



**SOUTH DAKOTA STATE
UNIVERSITY EXTENSION**

**2025
Program Enrollment
and Participant
Outcomes Report:
Better Choices,
Better Health-SD**

March 2026

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2025 Better Choices, Better Health-SD CDSME Workshops

Better Choices, Better Health South Dakota (BCBH-SD) is a collaboration between SDSU Extension and the SD Department of Health. BCBH-SD has two primary objectives: 1) To offer chronic disease self-management education (CDSME) workshops designed to help adults living with ongoing physical and/or mental health conditions and caregivers understand how healthier choices can improve quality of life, boost self-confidence, and inspire positive lifestyle changes, and 2) To train volunteer and organizationally sponsored leaders to offer CDSME workshops in their own communities throughout South Dakota. Individuals can register for BCBH-SD CDSME workshops through the SDSU Extension website at: <https://extension.sdstate.edu/better-choices-better-healthr>. Enrollment by phone is also available at 1-888-484-3800.

The following CDSME workshops on managing chronic conditions were offered in 2025: Cancer: Thriving & Surviving (CTS), Chronic Disease Self-Management, Chronic Pain Self-Management, Diabetes Self-Management, and Workplace Chronic Disease Self-Management. All non-worksite CDSME workshops are held twice weekly for 2.5 hours over a six-week period. Worksite CDSME is offered twice weekly for one-hour sessions over a six-week period. Building Better Caregivers, a self-management education program designed to improve self-care and well-being among those who provide care to a loved one, was also offered.

This annual report provides 2025 data on the utilization and outcomes of the BCBH-SD CDSME workshops. The specific aims were to share information on the number and types of workshops offered, characteristics of participants, participant-reported outcomes at completion, and satisfaction with services provided. From January 1, 2025, to December 31, 2025, a total of 23 workshops were offered (Table 1). The total number of enrolled individuals was 215 in 2025, with 67.0% of enrollees, or 144 people, completing at least one workshop session in 2025. Completion rates were assessed separately by program type, using the number of individuals meeting completion criteria divided by those who attended at least one workshop session. CDSME participants attending four of six workshop sessions, or eight of twelve worksite sessions, were considered completers. The overall completion rate for the CDSME programs was 67.4%, with the highest rate among Worksite CDSME participants and the lowest rate in the Building Better Caregivers program.

Table 1. BCBH-SD CDSME Workshop and Participation Numbers, 2025

| Workshop Type | Number of Workshops | Total Participants (completed 1 or more sessions) | Total Completers (met program completion criteria) | Completion Rate |
|--|---------------------|---|--|-----------------|
| Chronic Disease Self-Management Program | 9 | 52 | 35 | 67.3% |
| Chronic Pain Self-Management Program | 1 | 5 | 3 | 60.0% |
| Diabetes Self-Management Program | 5 | 46 | 30 | 65.2% |
| Cancer: Thriving and Surviving | 2 | 10 | 7 | 70.0% |
| Worksite Chronic Disease Self-Management Program | 3 | 20 | 16 | 80.0% |
| Building Better Caregivers | 3 | 11 | 6 | 54.5% |
| TOTAL | 23 | 144 | 97 | 67.4% |

Demographics of BCBH-SD Workshop Participants

Participants were asked to complete an enrollment survey which gathers demographic information, health status, functional status, physical activity level, and caregiving. In 2025, 97.9% of participants in the Chronic Disease Self-Management Education (CDSME) workshops completed the enrollment survey. The following section presents the demographic data for 141 responding participants in 2025.

Participants were more commonly female, white, and over age 55 (Figures 1-3). Nearly two-thirds of participants (64.8%) were aged 60 or older. Participants reported a high education level with 47.9% of participants reporting college graduate or higher. Twelve percent reported military service. Nearly one-third of participants (29.5%) noted that they lived alone and one in four (25.4%) were caregivers, reporting they provided regular care to a friend or family member with a long-term health condition or disability.

Figure 1. Gender of BCBH-SD CDSME Participants

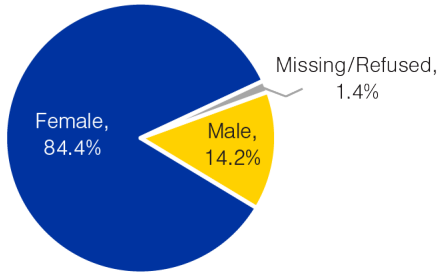


Figure 2. Race of BCBH-SD CDSME Participants

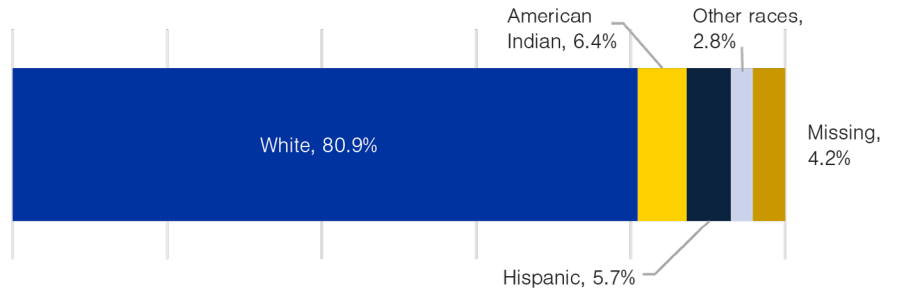
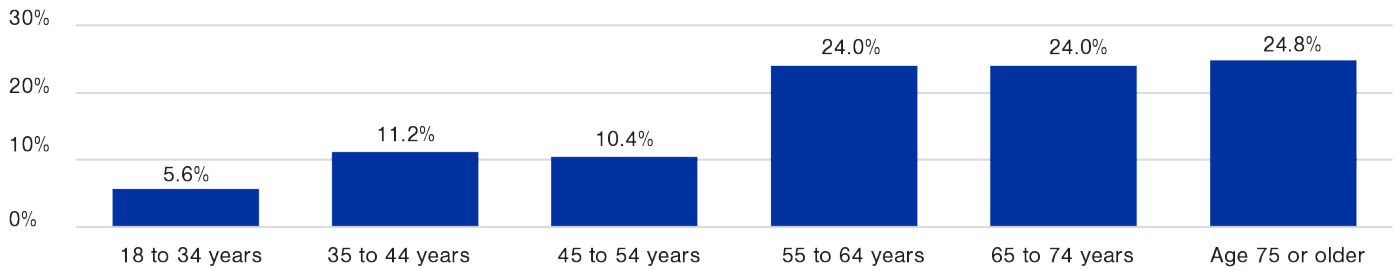


Figure 3. Age of BCBH-SD CDSME Participants*



*Age was missing for 16 participants. Only respondents shown.

Over half of BCBH-SD participants were married or living with a partner (Figure 4). Twelve percent reported they participate in the Supplemental Nutrition Assistance Program (SNAP). Over one-third of participants were employed full or part-time, and 43.3% reported employment status as retired (Figure 5). Write-in responses for other employment included: disability (n=5), self-employment (n=2), student, and gig work.

Figure 4. Marital Status of BCBH-SD CDSME Participants

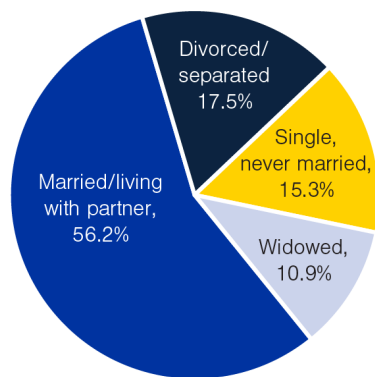
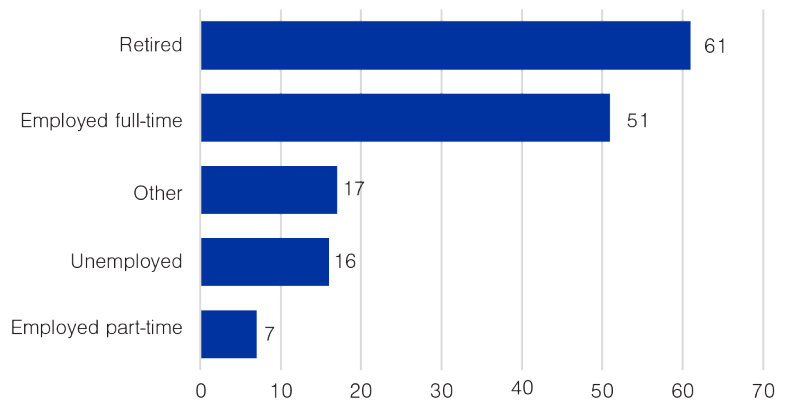
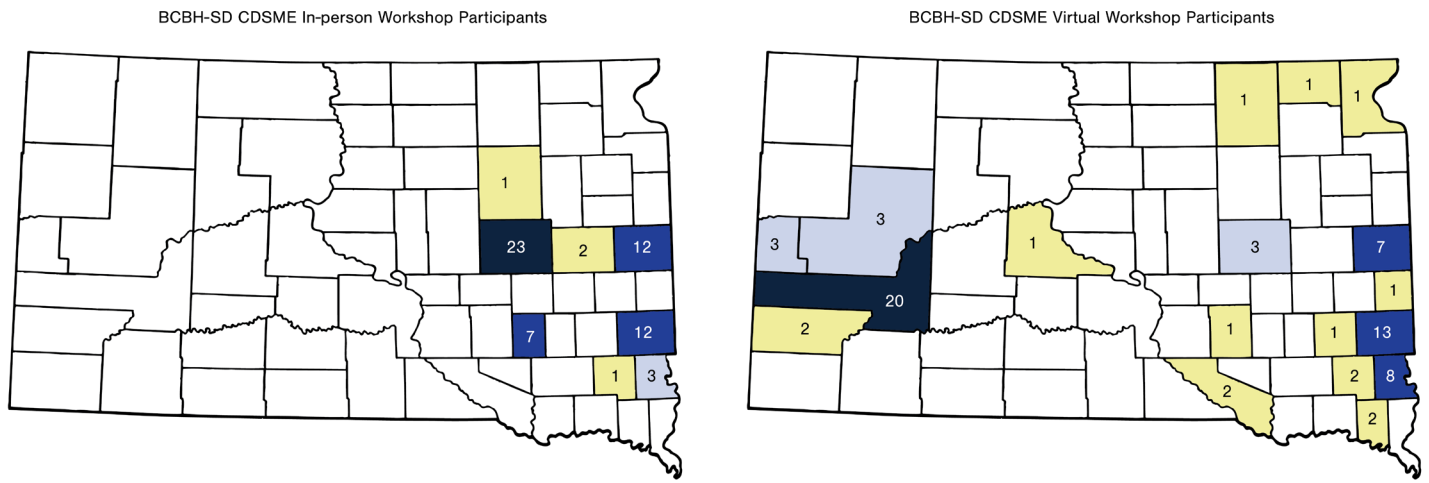


Figure 5. Employment Status of BCBH-SD CDSME Participants



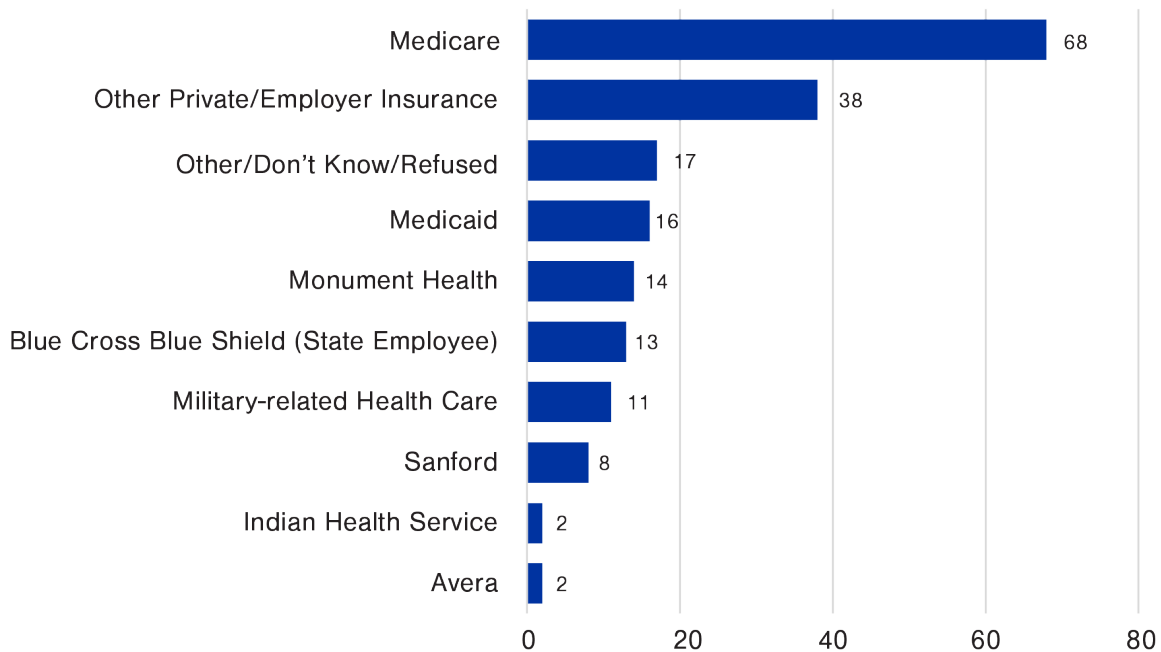
BCBH-SD participants resided in 22 of the 66 counties in South Dakota. Figure 6 shows participant residence by type of workshop attended – virtual or in-person. Attendees were most frequently from the Huron area, followed by the Sioux Falls, Rapid City, and Brookings areas.

Figure 6. BCBH-SD CDSME Workshops Participants by County of Residence, 2025



Participants were asked about their type of insurance coverage, as shown in Figure 7. Private insurance was the most common type of insurance coverage reported at 52.5% of respondents, followed by 48.2% of participants indicating coverage Medicare.

Figure 7. BCBH-SD CDSME Workshops Participants Insurance Coverage Type, 2025*

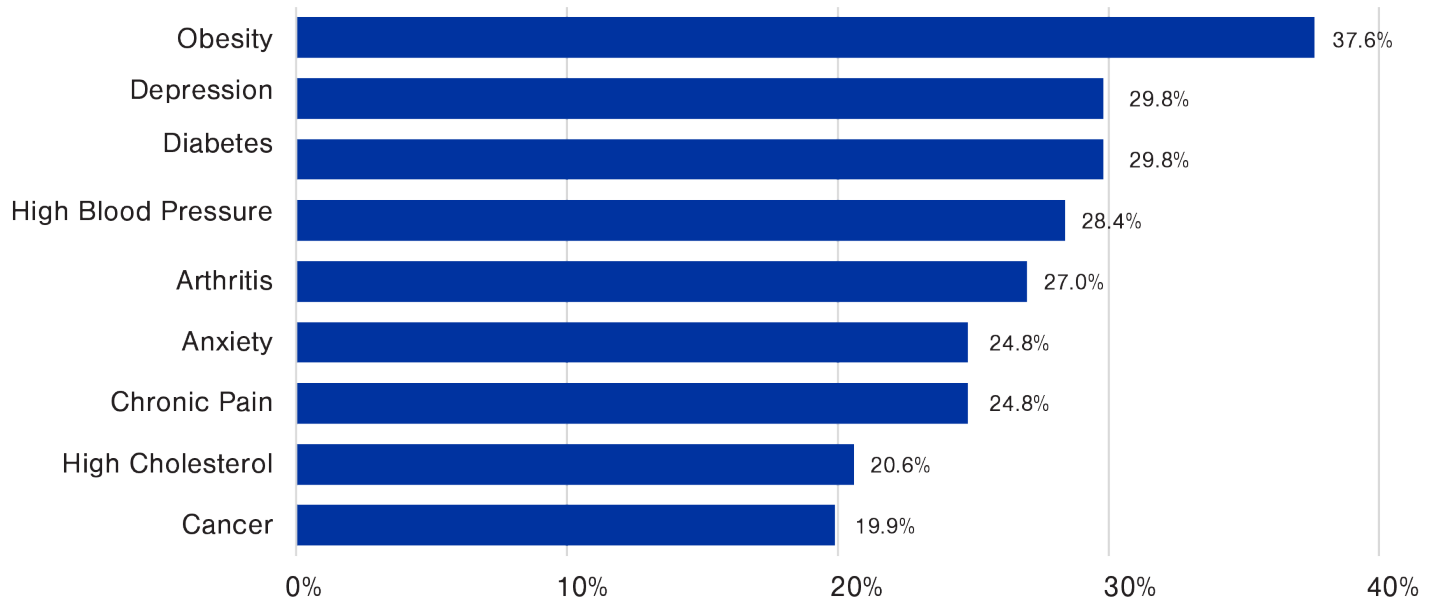


*Not summative as participants could select more than one.

Health Characteristics of BCBH-SD Workshop Participants

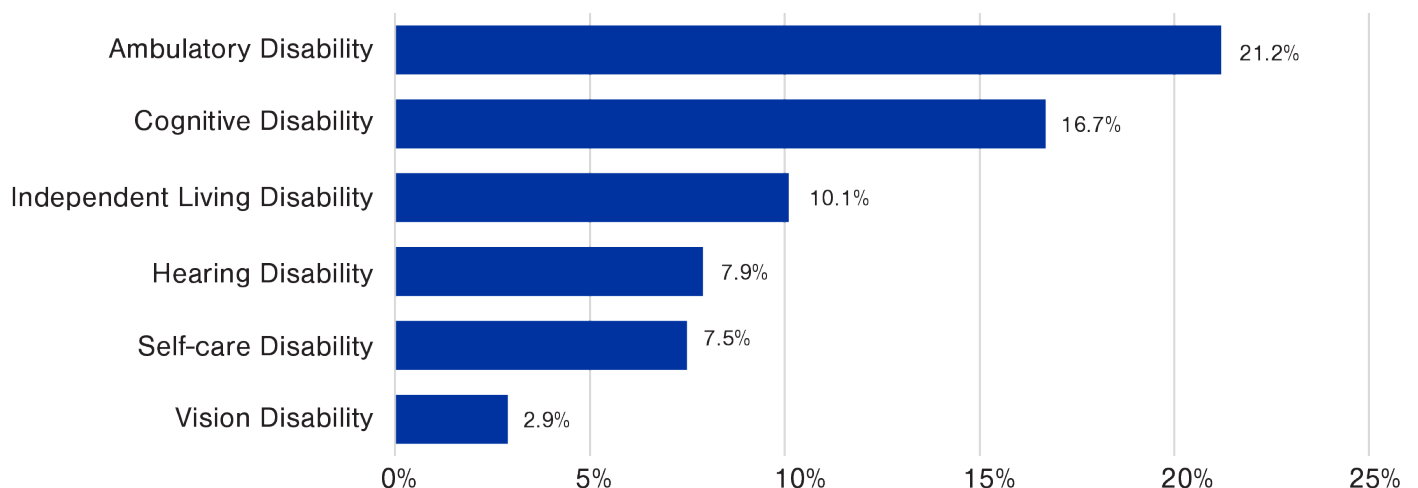
Individuals participating in the BCBH-SD programs are asked about 20 specific chronic health conditions (plus an 'other' option) using a question, "Have you ever been told you have, or have you been treated by a healthcare professional for any of the following conditions?". Overall, 85.1% of participants reported at least one chronic health condition, and 39.0% reported four or more chronic health conditions. The nine most reported conditions are shown in Figure 8.

Figure 8. Most Common Chronic Health Conditions Reported by BCBH-SD CDSME Participants, 2025



Disability was assessed using a standardized six-question scale from the US Census Bureau assessing hearing, vision, ambulatory, cognitive, self-care, and independent-living disability.² Overall, 30.2% indicated a disability with one or more positive responses. This is higher than the overall disability rate among South Dakota adults at 15.9%.³ Responses by disability area assessed are shown in Figure 9.

Figure 9. Disability Reported by BCBH-SD CDSME Participants, 2025

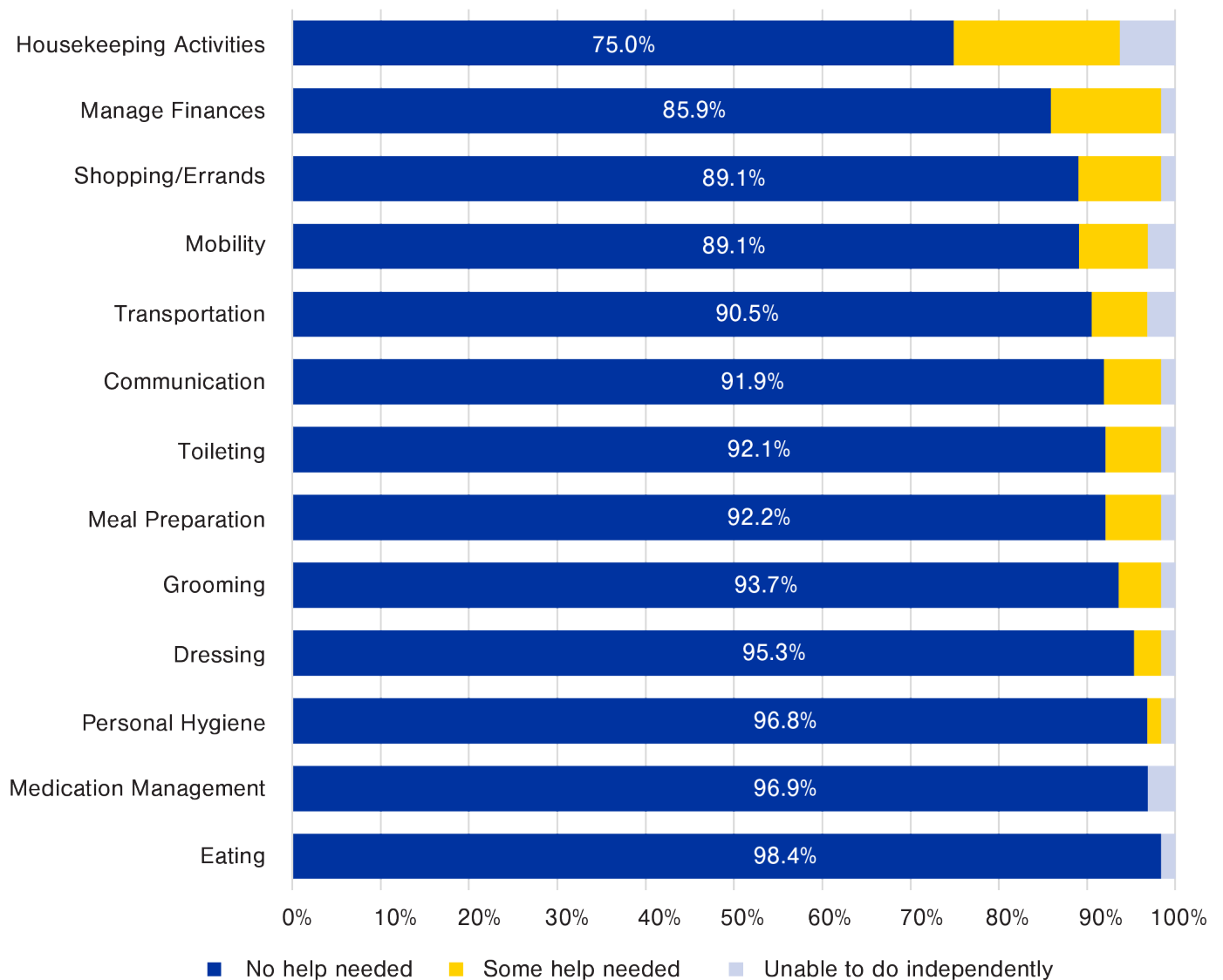


Activities of Daily Living

Participants aged 60 and older were asked to complete an assessment of functional status, or independence in completing activities of daily living (ADLs). The questionnaire assesses the level of assistance needed in 13 tasks ranging from mobility, dressing and hygiene to shopping, financial management and meal preparation. The questionnaire was scored from 0 to 26, where higher scores indicated less independence in ADLs. Completion of this questionnaire is optional.

Sixty-four of the 81 participants aged 60 and older completed the ADLs questionnaire in 2025. Many (67.2%) rated their ADLs at 0, indicating complete independence. Thirty-three percent had at least one area where some assistance was needed. The most common area of needed assistance was in housekeeping activities and managing finances (Figure 10).

Figure 10. ADL Tasks Requiring Assistance, BCBH-SD CDSME Participants Aged 60 and Older, 2025*



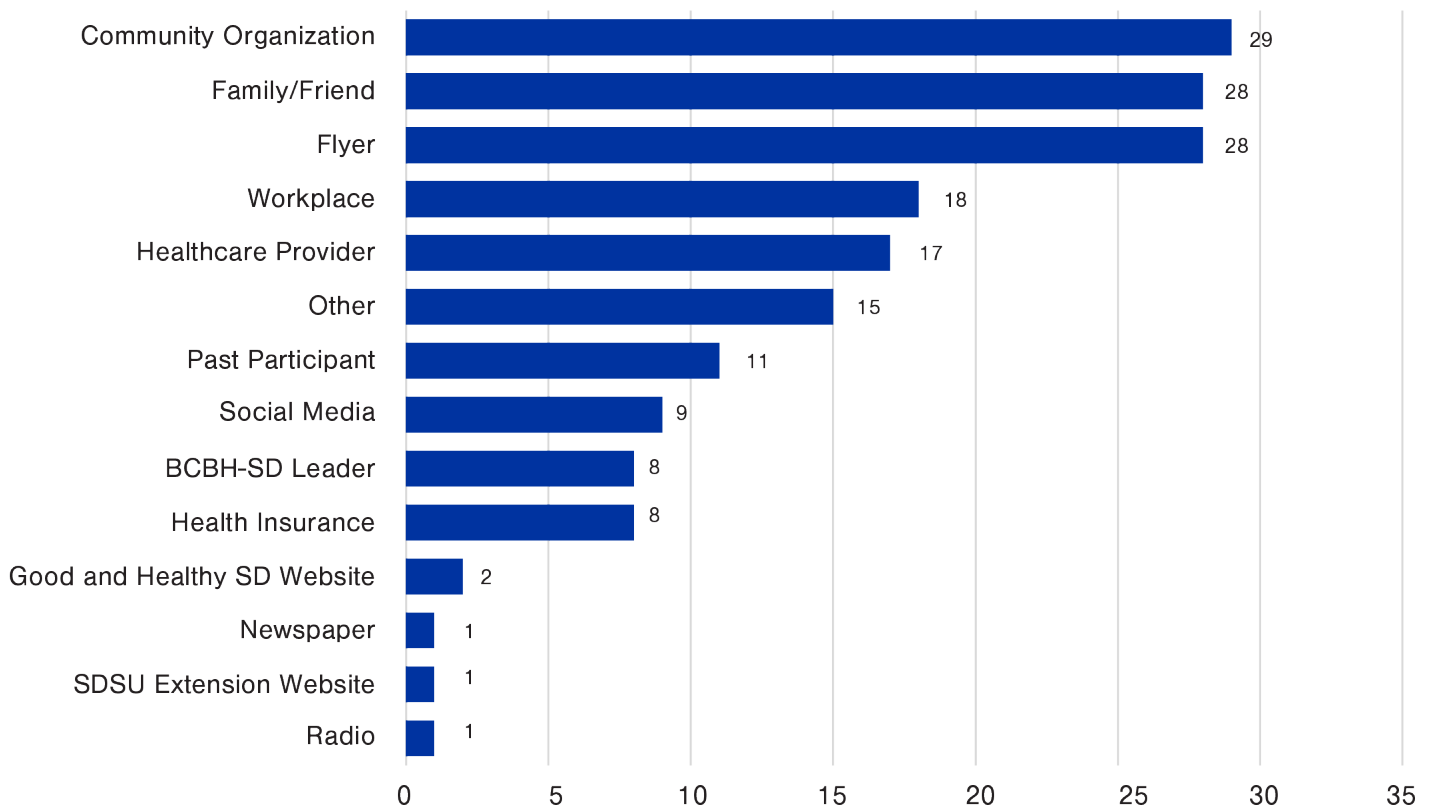
Avenues to Enrollment in the BCBH-SD CDSME Workshops

BCBH-SD CDSME workshop participants were asked how they heard about the workshops (Figure 11). The most common responses were community organizations at 20.6% of respondents, and family or friend or flyer, both at 19.9% of respondents. Community organizations included in write-in responses included: *Active Generations (n=2)*, *Brookings Activity Center (n=3)*, *Church, Church - Our Lady of Guadalupe*, *Health Fair at Brookings Activity Center*, *JVCS Mitchell*, *ROCS*, *SD Department of Labor*, *Senior Citizens Workshop*, and *Sunnycrest (n=5)*.

Thirteen participants (9.2%) responded that a health care provider recommended participating in a BCBH-SD workshop. Write-in responses for the name of the provider or facility included: *Danielle Rathjen, CNP (n=2)*, *Denisse/HRMC Physicians Clinic Huron*, *Dr. Ormsmith (n=2)*, *HRMC (n=3)*, *Michelle Brandenburg (n=2)*, *Physician Clinic, Sanford*, and *SR Citizen Monthly Newsletter*.

Fifteen participants (10.6%) noted 'other' way of learning about the workshops, with write-in responses of: *Coalition Gathering*, *coworker*, *Dakota Fest*, *Dakota fest at sdstate tent*, *don't remember*, *email*, *Extension Onboarding*, *Google search*, *Health Fair*, *LivingWell*, *Osher Lifelong Learning Institute newsletter*, *posted at Library*, *Sanford coworker*, and *saw a poster in the hospital*.

Figure 11. How BCBH-SD CDSME Participants Heard about Workshops, 2025



Outcomes of BCBH-SD CDSME Workshop Participants

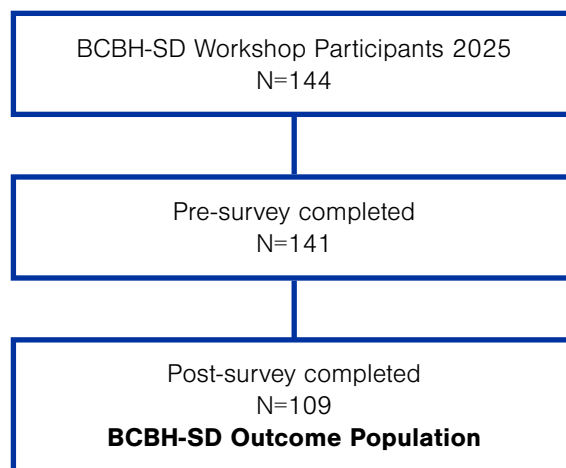
Population and Evaluation Procedures

Outcomes of the BCBH-SD programs are measured using a pre-workshop and a post-workshop participant survey. The survey includes questions recommended by the National Council on Aging for tracking utilization and outcome indicators for chronic disease self-management programs,⁴ and questions from the Administration for Community Living for fall prevention programming.⁵ Additional questions added by the BCBH-SD program assess use of other state programs, use of pain medications, and satisfaction with programming. Outcome measures examine change in various facets of health status and activity levels from pre to post timepoint.

Participants were asked to complete the pre-survey online throughout the month before the workshop (multiple contacts via email, phone, and text to prompt participation), and those who had not completed the pre-survey by workshop start date were asked to complete the survey by the workshop leader using a chat link in the virtual workshop session, or a paper survey form for in-person workshops. Virtual workshop leaders provided a post-survey link in the workshop chat at the last session to prompt completion of the post-survey. In-person workshop leaders provided a paper post-survey form to complete. If the post-survey was not completed within one week of the last session, up to four reminders by email, phone or text were made to prompt participation before the participant was considered lost to follow-up.

As shown in Figure 12, among the 144 CDSME participants in 2025, 3 participants did not complete a pre-survey. Of those who completed the pre-survey, an additional 32 participants did not complete a post-survey and were excluded from the outcome assessment. Outcome measures for the remaining 109 BCBH-SD program participants are provided in this section of the report.

Figure 12. BCBH-SD CDSME Population for Outcome Assessment, 2025

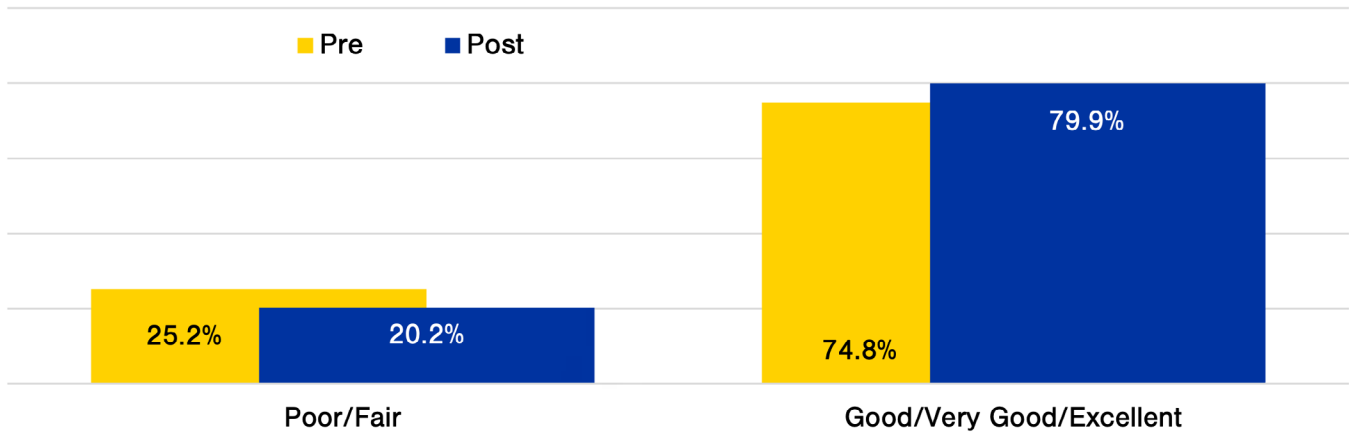


Self-rated Health

Self-rated health is a common measure used to assess an individual's perception of their overall health. Lower levels of self-rated health level have been shown to associate with poorer mental health, less satisfying social relationships, and higher rates of chronic disease.⁶ Self-rated health has also been identified as a predictor of early mortality.⁷ Furthermore, engagement in disease self-management activities has shown to improve self-rated health measure among individuals with chronic health conditions.⁸

Self-rated health is measured using a single, standardized question: "In general, would you say that your health is: excellent, very good, good, fair or poor?"⁹ Pre and post responses are shown in Figure 13. Over one in five participants (22.4%) noted improvement in self-rated health after participating in the workshop, with 59.3% unchanged and 17.7% showing a lower level of self-rated health from pre-to-post workshop participation.

Figure 13. Self-Rated Health, BCBH-SD CDSME Program Participants, 2025*

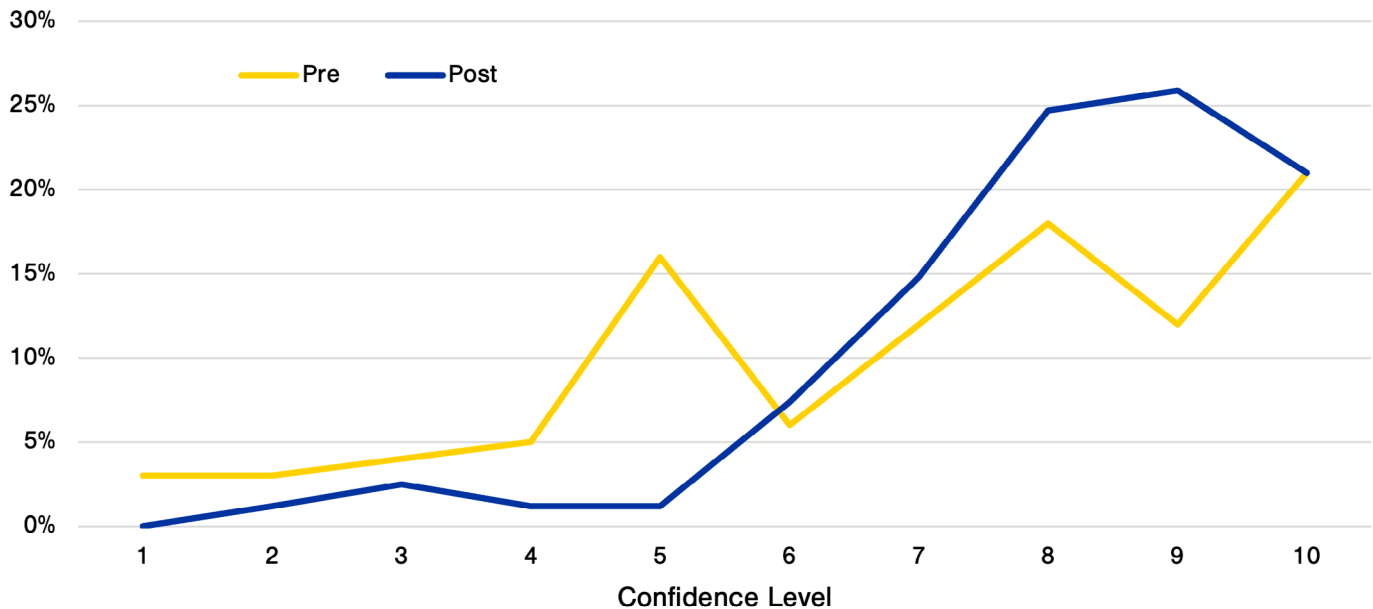


*2 survey participants did not respond at the pre-timepoint. Only respondents shown in graph.

Confidence in Managing Condition

Participants were also asked to rate confidence in their ability to manage their chronic health condition on a scale from 1 to 10 where 1 was 'totally unsure/not confident' to 10 as 'totally sure/confident'. A significant portion of participants (32.1%) did not respond to this question at either the pre or post timepoint. Figure 14 shows the portion of the pre-and-post survey population for each numeric rating for those who responded. The mean post score showed significant improvement at 8.1 compared to the pre timepoint at 7.0 ($p < 0.001$). Over half (52.9%) of participants rated themselves higher on the scale (more confident) at the post timepoint.

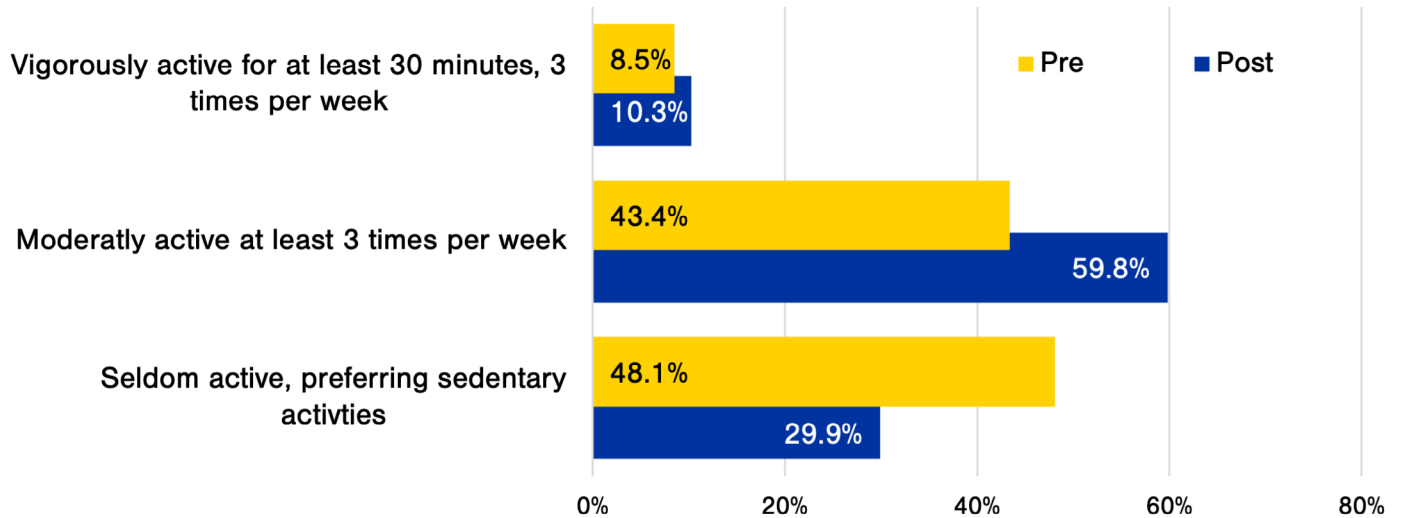
Figure 14. Confidence Level in Self-Managing Chronic Condition, BCBH-SD CDSME Participants, 2025



Activity Level

Participants were asked to rate their weekly activity level, as shown in Figure 15. Activity level increased from pre-to-post workshop participation for 28.8% of participants, with 62.5% reporting no change in activity level, and 8.7% reporting a decreased activity level after participating in the BCBH-SD workshop.

Figure 15. Weekly Activity Level, Pre and Post Workshop Participation, BCBH-SD CDSME Participants, 2025*

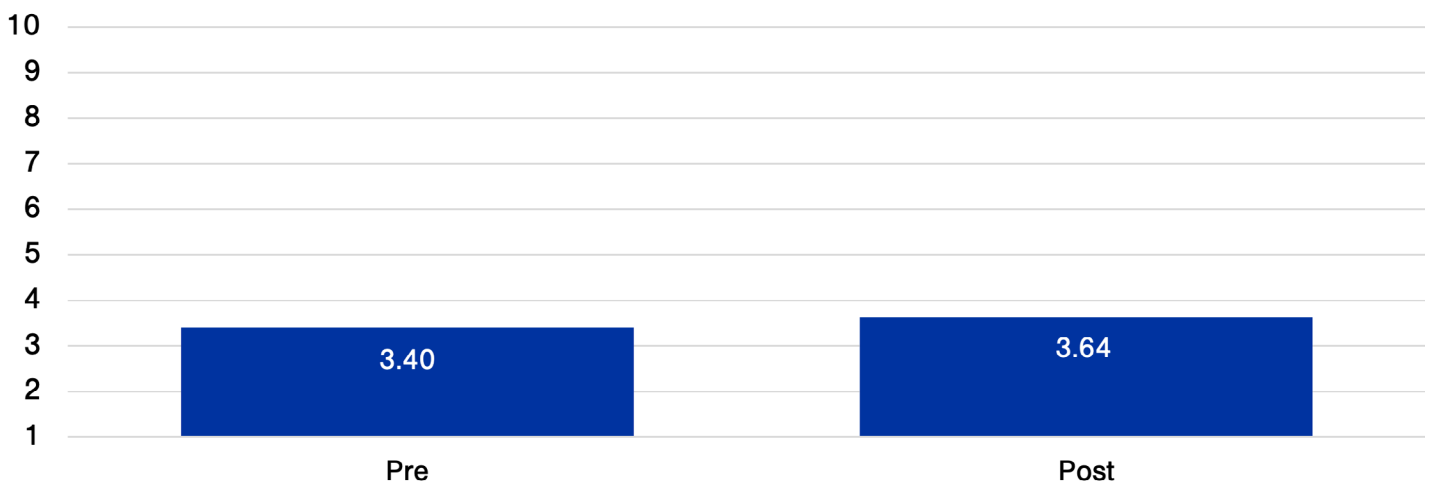


*3 survey participants at the pre-survey timepoint and 2 participants at the post-survey timepoint did not respond. Only respondents shown in graph.

Work Productivity in the CDSME Worksite Program

Participants who reported either full-time or part-time employment and were participating in the CDSME worksite program were asked to indicate on a ten-point scale from 1 to 10 how much their health impacted their productivity, where 1 was 'no affect' to 10 was 'prevented work'. No significant change was found between the pre- and post-timepoint measures (Figure 16). Over one-third (35.6%) of participants rated their work as less affected at the post timepoint.

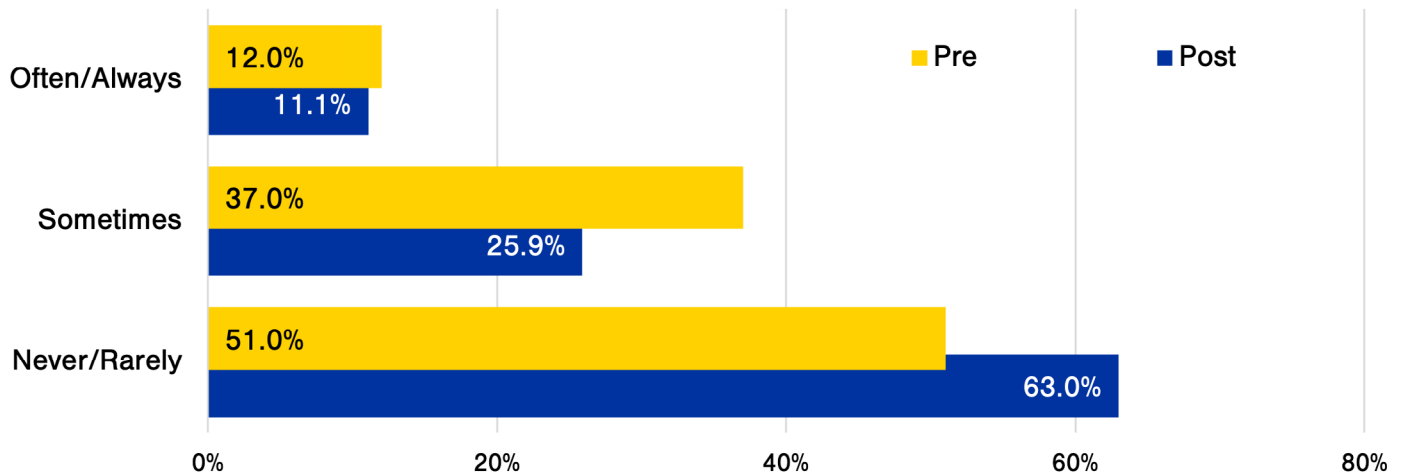
Figure 16. Level of Impact Health has on Work Productivity, 0-10 Scale, BCBH-SD CDSME Participants, 2025



Loneliness and Isolation

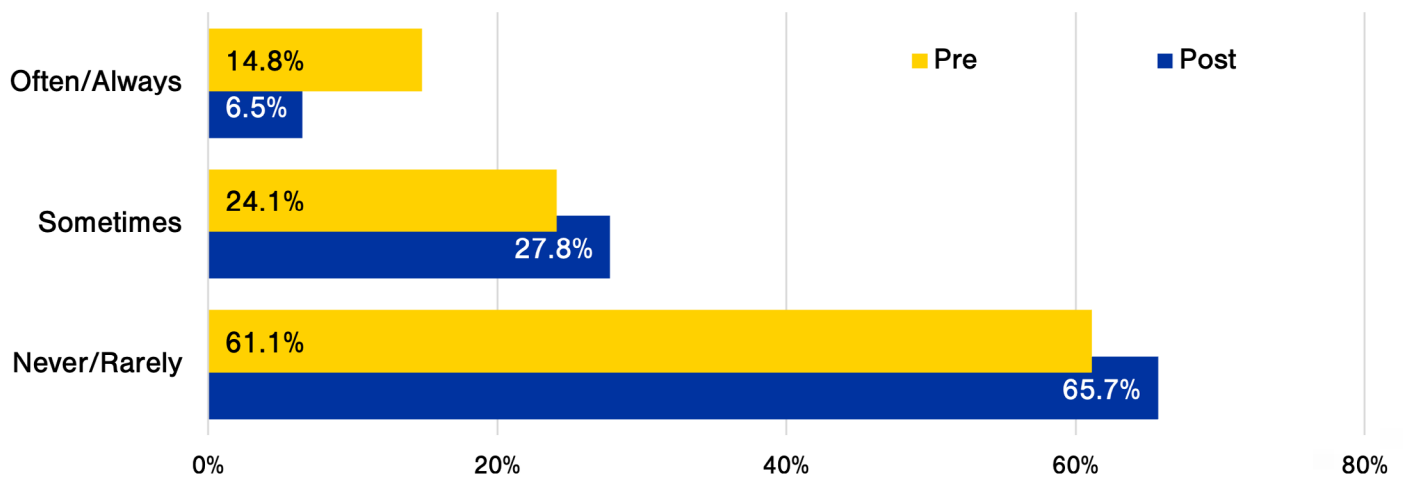
Participants were asked to rate how often they felt lonely and in another question rate how often they feel isolated from others. Pre-and-post responses are shown in Figure 17 and 18. Individually, 33.3% of participants reported less frequent feelings of loneliness after participating in the BCBH-SD workshop, and a similar portion (34.2%) showed less feelings of isolation.

Figure 17. Frequency of Loneliness, BCBH-SD CDSME Participants, 2025*



*1 survey participants did not respond at either pre or post-survey timepoints. Only respondents shown in graph.

Figure 18. Frequency of Isolation, BCBH-SD CDSME Participants, 2025*



*1 survey participants did not respond at either pre or post-survey timepoints. Only respondents shown in graph.

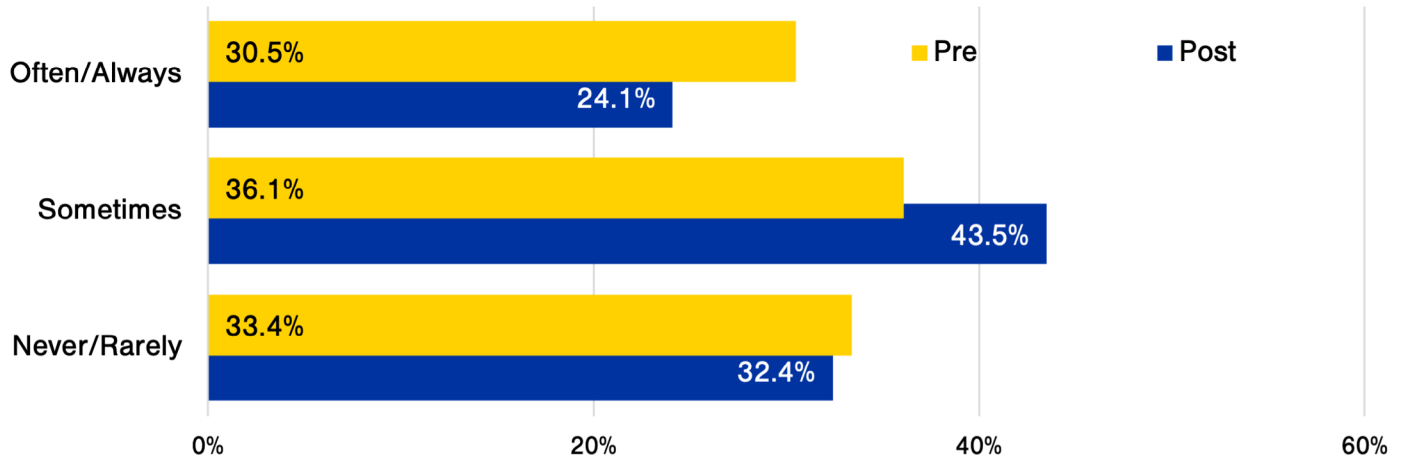
Pain Medication Use

On the pre-workshop survey, over one-third of participants (36.5%) reported using pain medications to cope with pain. Participants were asked to rate on a scale from 1 to 10 how confident they are that they can do things other than taking medications to manage pain, where 1 means 'not at all confident' and 10 means 'completely confident'. Of the 38 individuals reporting pain medication use at enrollment, only 25 responded at both survey timepoints. Therefore, data is not reported for 2025 due to small numbers for analysis.

Stress Level

Participants were asked to rate how often they felt nervous and stressed. Pre and post responses are shown in Figure 19. Individually, 26.0% of participants reported less frequent feelings of stress after participating in the BCBH-SD workshop, and 21.3% showed more frequent feelings of stress after participating.

Figure 19. Frequency of Feeling Nervous and Stressed, BCBH-SD CDSME Participants, 2025*

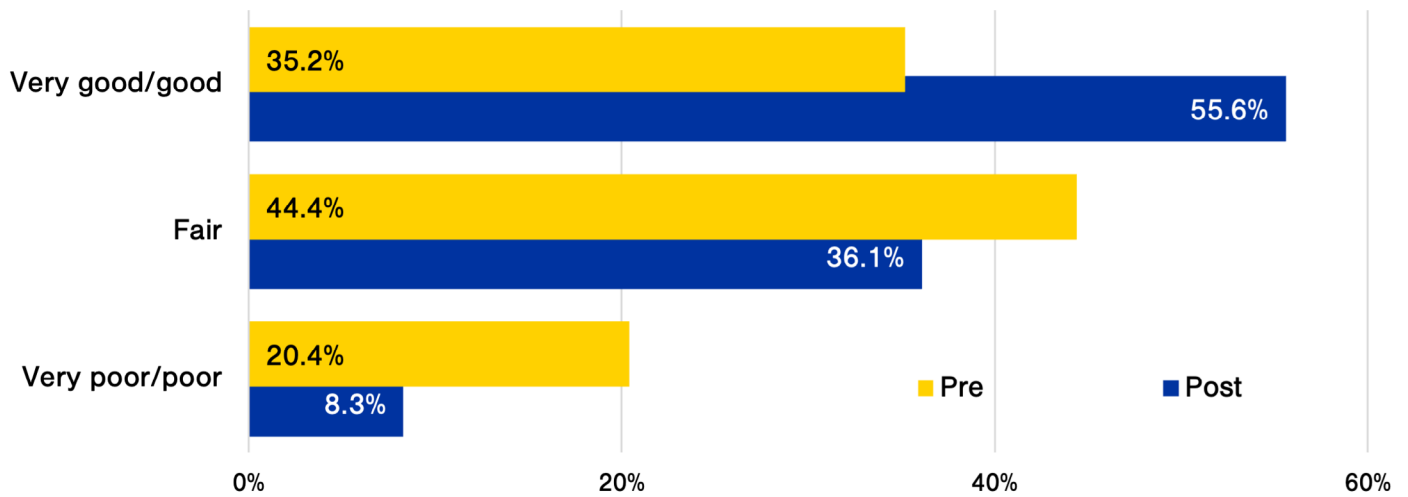


*1 survey participants did not respond at either pre or post-survey timepoints. Only respondents shown in graph.

Sleep Quality

Participants were asked to rate the quality of their sleep in the past month from very poor to very good. Pre-and-post responses are shown in Figure 20, showing strong improvement from pre-to-post survey. Individually, 40.2% of participants reported improved sleep quality after participating in the BCBH-SD workshop.

Figure 20. Sleep Quality, BCBH-SD CDSME Participants, 2025*

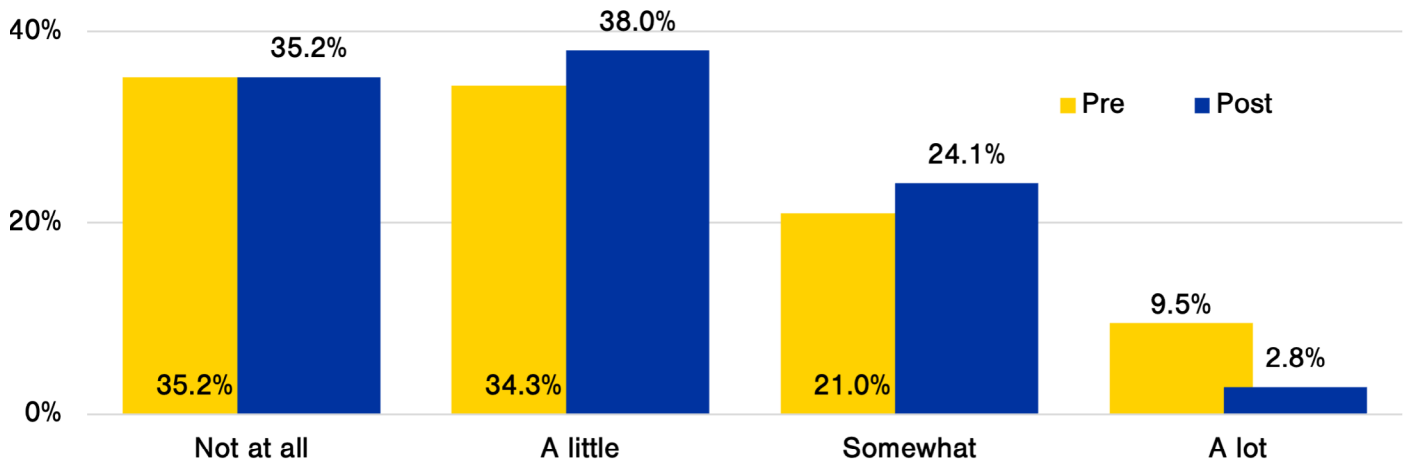


*1 survey participants at the pre-survey timepoint and 2 survey participants at the post-survey timepoint did not respond. Only respondents shown in graph.

Fall Management

Participants were asked about fear of falling, as shown in Figure 21. Individually, 22.9% of participants reported less fear of fall after participating in the BCBH-SD workshop, and 20.0% showed greater fear of falling after participating. At the pre timepoint, 13.2% said that this fear ‘moderately’, ‘quite a bit’, or ‘extremely’ interfered with normal activities with family and friends, with a similar portion noting the same at the post-survey timepoint.

Figure 21. Participants Reported Fear of Falling, BCBH-SD CDSME Participants, 2025*



*1 survey participants at the pre-survey timepoint and 4 survey participants at the post-survey timepoint did not respond. Only respondents shown in graph.

Caregiving

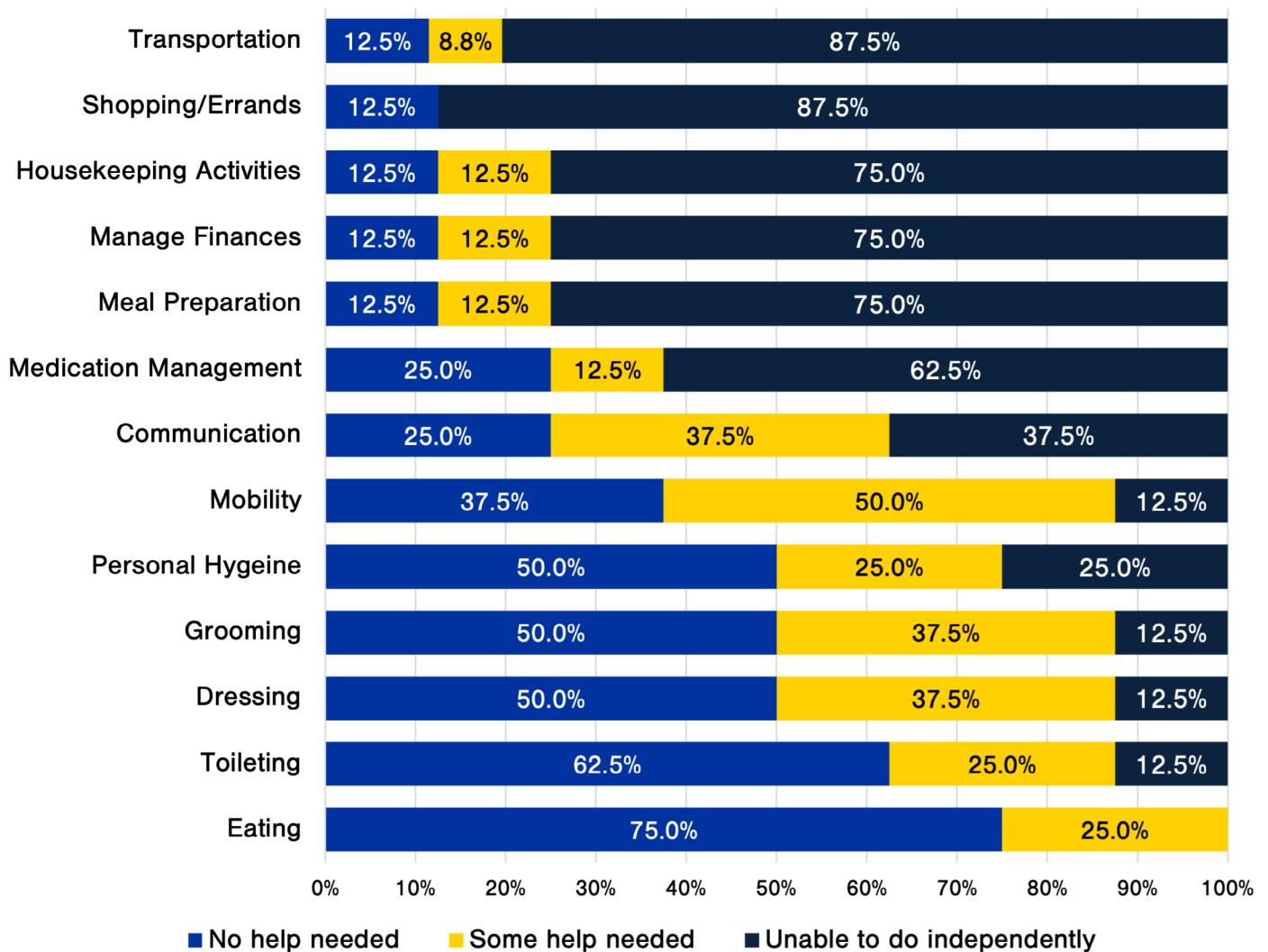
Thirty participants reported they provided regular care to a family member or friend with a long-term health condition or disability. The mean number of weekly hours providing care was 25.5 hours per week, ranging from 2 to 165 hours, with 3 people not responding.

Activities of Daily Living - Caregiver Feedback

Caregivers in the Building Better Caregivers workshops were asked to complete the ADL assessment on their perceived functional abilities of the person they were providing care. The questionnaire assesses the level of assistance needed in 13 tasks ranging from mobility, dressing and hygiene to shopping, financial management and meal preparation. The questionnaire was scored from 0 to 26, where higher scores indicated less independence in ADLs.

Eight of the nine participants completed the questionnaire. Eight of the nine reported at least one area where their loved one needed some assistance. The most common area of needed assistance was in transportation and shopping, followed by housekeeping activities, managing finances and meal preparation (Figure 22). This is a very small population, so interpret with caution.

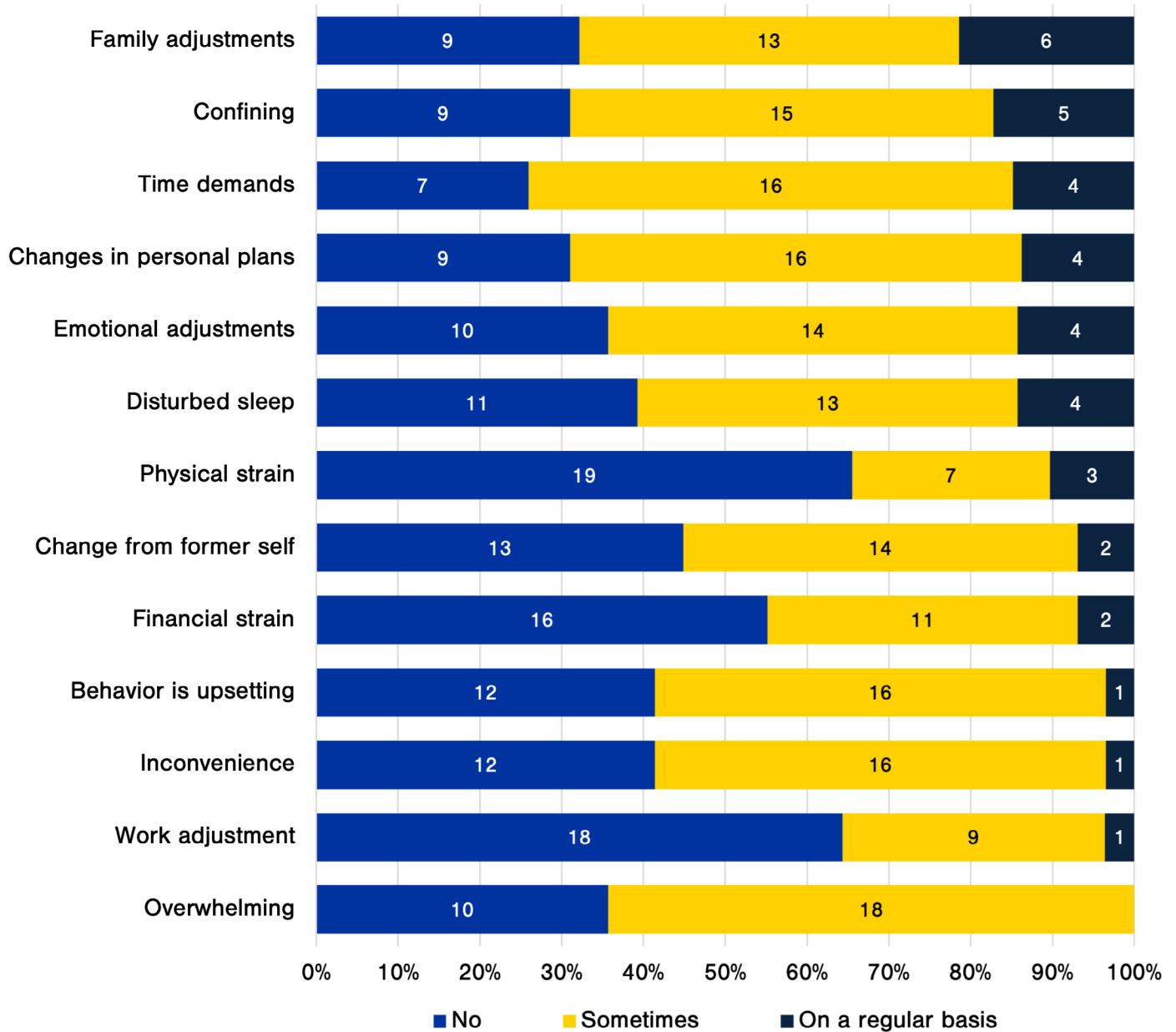
Figure 22. ADL Tasks Requiring Assistance from the Caregiver, BCBH-SD CDSME Participants who were Caregivers in the Building Better Caregivers Program, 2025*



Care Giver Strain Index

Caregivers (n=30) were asked to complete the Caregiver Strain Index¹⁰ which examines the impact on the caregiver in the areas of financial, physical, psychological, social, and personal well-being. The Index is scored from 0 to 26, where higher scores indicate more strain. The mean score among the 35 participants was 8.7. The most frequently selected areas of regular caregiver strain were family adjustments, caregiving was confining, and time demands (Figure 23).

Figure 23. Caregiver Strain Index Results, BCBH-SD CDSME Participants who were Caregivers, 2025*



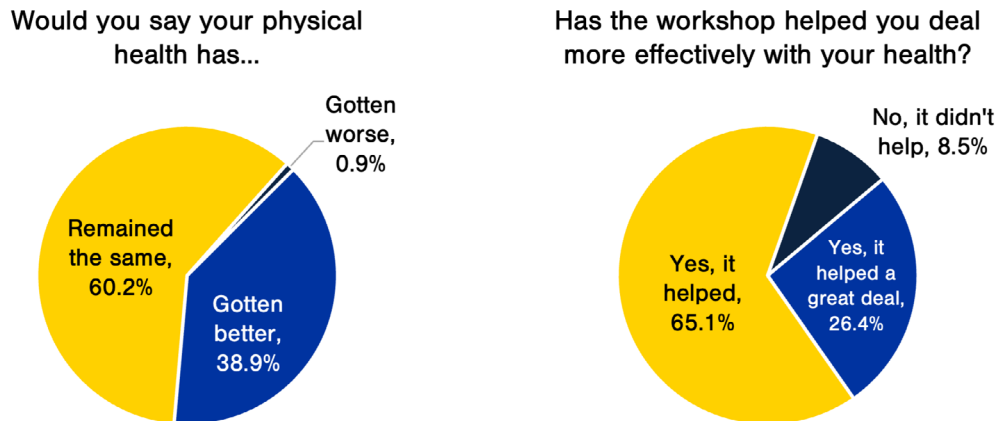
*3 participants did not respond to one or more individual question of this assessment. Only respondents shown.

Participants in the Building Better Caregivers program are asked to complete the Caregiver Strain Index again in the post-survey to assess the impact of the program. Only eight participants completed at both timepoints. No data is reported on post-survey results due to low numbers. A question asked these participants if they felt better prepared to care for their family member or friend after taking the workshop, with 33.3% indicating they felt much better prepared, 55.6% somewhat better prepared, and 11.1% not much better prepared.

Health Changes

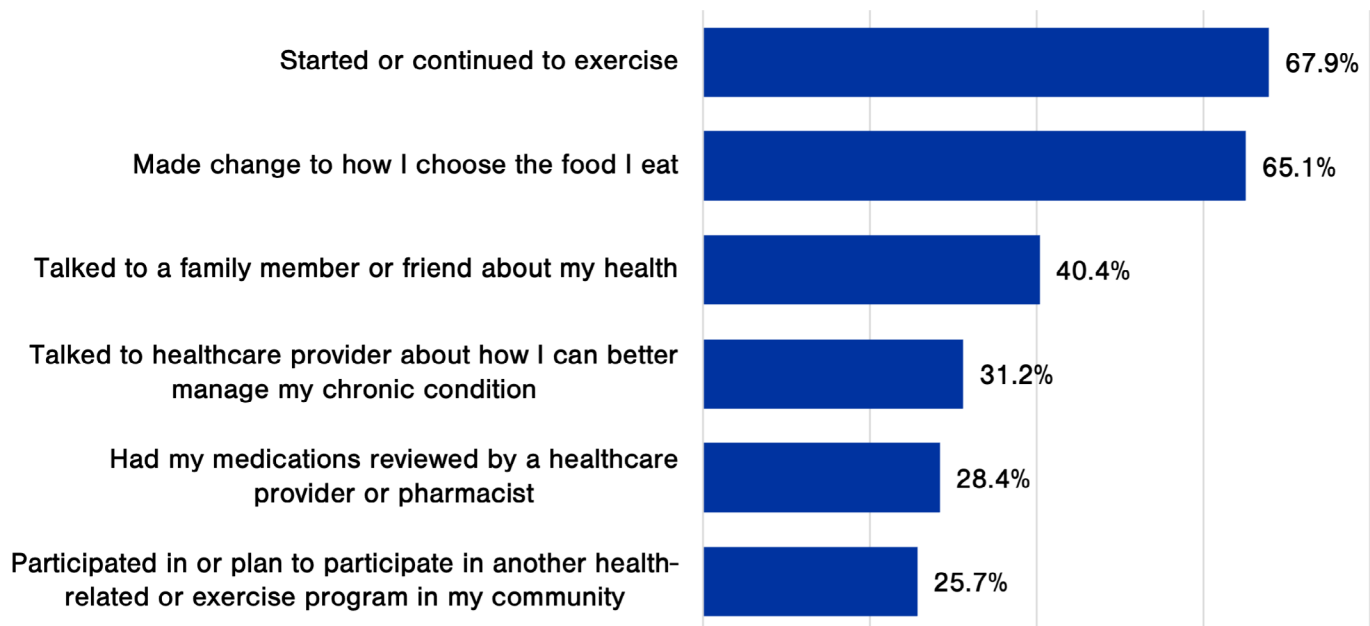
Questions were asked of the participants to assess the perceived impact of the workshop on self-managing conditions, and to measure behavior changes implemented due to participation. First, participants were asked if they felt their physical health has changed since participation, with 38.9% indicating improvement. Participants were also asked if the workshop helped them better self-manage their condition with 26.4% indicating it helped a great deal (Figure 24).

Figure 24. Health Changes after Participation, BCBH-SD CDSME Participants, 2025



Participants were about behaviors addressed in the workshop to support self-management of their chronic health condition. The most common behavior was exercise, followed by improved nutritional choices (Figure 25).

Figure 25. Health Promotion Behaviors Initiated, BCBH-SD CDSME Participants, 2025

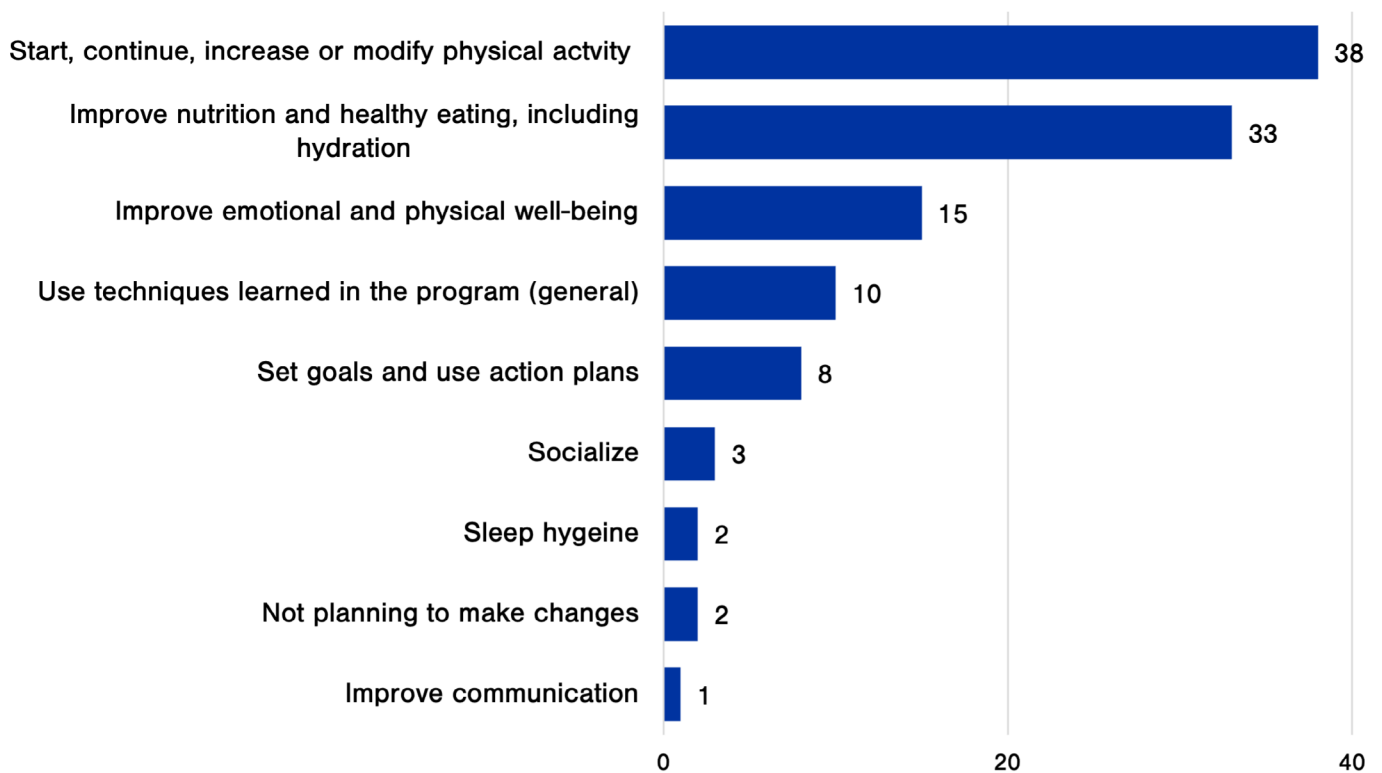


Planned Lifestyle Changes after Participation

Participants were asked to report what they planned to do differently in life and/or for health after participating in the workshop. Responses were recorded for 74 of the 109 participants completing the post survey. The most frequent responses were improving or increasing physical activity, healthy eating, and emotional and physical well-being (Figure 26). Select illustrative comments provided below, with all comments provided in the Appendix.

- I have joined a wellness center, and I saw a counselor to look at medications. I saw a doctor for foot pain.
- Exercise more, action plans help me make smaller more achievable goals. Continue to eat healthy. Slowly work with providers to get off some of my medications.
- Be more open about the stressful situations my family put me through. Exercise more, eat healthy.
- Apply the tips and techniques I learned about decision-making.
- I plan to implement stretching for stress relief.

Figure 26. Planned Lifestyle Changes, BCBH-SD CDSME Participants, 2025*

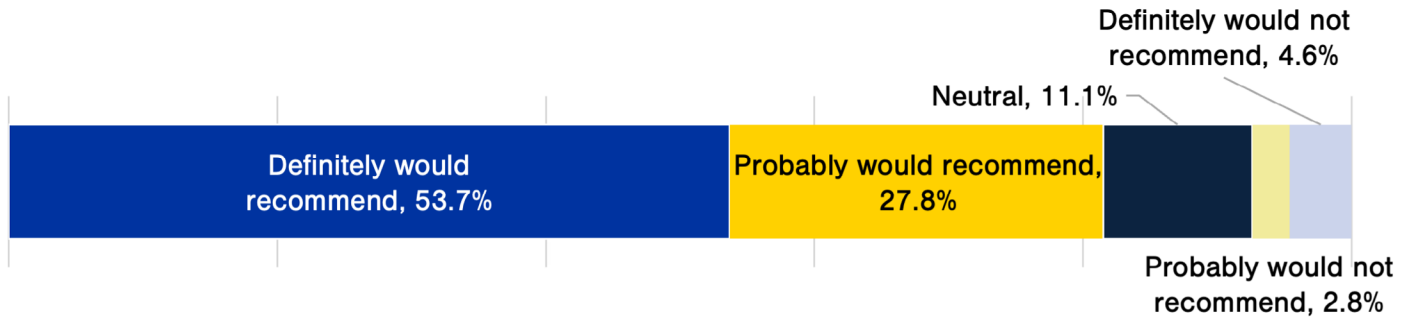


*Not summative as comments could be classified into more than one theme.

BCBH-SD Workshop Satisfaction

BCBH-SD workshop participants were asked a series of questions related to their satisfaction with the workshop. As shown in Figure 27, 81.5% of participants probably or definitely would recommend the program to a family member or friend.

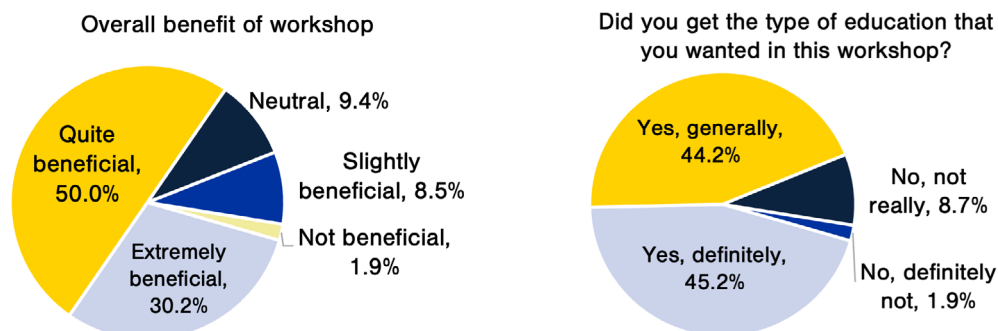
Figure 27. Likelihood of Recommending the BCBH-SD CDSME Workshops to a Friend or Family Member, 2025



*1 participant did not answer this question on the post-survey. Only respondents shown.

Participants were asked to rate the benefit of the workshop, as shown in Figure 28. Over eighty percent of participants rated the workshop as beneficial. Furthermore, 89.4% of participants indicated they received the education they were seeking through taking the workshop.

Figure 28. Benefit of Workshop and Education Received, BCBH-SD CDSME Participants, 2025



*3 participants did not answer the overall benefit, and 5 participants did not answer the question on education. Only respondents shown.

Participants were also asked about any negative experiences during the workshop. Six of the 109 participants that responded to this question noted a negative experience, providing additional information as follows:

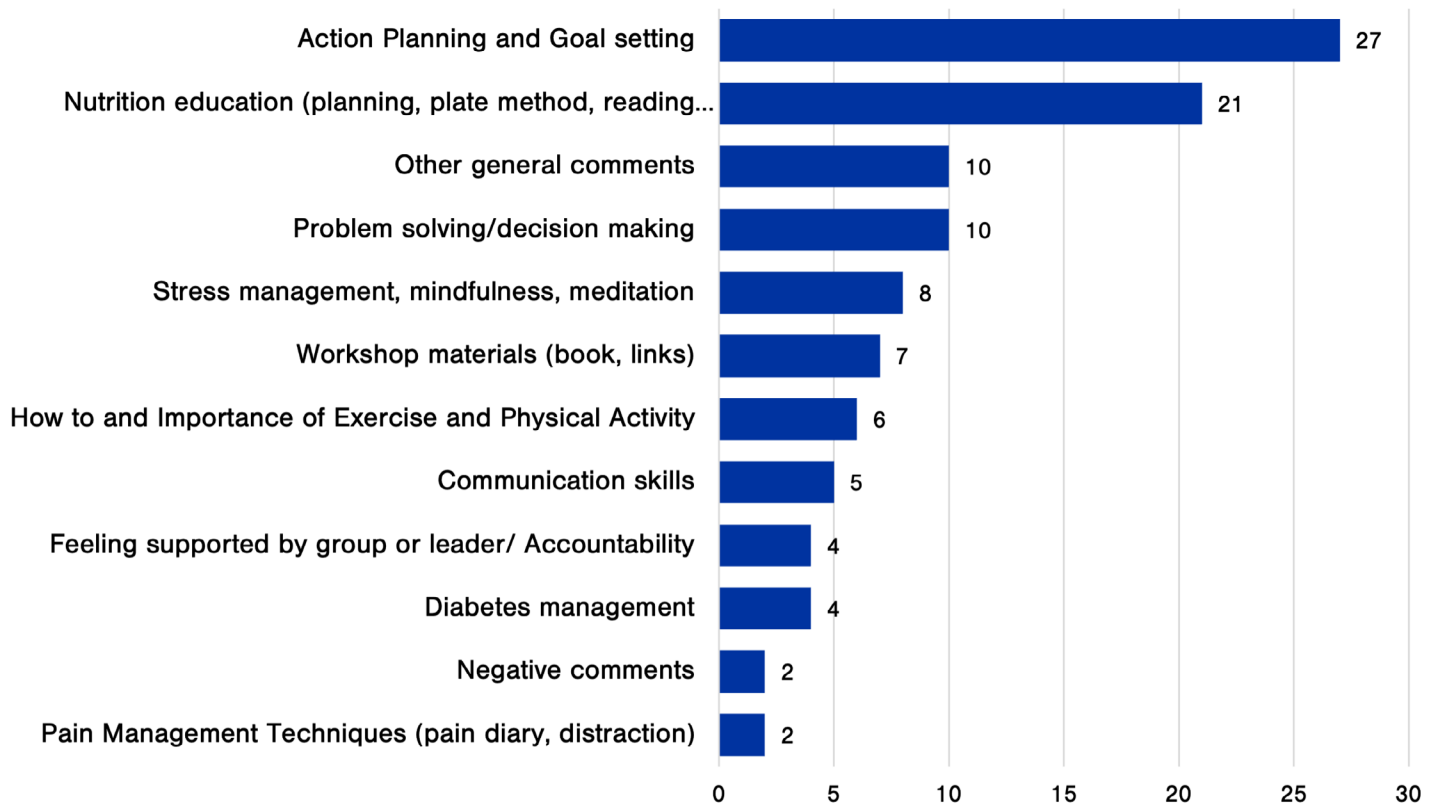
- My ears may be going bad but this lady, [name], talked way too soft. Two others besides me reminded her but then she'd forget. I probably wouldn't go through 6 weeks again with it this way.
- My partner left after the first meeting and never came back from the meeting.
- Some people talk too much about themselves
- Some folks did not participate in what we were doing. They didn't pay attention and when they did speak up, it was on things we weren't discussing!
- The leaders had to put up with a very interruptive man, which they handled very well. Many of the ladies knew him and were unhappy with him. I do think that two and a half hours is a little long....
- Trying to squeeze it in my day

Most Useful Tool/Skill Learned

Participants were asked to report the most useful skill or tool learned while participating in the BCBH-SD workshops. Responses were recorded for 82 of the 109 participants completing the post survey. The most frequent responses were action planning and goal setting and nutrition education (Figure 29). Select illustrative comments are provided below, with all comments provided in the Appendix.

- I think the book was the most helpful with all the information.
- I think the part that helped me the most was having action plans every week. I do a lot of these action plans already and now having gone through this group it held me accountable to the action plans that I shared and others that I didn't share. The biggest thing that changed is I quit smoking with the support of the group. I am in less pain and I am much much happier.
- Learning how to adjust my plan if it's not 100% successful and still accomplish something rather than just give up - an all or nothing philosophy.
- Not sure about what tool or skill was most useful, but what I found most helpful is that I learned I'm not the only one that feels or is going through something.
- Since I started the workshop, my A1C level has dropped significantly, and I am no longer considered pre-diabetic. It helped me with making plans and sticking with them. Climbing stairs and giving up coffee were a few of the things I opted to follow, and it worked.
- The group process was of considerable help, while I'm familiar with the tools, practicing them with support was the most useful. The Action Plans helped me be more aware of including the steps in my day.
- The short-term goals (Action Plan) are a good idea/tool. It helps break it down from large, overwhelming goals into smaller and more manageable ones.

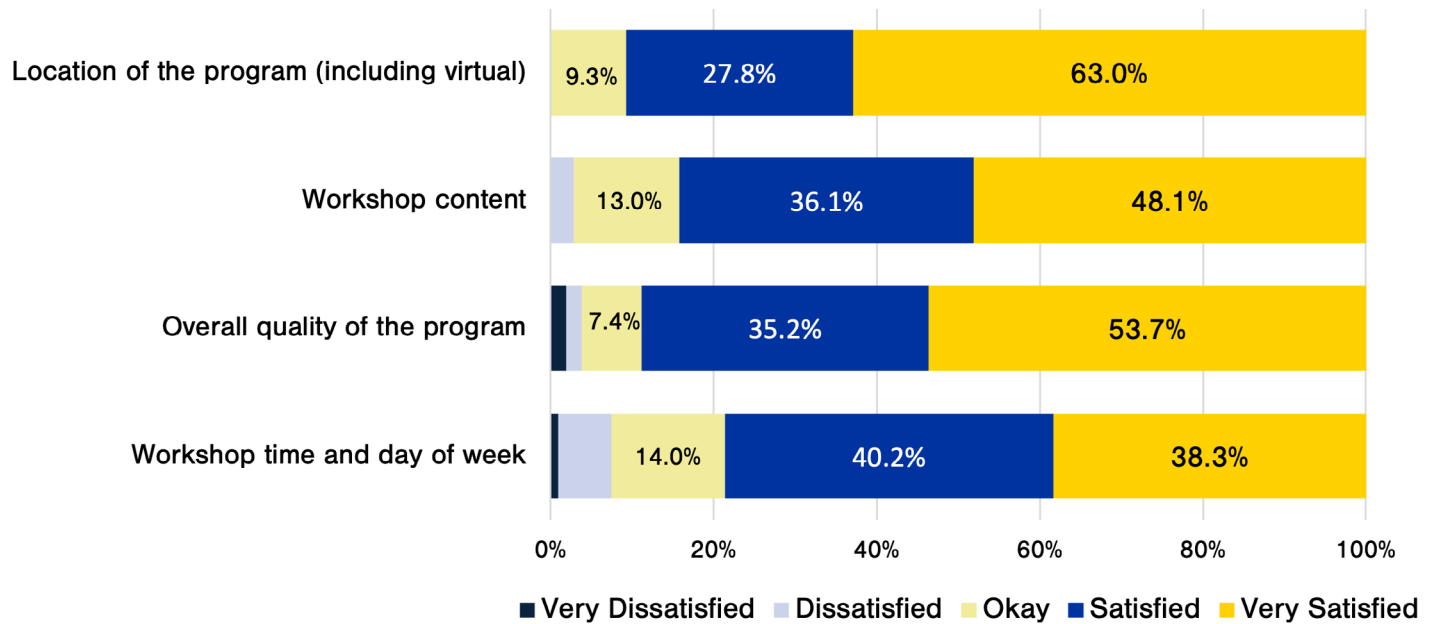
Figure 29. Most Useful Skills or Tools Learned, BCBH-SD CDSME Participants, 2025*



*Not summative as comments could be classified into more than one theme.

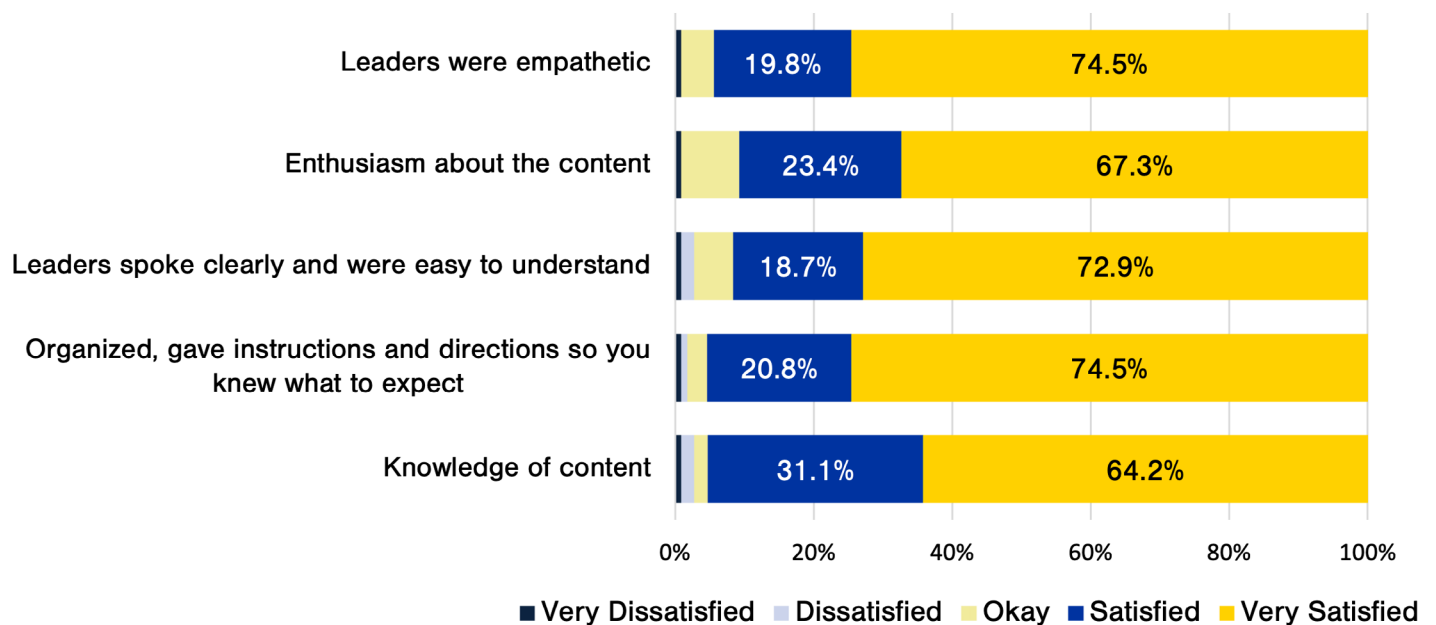
Participants were asked to rate their experience with the workshop, assessing aspects shown in Figure 30 on a five-point scale from very dissatisfied to very satisfied. Participants noted high levels of satisfaction with the program overall. Workshop time and day of week was the lowest rated.

Figure 30. Workshop Satisfaction Ratings, BCBH-SD CDSME Participants, 2025



Participants were asked to rate their experience with the workshop leaders, assessing aspects shown in Figure 31 on a five-point scale from very dissatisfied to very satisfied. Participants noted high levels of satisfaction with the workshop leaders overall.

Figure 31. Workshop Leader Ratings, BCBH-SD CDSME Participants, 2025

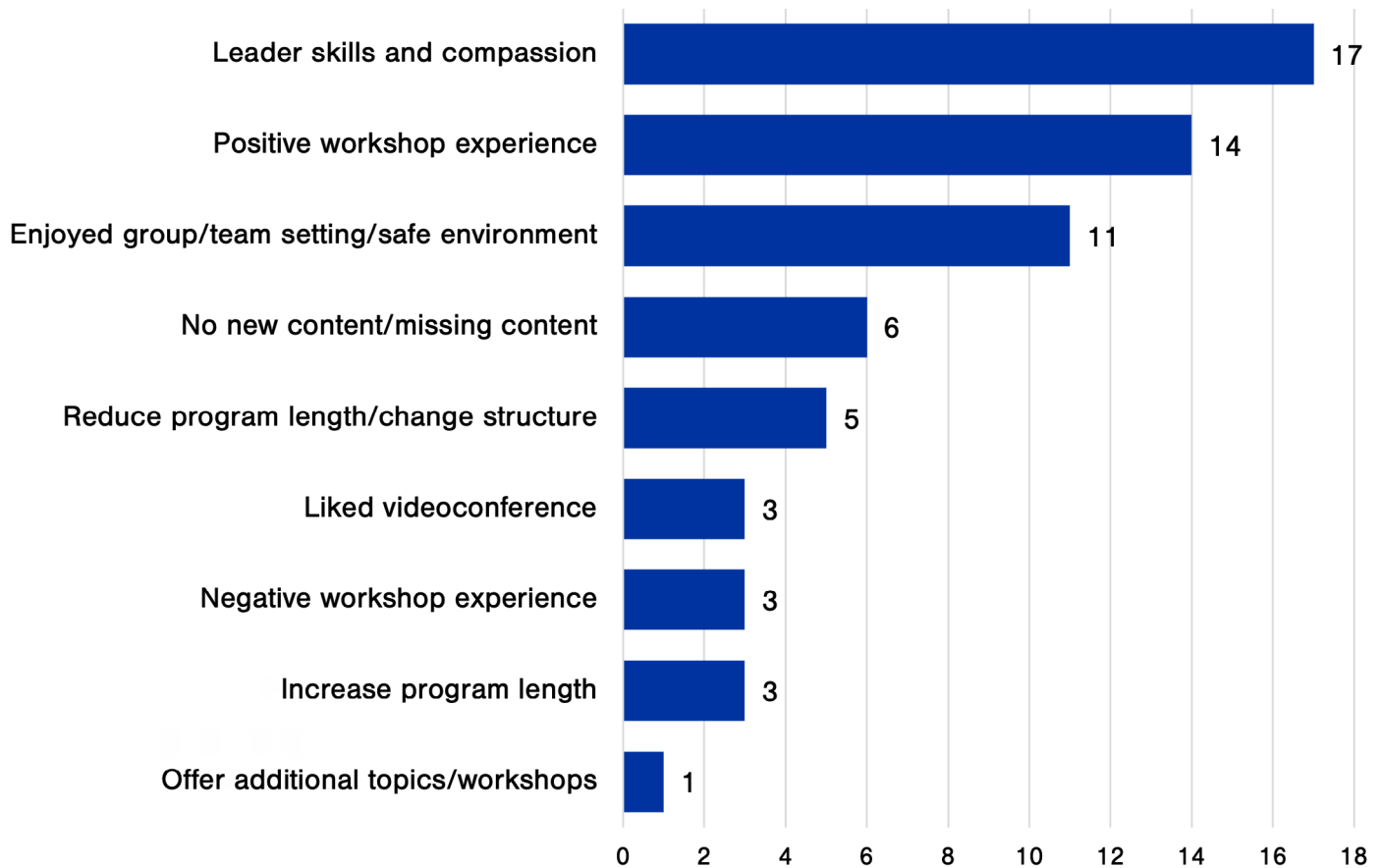


Additional Feedback and Suggestions from BCBH-SD Program Participants

Participants were asked to share any additional highlights, comments, or suggestions about the workshop experience. Responses were recorded for 61 of the 109 participants completing the post survey. The vast majority of comments were positive experiences with the workshop and the workshop leaders (Figure 32). A few were requests for different time, length or format of the workshop offerings. Select illustrative comments are provided below, with all comments provided in the Appendix.

- This is my second time taking this program and I love it. It is different from the last time as there were different members with different ideas that they can throw out there. It was very fun and exciting I looked forward to it every Tuesday and Thursday.
- The only thing I can say is I wish it was longer, having a group of people who understand how pain affects life and how I think is massively helpful with the stress of chronic pain. The support is unmatched.
- The instructors were great to work with and had a wealth of knowledge. The text book was great resource to have as well.
- Thank you for all the work you put into this program. I would recommend it to anybody with diabetes.
- It was a great experience to interact with others who are dealing with some of the same things I am and coming up with ideas on how to work on the challenges. It helps for us to come together with fresh ideas so that I can add those to my tool box for my health. Our leaders were very encouraging and helpful.

Figure 30. Workshop Satisfaction Ratings, BCBH-SD CDSME Participants, 2025



*Not summative as comments could be classified into more than one theme.

Evaluation Recommendations

The BCBH-SD CDSME programs offered 23 workshops reaching 144 individuals throughout South Dakota in 2025. Participants report high levels of satisfaction and positive impact in daily life including improved physical activity, improved well-being, and learning tools to better self-manage conditions. Outcome data also supports positive changes including improvements in sleep, feelings of isolation, and activity levels.

Based on the data provided within this report, the following evaluation recommendations are provided to enhance and improve program effectiveness:

- **Increase healthcare provider referral to the BCBH-SD CDSME Programs.** The majority of participants reported learning about the programs through a community organization or through family members and friends. Only 17 participants indicated they heard of the workshop/program from a healthcare provider. Target health systems for education and referrals. Consider other community level agencies for collaboration including behavioral health providers, physical and occupational therapy offices, and community living centers.
- **Promote programming in key geographic areas to expand the reach of the services to all populations in South Dakota.** CDSME programming reached participants in 22 counties of the state, with limited reach in very rural areas of the state. Explore options for leader training to offer programming in smaller communities and communities in the West River areas of the state. Look at new promotional options through community organizations. Promotion through senior centers has been effective in reaching the target population in more urban areas of the state and could be replicated.
- **Continue to monitor outcomes.** Numerous questions related to caregiving, independent living, anxiety, sleep, and pain management were added to the participant surveys in August 2024. This report shares the first time this data was analyzed. Continue to monitor these important data points to further examine the outcomes of the program, and monitor trends that can be used to highlight program success and implement program improvement.

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Appendix: Open-ended Responses from BCBH-SD CDSME Participants, 2025

What is the most useful tool or skill you learned to use during the BCBH-SD Workshop? (n=96 responses)

- How to read labels. Hiring land management for the farm took stress off of me was positive. Negative side it was costly.
- Action plan and book.
- Action planning-it made me aware of what I was doing and that it is important to continue with the activities that I outline for myself. I was able to set goals for myself and keep to them.
- Action plans
- Activity planning for the week.
- Arthritis and taking care of people, and nutrition, and exercise
- Being around other people with similar conditions with well educated and proficient leaders.
- Better eating habits
- Communication.
- Distraction as a pain reliever.
- Escribir planes de Accion (Translation: Writing action plans)
- Finding a method to track by activity level and endurance.
- Food quantities of protein, carbohydrates, fats eaten, action plan goal setting.
- Goal planning
- Goal planning, got me going. Have kept up with most of the goals I set up for myself.
- Goal setting
- Helped with learning to eat better and think of what it means to watch and be aware
- Helping with food choices and monitoring my glucose
- How to cope with stuff.
- How to deal with stress When to keep my mouth closed
- How to read a label and serving sizes
- I did not participate as actively as I planned due to personal things that came up.
- I have learned several tools in this workshop, healthy eating, Breathing Techniques, communicate, understanding emotion, actions plans and problem solving. These are extremely beneficial tools, and I am excited to move forward with what I have learned.
- I learned about what diabetes is and how it affects your life.
- I liked the "Action Plan" process. It has helped me to make short term plans and if nothing else is great in my day it is encouraging to have that to get done! Also the nutritional information in the workshop is very helpful!
- I love going over the nutrition label, the exercises in the book, and communication with my providers.
- I really liked the action plans and being able to adjust them as necessary. The different tools for stepping back and just breathing is such a simple concept that we forget about. I think the class helped me just make the effort to work on different areas of health and eating better and getting any exercise is better than none. Don't stop because you didn't get to walk one day, just do some stretching or other exercise to keep active. I think this helped remind me that working toward better health is an ongoing, never ending process we need to continue on and work with what works for us.
- I think the book was the most helpful with all the information.
- I think the part that helped me the most was having action plans every week. I do a lot of these action plans already and now having gone through this group it held me accountable to the action plans that I shared and others that I didn't share. The biggest thing that changed is I quit smoking with the support of the group. I am in less pain and I am much much happier.

- I was only available to attend 2 or 3 sessions so I am not a very good resource for the survey or comments. The book is full of good information to apply to my life. Some of the plan of action skills will be helpful in the future. Making informed decisions was emphasized. I have done that previously, but it is always good to have that reinforced. I have been an ingredient, fat, calorie food label reader. I have not paid attention to sodium because I have never had high blood pressure. After reading the sodium content, I will be more mindful of how much sodium I am getting. Guided imagery, using my mind to decrease tension and discomfort is a tool I will use.
- I was unable to complete this program due to appointments that came up during this time so I have no comments
- It helped me get back on track
- It's such a short class. 30 minutes at 9am, if it was a longer class to actually go through the material and to have more time to get to know each other. I didn't know who was a teacher or student until one of the last classes when they said we could not switch the time as there were other people in the class. I thought it was just myself and two teachers
- Just having the book to read was most useful to me as it has a lot of very good information in it.
- Learning how to adjust my plan if it's not 100% successful and still accomplish something rather than just give up - an all of nothing philosophy.
- Learning how to read labels, meal planning, and incorporating exercise into daily activities. The classes I attended were really beneficial, but I missed two weeks because of COVID and another session due to a stomach bug. Just not great timing.
- Listening
- Looking at the food labels and talking about the different types of foods.
- Make goals, then follow through as best as possible
- Me gusto to do es muy informativo (Translation: I liked everything is very informative)
- Meal planning
- Meal planning and reading food labels.
- Meeting other caregivers!
- None
- Not sure about what tool or skill was most useful, but what I found most helpful is that I learned I'm not the only one that feels or is going through something.
- Not to be ashamed of asking friends for help or just talk with.
- Plan for and execute care giving breaks
- Problem solving
- Problem Solving
- Propósitos de hacer metas que ayuden my salud (Translation: Resolutions of making goals that help my health)
- Reading food labels and nutrition
- Reading labels
- Reinforced tools I already knew. Food label awareness was helpful.
- Self discipline.....needed to decide how to make time to walk or exercise and I found I can do it.....just had to make a plan and follow it. I really didn't know what I had signed up for.... Was thinking it was to learn about chronic diseases such as diabetes and how to live with them. But the leaders were very good.
- Setting goals
- Setting weekly goals and making small progress on my overall goals.
- Since I started the workshop, my A1C level has dropped significantly, and I am no longer considered pre-

diabetic. It helped me with making plans and sticking with them. Climbing stairs and giving up coffee were a few of the things I opted to follow, and it worked.

- Thank you
- Thank you for allowing us to have these workshops/ and taking the time to prepare the class activity for us.
- The “my action plan” sheet helped to set a realistic goal for the week and achieve it.
- The activities that could be applied in real-life situations; more options to help with decision-making about exercise, food choices, etc.
- The easy to use meal planning template.
- The group process was of considerable help, while I’m familiar with the tools, practicing them with support was the most useful. The Action Plans helped me be more aware of including the steps in my day.
- The intention behind Action plans.
- The most useful skill I learned was making an “Action Plan”.
- The most useful tool I learned was decision making. I had been contemplating getting a knee replacement for quite some time. After using the decision making tool in the toolbox, it was quite obvious to me that I make my decision. The tool was good. I also thought that the healthy eating section was extremely useful. I didn’t think that I learned new information, but it was extremely helpful to hear it again in the context of diabetes.
- The reason I didn’t get anything beneficial from the class is because I only was at the first one. I have memory problems and kept forgetting.
- The relaxation and meditation segments were the most beneficial to me.
- The relaxation tricks and using the decision making task to help make a decision.
- The short-term goals (Action Plan) are a good idea/tool. It helps break it down from large, overwhelming goals into smaller and more manageable ones.
- The way they did brain storming
- To be accountable and make an action plan.
- To pay more attention to fat and carbohydrate intake.
- To take care of myself
- Use action plans and take time for myself.
- Use of diet. Exercise and life style to help change causes and symptoms of chronic disease. Great class for learning how to live with a chronic disease.
- Using guided meditations for often for de-stressing situations.
- Using the decision table to list the pro and cons.
- Various. Decision-making tool was good, nutritional label details were good, guided imagery type stuff was good, resources sites....it’s hard to say. lots of good in there.
- Ways to reframe and cope with care partner challenging behavior
- We only had the first zoom, I forgot to remind [participant] about it the second week, and we had something come up the third week, so we just didn’t continue. I recognize how much this could have been helpful, and am sorry we didn’t continue with the program.
- Workbook and cd. I really appreciate meeting once a week and be accountable. I had to miss a few meetings because of work. the instructor was great and knowledgeable. Thanks.

What are you planning to do differently in your life and/or for your health based on your recent participation in the BCBH-SD Program? (n=89 responses)

- Apply the tips and techniques I learned about decision-making.
- Be mindful of being present and giving myself grace.

- Be more open about the stressful situations my family put me through. Exercise more, eat healthy.
- Better resources, exercise differently, additional nutritional choices, decision-making tool, guided imagery type stuff, try something out of the book everyday- add in things or try the things in the book every day, keep referring to the book often. Try not to fall into a funk by using this stuff.
- Breathe! Take time for myself.
- Buy better groceries so that I can cook healthier meals.
- Changed a sleep behavior because of the “homework” given
- Continue action plans.
- Continue to exercise and eat better while making sure I watch my nutrition
- Continue to exercise regularly.
- Continue to learn about diabetes and what I will have to deal with when I am diagnosed with diabetes
- Continue to work on my exercise routine and work on my health.
- Continue using the “my action plan” sheet on a weekly basis. Continue to work on using “I” in conversations.
- Continue with healthy eating and exercise
- Continue with my exercise plan and definitely plan to watch what I eat and the quantity
- Drink more water and exercise.
- Eat better and exercise more
- Eat better by eating more fruits and vegetables
- Eat better, exercise, be positive, and spread positivity with others
- Eat better. monitor more often
- Encouraged me to keep trying and do better
- Exercise
- Exercise for health
- Exercise more action plans help me make smaller more achievable goals. Continue to eat healthy. Slowly work with providers to get off some of my medications.
- Get more involved
- Get out of the house more often, spend more time with people, ask for help when I need it.
- I am going to continue to eat healthier and now document my meals. I really need to lose about 20#. I just started, this week, a Silver Senior workout, twice a week. I also am taking a Balance workshop which has been 3 sessions of workbook information and now will be physical balance exercises.
- I am looking for an affordable exercise program that I can do with others I feel like it would be easier to be reliable with others there. I especially would like swim exercise class.
- I am planning to eat better. I have cut back on the fun size candy bars I enjoy.
- I have joined a wellness center and I saw a counselor to look at medications. I saw a doctor for foot pain.
- I plan on doing nothing different. I have already done all of the above and the Dr’s still have no clue why my body hurts everyday. they have taken me off meds and added vitamins and I get no relief.
- I plan to continue painting, watercolor, as a pain distraction. I plan to walk 1/2 mile four days a week. I plan to change my weight by skipping snacks most days of the week. I plan to continue to pray daily as part of my pain relief program. I plan to continue in Cardiac Rehab strength training for thirty minutes three times a week.
- I plan to implement stretching for stress relief.
- I quit smoking. I started stretching everyday. I now have a taste manager to help brain fog and my home is

cleaner. I am less stressed. I am taking less opiates and continue to taper off of them. Less anxiety as being in a group helped

- I will continue to eat and exercise to the best of my ability.
- I will try to be more active even though it is very difficult due to my shortness of breath. Walking what doctor wants me to do but when I can only walk a few feet at a time it is very discouraging.
- I'm working on changing my diet. and keep trying to get started and maintain physical activity.
- if we do join another zoom program. (an in person one would be better though) I plan on setting alarms to remind us of the meetings so we don't miss them.
- Increase physical activity and make better food choices.
- Keep setting action plans for myself and keeping them.
- Keep up my exercise and add something new then
- Look at food labels more closely. Make better choices concerning food, and being active.
- Look into different integrative therapies. Still plan to message doctor. More aerobic exercises.
- Looking at better food choices.
- Maintain having quit smoking.
- Make sure I am exercising three days a week. I am better at achieving goals by setting a time to do it by.
- Manage pain by exercise
- Maybe go to a gym.
- Meal plan and monitor portions
- Meditate and use relaxation techniques more; I started a DBT practice.
- Monitoring my blood sugar through the use of the sensor and good food choices to maintain a balance.
- More exercise and try to eat more fruits and veggies
- Need to really record my diet to see what works in my diabetic life
- No comment
- Pay better attention to my mental health needs.
- Pay more attention to food and quantities, walk during upcoming winter months, be more attentive to daughter's health who also attended these classes.
- Plan out my days with the action plan in the forefront of my plans and my thinking
- Positive well informed choices.
- Read labels more, monitor my food choices, increase walking and activities, monitor blood sugar more.
- Read labels, select the best fruits to eat that contain the least sugar, check blood sugar on a more regular basis, try to lessen carbs and sugar in my diet and add more protein, control portion sizes, drink more water, exercise.
- Really consider the foods that I eat and quantity. continue exercising.
- Reduce the number of calories I consume in any given time frame
- Review End time needs Living will & etc.
- Seguir instrucciones del libro mejorar mi salud (Translation: Follow instructions in the book Improve My Health)
- Started working on my foods, eating more vegetables and making real plans on purchasing them. Also focusing on exercise and adjusting it with the weather, etc.
- Stay healthy
- Stay on track
- Trataré de comer mejor y organizar más actividades (Translation: I will try to eat better and organize more

activities.)

- Try to keep incorporating exercise and/or more physical activities into my daily routine.
- Trying to get better and walk with dog, but it is hard with arthritis.
- Use diet and exercise to help change the causes and symptoms of my chronic disease.
- Waking up at the same time each day. Stretching. Better dietary choices. More positive thinking.
- Watch my diet more carefully.
- Work with short term Action Plans to keep myself accountable.

Please provide any additional highlights, comments, or suggestions about your workshop experience. (n=76 responses)

- 1) Having to share our action plan and weekly results with the group was a great motivator to continue to reach my long term goal. I appreciated the leader sharing her weekly plan. 2) I feel the class could be longer than 30 minutes.
- A reminder text would be helpful
- A text message reminder the morning of a class would be helpful.
- Brief 6th session 6-18 months later to have a review session, could be online for those computer literate could have a robot that participates in last session
- Charlene and Macy are very kind, knowledgeable and organized.
- Enjoyed and learned some new things. Sessions were too long for me. Hard to sit that long at 90 years old. Health is good.
- Excelente experiencia me pondre a repasar mas y leer el libro para aprender mas gracias. (Translation: excellent experience I will start to review more and read the book to learn more thank you.)
- Excellent manual and large cards printed to see. Consider sessions to be 1 - 1.5 hour and no break time would be better for some. Consider microphones for speakers.
- Good experience. We had a Puerto Rican leader that was hard to understand. We were a group of English speaking participants. I'm sure she would be a good leader for Spanish speaking participants. During breaks we were able to share things that we, as individuals, were doing to make life easier dealing with our diabetes.
- Great instructors, Mjykie, Denice and Sau-Mei. Worked well as a team.
- Husband is in assisted living, causing a lot of stress.
- I am a retired registered dietitian, licensed nutritionist and I noticed the book's information on fats is from 1970 and needs to be updated to include the healthy fats, good fats, and low fat foods are often high in carbs and are not healthy choices.
- I didn't see where it could be improved upon
- I enjoyed meeting the other participants. They had some helpful experiences they shared. Thank you for the book. I will serve as a valuable resource.
- I enjoyed the group sharing and hearing other ideas/solutions to areas of concern.
- I guess I wanted more information on living with diabetes.
- I know I've only got to do a couple of the workshops but when I signed up I was not planning on having to do some extra dr visits because my cancer decided to act up. If that wasn't enough on my plate my hubby got a new knee this month.
- I loved that it was on zoom.
- I really enjoyed the workshop. The presenters did an amazing job.
- I signed up to be a room monitor for Sanford staff so after the first session, I realized it was really geared towards patients and caregivers so I didn't attend anymore. It seemed like it would have been very helpful to others though. We continued to promote it to our patients.

- I think it would be helpful for instructors to share the page numbers so participants could follow along in the book. Discussions were kept on topic well. Usually we finished 1/2 hour early which was helpful. 5:30-7:30 rather than 5:30-8. Breaks allowed for personal interaction if participants desired to visit with another participant.
- I thought that Samantha and Emma did a great job with the curriculum. They encourage us to make action plans and then with them checking the results weekly it made us accountable. The two texts are great reference guides, and I will keep them to reference when a question comes up. Thank you for providing this workshop and materials.
- I want to participate in a diabetes prevention program and start teaching in this area, as well as in the other programs for my work. I deal with a lot of tenants in just about every area of every workshop I attend.
- I was an Adjunct Professor at 2 universities and presented to diverse crowds at large conferences.
- I was satisfied with the workshop and enjoyed the leaders.
- I will add that my only concern was a miscommunication that, due to lack of participation when I was the only one at the first session, I was told (I thought) that there was going to be a two-week break while more participants were recruited. When I came back at the date I believed to have been set for the next session, they'd met for those two weeks, so I'd missed two weeks. I felt behind and disconnected. Then I missed a week because, due to the time difference sessions started 30 minutes before I got off work and I got a drop-in client right before the session started so would have been 45 minutes late. In frustration, I opted not to sign on 45+ minutes late. I ended up missing quite a bit, so it wasn't as beneficial as it should have been.
- I wish every participant would have made it a priority to be more punctual.
- I'm sorry I missed the last class because of a family emergency's. I feel that it have helped make on ongoing action plan. I liked sharing with others in a safe setting.
- Including options for additional group interaction, though each group is different in the ability to get comfortable with each other. The interactions seemed helpful with this group, but time was limited.
- It was a great experience to interact with others who are dealing with some of the same things I am and coming up with ideas on how to work on the challenges. It helps for us to come together with fresh ideas so that I can add those to my tool box for my health. Our leaders were very encouraging and helpful.
- It was frustrating because my questions were not answered. I was hoping for guidance on meal preparation especially at holidays, dinners, or eating out. There seemed to be mixed messages about diet from previous information received and this class. In some respects, I know less about diabetic eating then I knew before. I will keep reading on my own. What we have been doing has worked for my husband who has diabetes.
- It was good. The leaders were good and I learned a bit.
- It wasn't enough time, I think if it was an hour to an hour and a half that would be better and later in the day would help as well. When I'm getting up for the day I sometimes have a lot of problems from myself to deal with which made it hard to get to each morning class. I think later in the day and longer sessions would be better. And maybe also putting it on zoom? I did another group session with zoom I liked that better it was more personal.
- It'd be good if more people signed up for it. I can't remember where I got the info about signing up for this. It wasn't that hard to attend the class online. I liked the leaders. I liked the participants.
- Leaders are very good at what they do. They work well together and were helpful.
- Me a ayudado mucho es un buen programa (Translation: It has helped me a lot is a good program)
- Me gusto compartir los momentos, y aprender mas de los cuidados de la salud a mi me gusta ser sociable y lucho por estar mejor de mi persona. (Translation: I liked to share the moments and learn more about health care, I like to be sociable and I fight to be better than myself.)
- More detailed in topics of interest
- Thank you for all the work you put into this program. I would recommend it to anybody with diabetes.
- Thanks for the help.

- The content of this program was not really geared towards people who are already dealing with chronic conditions. This would be great for young adults or people who were recently diagnosed with a new condition. Most of the content I considered general knowledge on living a healthy lifestyle. I did like the addition of the various exercises included in the workbook.
- The instructors were great to work with and had a wealth of knowledge. The text book was great resource to have as well.
- The instructors were very good at keeping the class on task. We all had the opportunity to share and if we got off track the instructors politely got us back on track. There was tons of helpful information, some I was familiar with and some, not so much or at all. The food label reading information was very useful! The workbook is absolutely wonderful and I look forward to continuing to read and study. Also, the visual posters that were hung up were very helpful!
- The leaders are very well informed. I am not one to speak in a group {a behind the scenes person}, but tried to speak up when asked
- The only problem with the program was when the Puerto Rican gal read the information. I know she is smart and knows the information, but understanding her words when she read wherever difficult.
- The only thing I can say is I wish it was longer, having a group of people who understand how pain affects life and how I think is massively helpful with the stress of chronic pain. The support is unmatched.
- The presenters were awesome!
- The program was taught very well, but was a little below the knowledge level of the participants in my class. I know these instructors were capable of adding more information at a higher level and/or customizing the program to this group, but it appeared that they were supposed to stick to the script/content exactly. When you have healthcare professionals leading the course, maybe allowing more flexibility would be beneficial.
- The sessions last too long.
- The time in class was just too long-2 hours would be my recommendation and we really do not need the snacks -it was very distracting to have individuals going to get more to eat when the leaders were teaching!
- The timing over the holidays was way too tough to get all reading done. Having the book as a resource is valued.
- This is my second time taking this program and I love it. It is different from the last time as there were different members with different ideas that they can throw out there. It was very fun and exciting I looked forward to it every Tuesday and Thursday.
- This is the third BCBH workshop I have taken. They have all been informative, life changing (think Action Plans) and intrinsically rewarding. Thank you to Denise and Diane for their knowledgeable and compassionate leadership.
- This program was amazing. I can't believe we just had enough to have the class, I feel there needs to be a bigger explanation on what it is. I think it is important for a caregiver's leadership to allow the time for a caregiver to do this. I did it from noon to 1 and if it wasn't for my leadership authorizing me the time to commit to this, I wouldn't have been able to do it. I think that is a keynote is to reach out to the leadership around our hospital and get them onboard for their team.
- This workshop is very informative. I'm glad I took it.
- This workshop was very helpful and I'm glad it's available to people in the community.
- Very helpful information that was presented in a method that I could understand and apply directly to my life.
- Very informative
- Was not a fan of tool box format. Would rather have zoom meetings where we can see the participants.