kind to enroll for the program as it has the capacity to help you understand the condition better and also teach you how to manage the condition, thus making life more conducive and worth living.
- Very informative, if you like interactive programs, this would be for you. The "action plan" was a great aspect of the program.
- Yes, I would tell others about "Get Better Together". This program has changed my mindset about my chronic illness. It's given me ways to control my feelings and how to deal with issues.
- Yes, this course reinforced positive concepts I already used and gave them a value. I realized I need to start a journal about my medical treatments and ailments. That way I can look back and check because my memory is starting to fail and health issues are increasing. It was a positive learning experience. Reading food labels opens new realities.

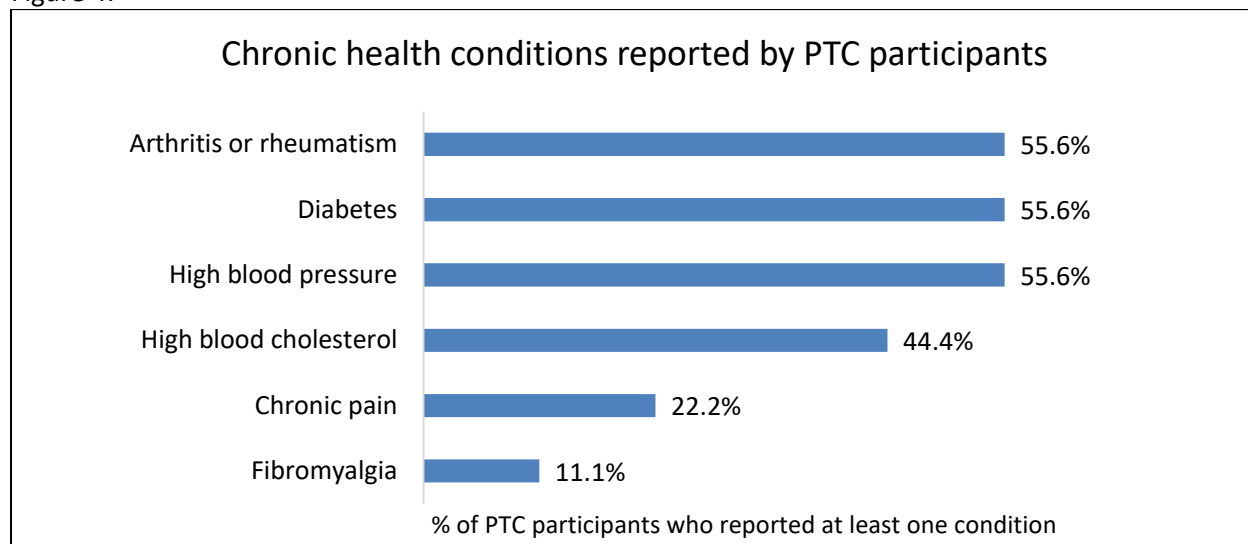
Powerful Tools for Caregivers: Participants, Outcomes and Evaluation

The Powerful Tools for Caregivers (PTC) program was offered for its fifth year in 2024-2025, and four programs were offered in the WRHA region. There were 29 participants, of which 22 completed the program, resulting in a completion rate of 75.9%. Three programs were offered online, and one program was offered in person; however, online evaluations were offered.

Information about participant characteristics was gathered through pre-program questionnaires, and information is available for 15 of the participants. Most of the participants (86.7%) identified as female. The participants ranged in age from 23 to 73 years, with an average age of 57.9 years. The majority of participants (91.7%) 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 2.0 chronic conditions were identified, and the number of chronic conditions ranged from zero to four. From a list of 14 chronic conditions presented in the questionnaire, the most frequently mentioned chronic conditions were arthritis (55.6%), diabetes (55.6%) and high blood pressure (55.6%). In addition to the printed list of conditions, participants mentioned two other conditions. Only one participant 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 15 participants for whom information is available, seven were caring for a spouse or partner, five cared for a parent, two cared for a child, one cared for a friend, one cared for clients, and one cared for another family member.

Post-program evaluations were submitted by 11 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'.

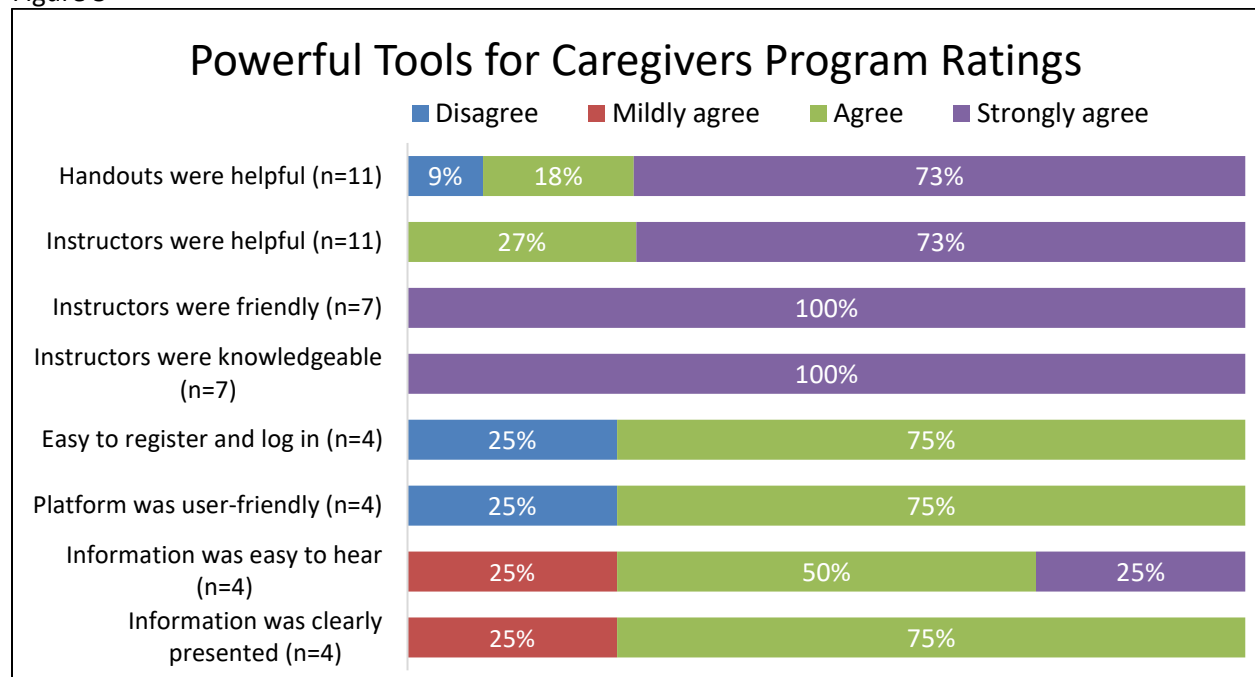
Table 3. Satisfaction for each PTC class

Week	Class topic	Poor #	Fair #	Good #	Very Good #	Excellent #
1	Introduction, self-care principles, caregiving challenges, action plans	0	1	1	1	7
2	Identifying signs and reducing stress, using positive self-talk	0	0	3	0	7
3	Communicating concerns and feelings, I/You messages, muscle relaxation	0	0	2	4	4
4	Communication in challenging situations: Assertive, Aikido & DESC, setting limits, guided imagery	0	0	1	4	5
5	Understanding and learning from emotions, dealing with anger, guilt and depression	0	0	1	3	6
6	Mastering caregiving decisions, family meeting and future planning	0	0	2	2	3

Participants commented on a number of aspects of the PTC program that they liked the best. A couple of participants stated that they liked the self care part of the program. 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.

Figure 5



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, 45.5% strongly agreed, and 27.3% agreed with that statement. Almost all of the participants (81.8%) strongly agreed that as a result of the class, they were more confident caregivers than before; two of the 11 participants (18.2%) neither agreed nor disagreed with that statement.

Almost two-thirds of the participants (63.6%) were very satisfied with the program overall, and 27.3% were satisfied. When asked if they would recommend the program to a friend, all of the participants said they either definitely would (72.7%) or probably would (27.3%).

Participants offered comments on their experience with the PTC program:

- Action plans worked for me. I will continue using them
- It was an opportunity to learn topics relevant to self-care when caregiving as well as interaction and learning from other caregivers in the small group.
- I would say that it was a very worthwhile course and encourage them to take the course.
- If you would like to relieve yourself of self-blame and anxiety, this is a good course
- Lots of good info and how to use it. An action plan by making good decisions and sticking to them.
- Take this workshop. It has a resourceful information to use in our lives.
- This program is very helpful. You will be better able to take care of someone.
- You will hear from other caregivers, gain insight and be introduced to tools for your toolkit.

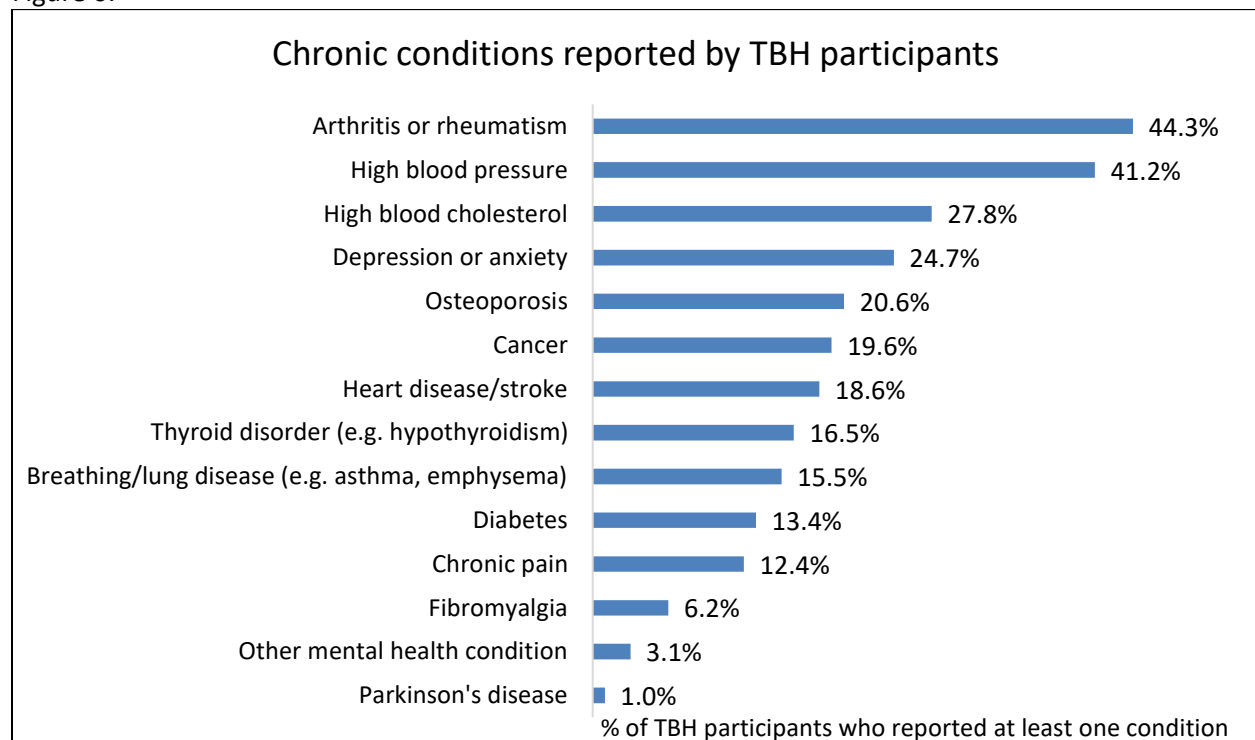
Total Brain Health: Participants, Outcomes and Evaluation

The Total Brain Health program was introduced during the 2021-2022 fiscal year. In 2024-2025, seven programs were offered, all of which were conducted in-person. The Wellness Institute offered two of these programs.

A total of 124 individuals participated in the TBH program, and 105 completed the program for a completion rate of 84.7%. Pre-program questionnaires that provided information about the participants were completed by 111 individuals. Of these 111, most (79.6%) identified as female. The participants ranged in age from 25 to 92 years, with an average age of 75.9 years. About two-thirds (67.9%) 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 2.6, and ranged from no chronic condition to nine conditions. 97 of the participants mentioned at least one chronic condition. The most frequently-mentioned conditions were arthritis or rheumatism (44.3%) and high blood pressure (41.2%). In addition to the 14 listed conditions, participants mentioned 18 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 of the aspects of brain health, participants rated their current health as fair, good or very good. Using the scale from 1 ('Poor') to 5 ('Excellent'), the most positively-rated aspect was reasoning skills, with an average

of 3.6, followed by attention skills and long-term memory skills (each 3.3 on average). The poorest-rated aspect was short-term memory with an average rating of 2.8.

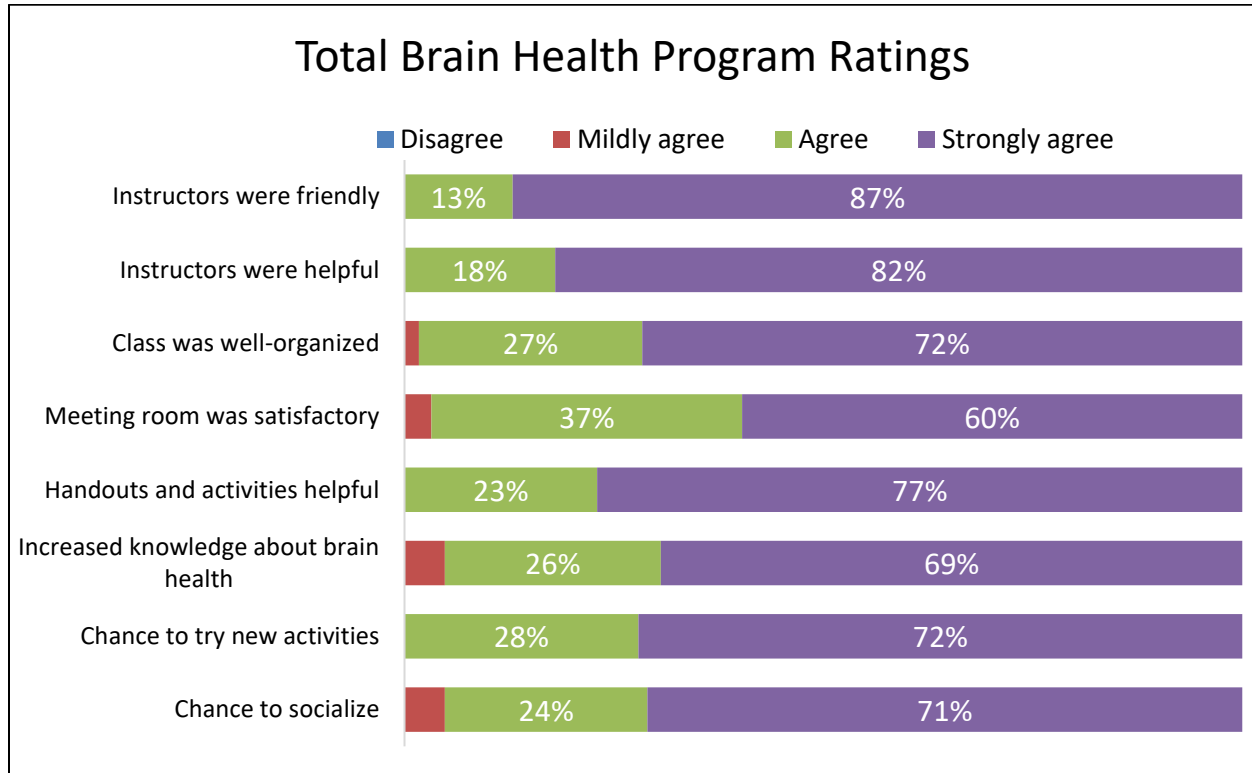
Table 4. Rating of brain health pre-program

Aspect of brain health	Excellent (%)	Very good (%)	Good (%)	Fair (%)	Poor (%)
Attention skills	14.6	22.3	40.8	20.4	1.9
Multi-tasking skills	10.4	14.2	46.2	25.5	3.8
Short term memory	4.8	19.2	32.7	36.5	6.7
Long term memory	8.4	30.8	41.4	19.6	0
Reasoning skills	16.0	41.5	31.1	10.4	0.9

Participants were asked to complete another questionnaire at the end of the program, and 63 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).

Additionally, most participants reported that their knowledge of brain health improved after attending the program. The participants were even more pleased with the opportunities that the program gave them to try brain health activities and to socialize.

Figure 7.



Most TBH program participants felt they would feel an ongoing impact from the program. Almost all of the participants strongly agreed (53.2%) or agreed (45.2%) 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 (69.4%) or satisfied (30.6%) overall with the program. Almost all of the participants indicated that they would definitely (67.7%) or likely (30.6%) recommend the Total Brain Health program to a friend.

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

- A very worthwhile program.
- Go with relaxed mind and enjoy.
- Goes beyond knowing what supports better brain to DOING - actually experiencing the job relaxation and benefits of doing different activities.
- Good ideas in a group setting. Hear others' suggestions and opinions.
- It is helpful to remind ourselves to keep our brains healthy. Lots of fun.
- It challenged me to think outside the box. It gave me tools which I will use from now on.
- It is interesting and informative and gives you new ideas of different ways to increase brain activity and also to vary techniques and learn new ones to avoid dementia.
- It promotes memory in a fun way.
- It teaches you about all the components that go into maintaining a health brain.
- It was a good program to help me realize that game and puzzles are good for brain health. It was a fun program.
- Very interesting, challenging, helpful and fun. Really glad to have been a part of this workshop. Learned a lot and enjoyed myself.

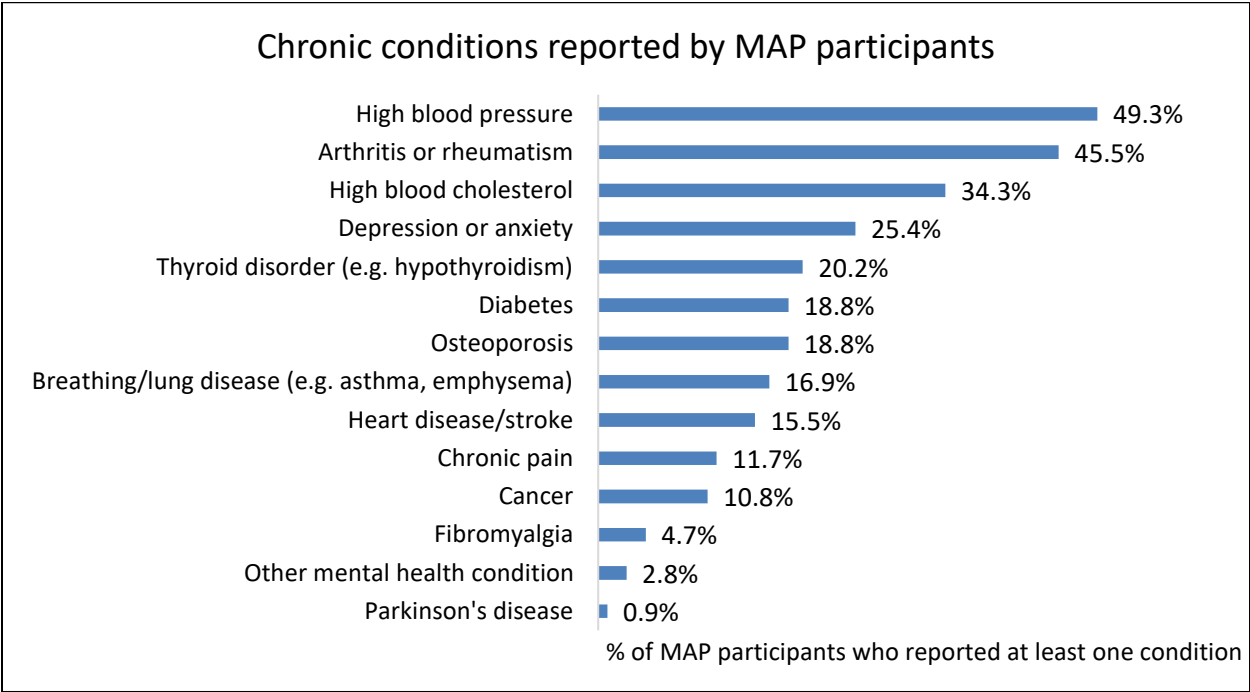
Memory and Aging Program Participants, Outcomes and Evaluation

The Memory and Aging Program was introduced in 2021-2022 as a pilot, to which Total Brain Health program participants were invited to attend. In 2024-2025, the program was offered to all interested individuals. Seventeen programs were offered, all in-person, in three Regional Health Authorities. Thirteen of the programs were offered in Winnipeg, one in Prairie Mountain Health, and three in one community in the Interlake-Eastern Regional Health Authority. 263 individuals took part in these programs and 232 completed the program for a completion rate of 88.2%.

Pre-program evaluation forms were submitted on paper or online by 233 participants. The majority of participants (83.9%) identified as female, and almost four in five participants (79.8%) had education or training beyond high school. The age of the participants ranged from 40 to 99, with an average age of 74.2 years.

Almost all of the participants (97.7%) 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 2.7, with a range from no conditions to ten conditions. 213 of the participants named at least one condition. The most frequently-mentioned condition was high blood pressure (49.3%), followed by arthritis or rheumatism (45.5%) and high blood cholesterol (34.3%). There were 28 conditions mentioned that were not on the printed list, but each of these conditions were mentioned by four or fewer participants.

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

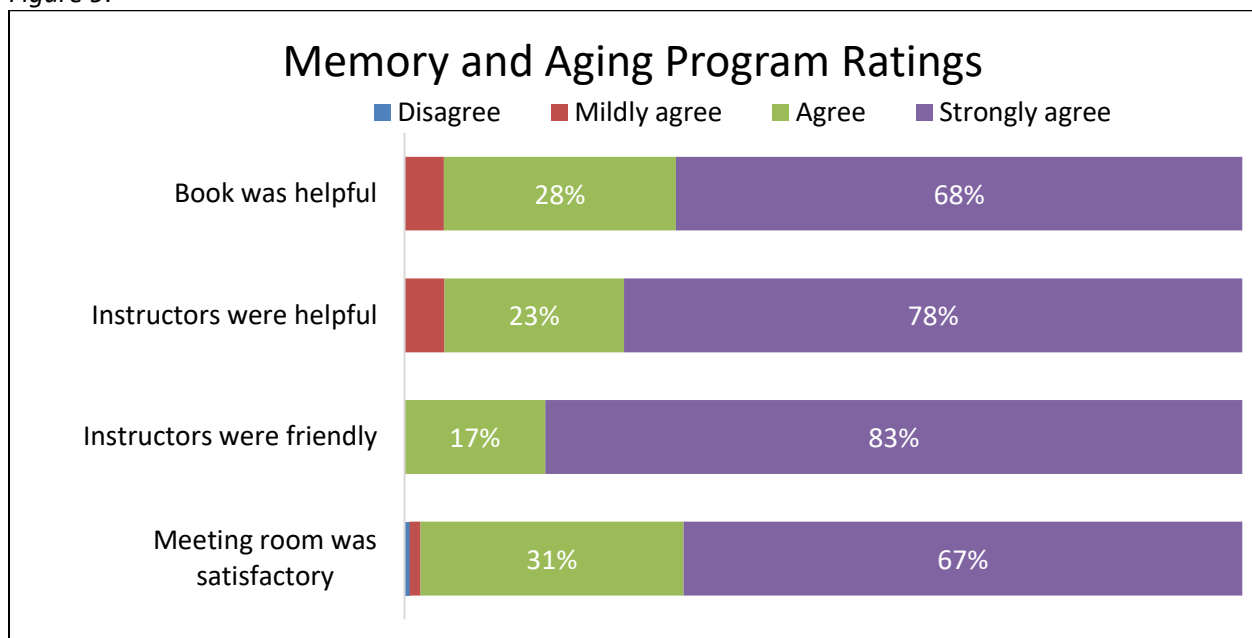
other aspects of brain health, short-term memory was most likely to receive ratings of fair or poor. . Using the scale from 1 ('Poor') to 5 ('Excellent'), the most positively-rated aspect was reasoning skills, with an average of 3.6, followed by attention skills (average 3.3) and long-term memory skills (3.2 on average). The poorest-rated aspect was short-term memory with an average rating of 2.8.

Table 5. Rating of brain health pre-program

Aspect of brain health	Excellent (%)	Very good (%)	Good (%)	Fair (%)	Poor (%)
Attention skills	9.1	26.9	46.6	16.0	1.4
Multi-tasking skills	7.3	20.0	46.4	22.7	3.6
Short term memory	5.0	12.4	45.4	29.8	7.3
Long term memory	10.7	25.1	44.2	17.2	2.8
Reasoning skills	13.0	39.1	39.1	8.4	0.5

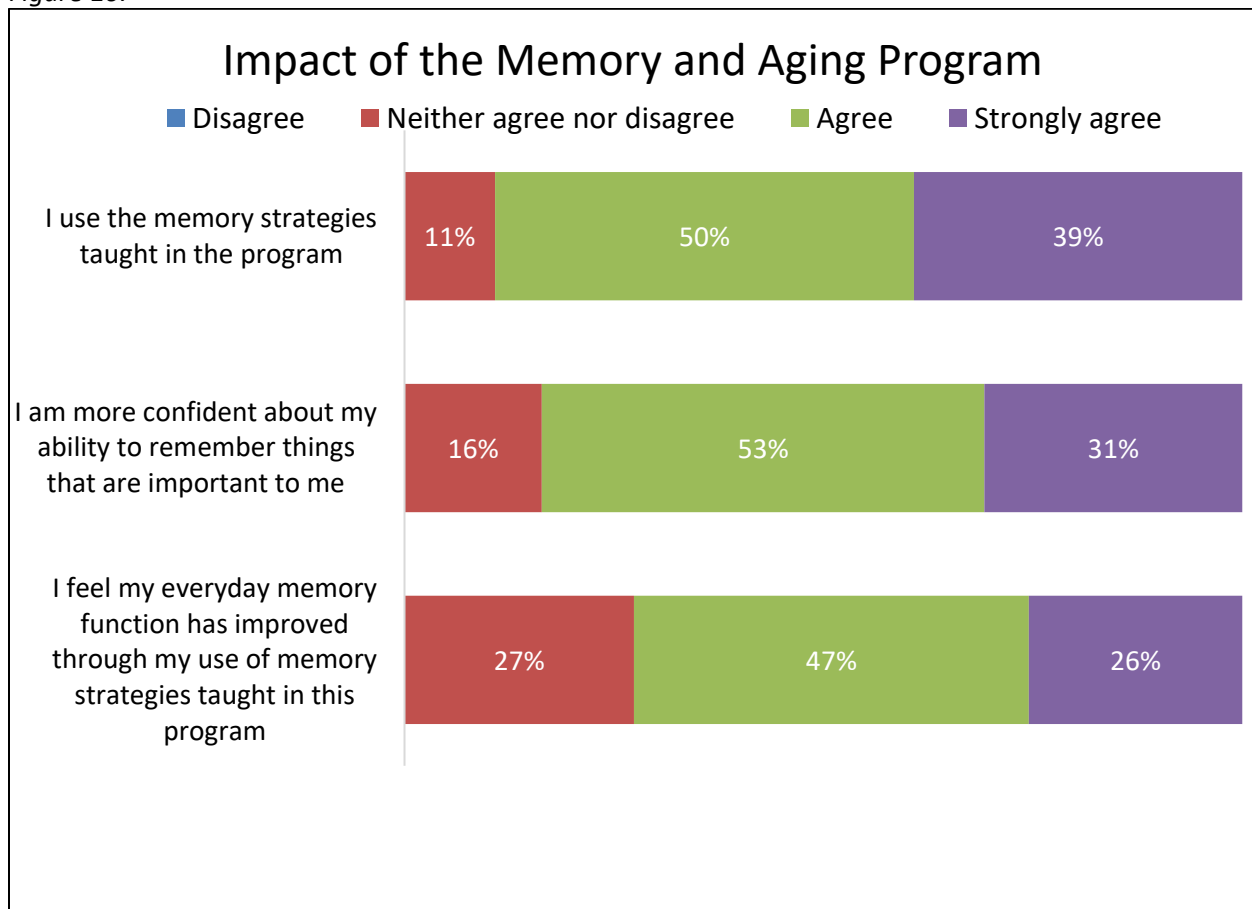
Participants were asked to complete another questionnaire at the end of the four-week program, and 161 submitted a questionnaire. Participants rated the Memory and Aging program very favourably. Participants found the instructors friendly and helpful. Most of the participants agreed or strongly agreed that the workbook was helpful (Figure 9).

Figure 9.



In addition, most participants felt improvement in their everyday memory function and confidence in their memory as a result of 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 (32.7%) or very satisfied (66.3%) with the Memory and Aging program. In addition, participants indicated that they would definitely (68.7%) or probably (30.6%) recommend the program to friends and family.

Participants provided additional comments related the program:

- A good program to take, if you're concerned about one's memory and aging.
- A very informative program, encourage people to take it.
- Aging is a number, by practicing, using your brain, i.e. repetition, recalling, remembering will help stimulate brain, memory and makes life easy.
- Excellent information! Some of it was good to review, but all the information was helpful in the many ways we can keep our brains active!
- Excellent material and a fun learning experience. Great classroom engagement.
- Facilitators are very warm and welcoming! Full of knowledge and presented it well! Very enjoyable class with a lot of laughter and positive support!
- Great program. Learned a lot. "Less" worried about my memory.
- Helpful information provided. Workbook was helpful. Strategies were useful and easy to follow. Very practical advice.

- Helpful to learn more about memory and understanding different types of memory and strategies for memory. Good to know through discussions that we are not alone in our memory difficulties.
- That it was enjoyable, helpful. I've already shared the acronym SHARP with another person.
- The knowledge and tools will assist in understanding memory and increase confidence in your abilities.
- The Memory and Aging program is worth checking out. It gives one tools to help understand how our memories work and how to retrieve the things we want to remember. I found the workshop very helpful.
- The program has many ways to help you improve remembering things. Also the discussion with everyone was very good.
- The program is fantastic. I need to work harder to put it in practice, I am a first class procrastinator, but I try harder.
- The program is very useful, especially the aging population. Memory strategies help improve functional memory.
- The program reassured me that my memory issues are normal with aging. I felt relief from that.

Appendix A:

Get Better Together Program Health and Behavioural Outcomes¹

¹In 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	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.47	3.17*	3.46	3.44	3.33	3.30	3.38	3.28	2.94	2.87

* differences from Pre- to Post- statistically significant at the $p < .05$ confidence level

¶ 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	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	3.96	3.96	3.24	2.78	3.10	3.27	2.22	2.50	3.13	2.88
# of visits to hospital ER	0.39	0.51	0.32	0.22	0.70	0.33	0.72	0.72	0.39	0.48
# times overnight in hospital	0.23	0.26	0.12	0.19	0.32	0.44	0.35	0.33	0.19	0.15
Number of nights in hospital	1.74	1.32	0.96	0.96	0.82	1.09	1.41	1.56	0.69	0.47

¶ 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....”

	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Prepare a list of questions for your doctor	2.32	2.53	2.50	2.62	2.42	2.52	2.89	2.89	1.94	2.52
Ask questions about the things you want to know and things you don't understand about your treatment	2.93	3.28*	3.00	3.19	2.81	3.00	3.00	3.11	3.06	3.06
Discuss any personal problems that may be related to your illness	3.00	3.16	3.15	2.77	2.53	2.94	2.89	3.17	3.27	3.03
OVERALL	2.75	3.00*	2.88	2.86	2.58	2.78	2.93	3.06	2.76	2.87

* differences from Pre- to Post- statistically significant at the $p < .05$ 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?”

	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Mean rating of compliance	3.54	3.65	4.42	4.58	4.66	4.62	4.25	3.94	4.32	4.04

¶ 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	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Stretching or strengthening exercises (ROM, using weights etc)	1.95	2.41	1.46	1.68	1.88	2.06	1.71	2.17	1.56	2.03
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	2.37	2.88*	2.12	2.13	2.40	2.47	2.17	2.44	1.94	2.45

* differences from Pre- to Post- statistically significant at the p<.05 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:	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	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	2.13	2.04	1.31	1.73	1.63	1.75	1.94	2.24	1.97	2.19
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.40	1.79*	0.96	1.40	1.24	1.45	1.72	1.94	1.50	2.10
Play mental games or sing songs to keep your mind off the discomfort	2.00	2.24	1.85	2.12	2.06	2.24	2.18	2.53	2.13	2.39
Practice progressive muscle relaxation	1.66	1.89	1.88	2.04	1.76	2.21	1.67	2.12	1.91	2.19
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.53	2.18**	1.32	1.65	1.45	1.82	1.94	2.12	1.66	2.31
Talk to yourself in positive ways.	2.14	2.62**	2.08	2.08	2.38	2.76	2.65	2.82	2.29	2.66
OVERALL	1.67	2.09***	1.57	1.84	1.83	2.12	2.01	2.29	1.91	2.31

* 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.	2019/20		2021/22¶		2022/23¶		2023/24¶		2024/25¶	
	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?	5.56	6.42**	5.52	5.71	5.74	6.39	5.83	6.61	5.73	6.16
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	5.72	6.05	5.08	5.96	5.33	6.60	5.94	6.56	6.70	6.81
Keep the emotional distress caused by your disease from interfering with the things you want to do?	5.07	6.43***	4.56	5.58	5.69	6.45	6.33	6.94	5.82	6.55
Keep any other symptoms or health problems you have from interfering with the things you want to do?	5.47	6.43**	5.00	5.64	5.77	6.61	6.11	6.83	6.52	6.72
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	5.98	6.76*	5.92	7.00	6.06	6.91	5.71	7.65	6.79	7.28
Do things other than just taking medication to reduce how much your illness affects your everyday life?	6.22	6.72	6.65	7.00	5.85	6.64	6.63	8.00	6.39	7.25
OVERALL	5.66	6.45**	5.44	6.07	5.80	6.60	6.09	7.08	6.32	6.80

* 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 MTeams) platform (n=5):

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Prairie Mountain Health	5	3	1	1	0

ONLINE: The virtual platform was user-friendly and easy to navigate (n=5):

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Prairie Mountain Health	5	4	0	1	0

ONLINE: The information presented on the platform was easy to hear (n=5):

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Prairie Mountain Health	5	5	0	0	0

ONLINE: The information presented was clear and visible (n=2):

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Prairie Mountain Health	2	1	1	0	0

ONLINE and IN-PERSON: The facilitators were helpful, answered my questions(n=109):

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	47	43	3	1	0
Prairie Mountain Health	58	48	10	0	0
Northern Regional Health Authority	4	4	0	0	0

ONLINE and IN-PERSON: The book was helpful (n=110):

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	47	38	8	1	0
Prairie Mountain Health	59	51	8	0	0
Northern Regional Health Authority	4	3	1	0	0

IN-PERSON: The instructors were friendly (n=105)

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	48	45	3	0	0
Prairie Mountain Health	53	47	6	0	0
Northern Regional Health Authority	4	4	0	0	0

IN-PERSON: The instructors were knowledgeable (n=106)

	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	48	43	5	0	0
Prairie Mountain Health	54	47	7	0	0
Northern Regional Health Authority	4	4	0	0	0

IN-PERSON: The meeting room was satisfactory (n=104)

RHA	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	48	41	7	0	0
Prairie Mountain Health	52	39	13	0	0
Northern Regional Health Authority	4	2	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=109):

RHA	#	I feel a LOT more confident now (#)	I feel a LITTLE more confident now (#)	I feel about the SAME as I did before (#)	I feel LESS confident now (#)
Winnipeg Regional Health Authority	47	30	15	2	0
Prairie Mountain Health	58	31	24	3	0
Northern Regional Health Authority	4	2	2	0	0

ONLINE and IN-PERSON: Would you recommend Get Better Together to a friend? (n=110)

RHA	#	Yes, definitely (#)	Yes, I think so (#)	No, I don't think so (#)	No, definitely not (#)
Winnipeg Regional Health Authority	48	35	12	1	0
Prairie Mountain Health	58	38	20	0	0
Northern Regional Health Authority	4	3	1	0	0

ONLINE and IN-PERSON: How satisfied are you with Get Better Together overall? (n=106):

RHA	#	Very satisfied (#)	Mostly satisfied (#)	Indifferent or mildly satisfied (#)	Quite dissatisfied (#)
Winnipeg Regional Health Authority	44	32	12	0	0
Prairie Mountain Health	58	41	17	0	0
Northern Regional Health Authority	4	2	1	1	0