

Recent Advances in the Prevention and Treatment of Childhood and Adolescent Obesity Understanding the Interplay between Physical and Mental Health

# **Conference Evaluation Summary**



## October 24-26, 2016

Fairmont Chateau Laurier Ottawa, Ontario Canada Sponsored by

aplace of mind THE UNIVERSITY OF BRITISH COLUMBIA Interprofessional Continuing Education In collaboration with



Conference Information Online: www.interprofessional.ubc.ca/Obesity2016

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## **Detailed Program**

### Monday, October 24, 2016

8:30 - 9:00	Registration Open
8:30 - 9:00	Welcome and Opening Remarks
9:00 – 9:45	The Epidemiology and Socio-Contextual Determinants of Child and Youth Mental Health <i>Kathy Georgiades</i>
9:45 – 10:15	Focus on Mental Health in Children and Youth Living with Obesity Gary Goldfield
10:15 - 10:30	Break (Posters and Exhibit Viewing)
10:30 - 11:15	The Effect of Adverse Childhood Events on Health Moving Beyond Individual– Difference Variables <i>Christopher Mushquash</i>
11:15 – 12:00	Bullying in Childhood and its Impact on Physical and Mental Health: The Role of BMI <i>Tracy Vaillancourt</i>
12:00 - 13:15	Lunch (Posters and Exhibits viewing)
13:15 – 13:45	Weight Stigma in Healthcare & Education: Impact on Children & Families <i>Angela</i> Alberga, Brenndon Goodman
13:45 – 14:15	Reducing Weight Bias in Practice and Research Sara FL Kirk
14:15 – 14:45	Joint Q&A
14:30 - 14:40	10-minute chair yoga session (optional)
14:30 - 14:45	Break (Posters and Exhibit Viewing)
14:45 – 15:30	Promoting Health Instead of Size in Children and Teens: Teaching Kids to Care For— Not Compare — Their Diverse Bodies <i>Kathy Kater</i>
15:30 - 16:00	Reframing Healthy Weights Messaging: What Adult Influencers Need to Know. Findings From an Ontario-based Public Health Professional Development Intervention Study <i>Gail McVey</i>
16:00 - 16:15	Closing Remarks
18:00	Welcome Meet & Greet Dinner

#### Tuesday, October 25, 2016

- 8:45 9:30 Psychosocial Impact of Living with Severe Obesity *Meg H. Zeller*
- 9:30 10:00 Family Engagement Experience
- 10:00 10:30 Break (Posters and Exhibit Viewing)

#### 10:30 – 12:30 CONCURRENT SESSION A

**A1/B1** Pediatric Obesity: The Essentials for Helping Without Harming *Anna Aylett, Laurie Clark, Stasia Hadjiyannakis, Jane Rutherford* 

A2I Importance of Sleep for Mental and Physical Health Jean–Philippe Chaput

A2II Excessive Technology Use and Its Impact on Physical and Mental Health Lisa Pont

- **A3I** Building a Health and Wellness Clinic with Patients and Families: The Application of Experience–based Co–design to Paediatric Weight Management *Jennifer Green*
- **A3II** Moving Towards Consensus on Weight Bias Reduction Messages and Strategies *Ximena Ramos Salas*

**A3III** Children's Eating Behavior Questionnaire: Associations with Body Composition and Lifestyle Behaviors in Overweight and Obese Prepubescent Children *Tamara Cohen* 

A3Iv Subclinical Atherosclerosis in Children Enrolled in Weight Management Jenifer Li

**A3v** Attitudes Toward Collaboration Among Agencies Promoting Healthy Weights Among Urban First Nations and Métis Children and Families *Ornell Douglas, Dana Zummach* 

A3vI Pathways to Overeating in Children and Adolescents with Obesity Hayyah Clairman

12:30 – 13:30 Lunch (Posters and Exhibits viewing)

#### 13:30 – 15:00 CONCURRENT SESSION B

**B1/A1** Pediatric Obesity: The Essentials for Helping Without Harming (Cont'd)

**B2I** Children with Physical and Intellectual Disabilities Amy McPherson

B2II Psychopharmacology and Pediatric Obesity Dina Panagiotopoulos

**B3** Motivational Interviewing, Health Behaviours and Body Image–How They Work Together *Elizabeth Dettmer, Annick Buchholz* 

- 15:00 15:10 10-minute chair yoga session
- 15:00 15:15 Break (Posters and Exhibit Viewing)

- **15:15 15:45** Pediatric Weight Management Through Ellyn Satter's Division of Responsibility in Feeding *Anna Aylett*
- **15:45 16:15** Parenting and Limit Setting as Agents of Change in Chronic Disease Prevention Anne Wareham
- **16:15** Poster Session | Wine and Cheese Reception

#### Wednesday. October 26, 2016

- 8:45 9:30 Families as Agents of Change: Engaging the Whole Family in Weight Management *Joseph Skelton*
- 9:30 10:15 Obesity, a Marker of Colonial Violence *Barry Lavallee*
- 10:15 10:45 Break (Posters and Exhibit Viewing)
- **10:45 11:45** The Role of Strengths and Resiliency is Overcoming Challenges with Personal Weight in Children and Youth *John Lyons*
- 11:45 12:00 Closing Remarks

### **Planning Committee**

**Stasia Hadjiyannakis,** Co-Chair, MD, FRCPC, Pediatric Endocrinologist, Centre for Healthy Active Living (CHAL); Clinical Investigator, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON

**Annick Buchholz,** Co-Chair, Clinical Psychologist, Centre for Healthy Active Living (CHAL); Clinical Investigator, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON

**Geoff D.C. Ball**, PhD, RD; Associate Professor, Department of Pediatrics, University of Alberta; Director, Pediatric Centre for Weight and Health, Stollery Children's Hospital, Edmonton, AB

**Tracey Bridger,** MD, FRCPC, Associate Professor of Paediatrics, Memorial University/Pediatric Endocrinologist, Medical Director Janeway Lifestyle Program, Janeway Child Health Centre, St. John's, NL

Laurie Clark, C. Psych, Clinical Psychologist, Centre for Healthy Active Living, Children's Hospital of Eastern Ontario; Clinical Investigator, CHEO Research Institute; Clinical Professor, School of Psychology, University of Ottawa, Ottawa, ON

**Elizabeth Dettmer,** PhD, C. Psych, Psychologist, Sick Kids Team Obesity Program (STOMP), The Hospital for Sick Children, Toronto, ON

**Katia Despot,** Senior Education Manager, Interprofessional Continuing Education, University of British Columbia, Vancouver, BC

**Gary Goldfield,** PhD, Registered Clinical Psychologist; Senior Scientist, HALO group, CHEO Research Institute; Associate Professor, Departments of Pediatrics, Human Kinetics, Psychology and Population Health, University of Ottawa; Adjunct Research Professor, Psychology, Carleton University; Ottawa, ON

Jonathan McGavock, PhD, Associate Professor, Department of Pediatrics and Child Health, Faculty of Medicine, University of Manitoba, Winnipeg, MB

**Amy McPherson,** PhD, CPsychol, AFBPsS, Scientist, Participation & Inclusion, Bloorview Research Institute Assistant Professor, Dalla Lana School of Public Health & Graduate Department of Rehabilitation Science, University of Toronto, Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON

**Katherine Morrison,** MD, FRCPC, Associate Professor, Department of Pediatrics and Medical Director Metabolism and Childhood Obesity Clinical Programs, McMaster Children's Hospital; Co-Director Metabolism and Childhood (MAC) Obesity Research Program, McMaster University, Hamilton, ON

Jane Rutherford, MSc, Exercise Specialist, Centre for Healthy Active Living, Children's Hospital of Eastern Ontario (CHEO), Ottawa, ON

### **Sponsors**

We would like to acknowledge with special appreciation the financial support towards this conference provided (in part) by:



### **Exhibitors**

Canadian Obesity Network (CON) Canadian Society for Exercise Physiology (CSEP) The Nutrition Resource Centre (NRC) ParticiATION Healthy Together

#### Presenters

**Angela Alberga,** PhD, Postdoctoral Scholar, Faculty of Kinesiology, University of Calgary, Calgary, AB Anna Aylett, Registered Dietitian, Centre for Health Active Living, Children's Hospital of Eastern Ontario, Ottawa, ON

Annick Buchholz, Co-Chair, Clinical Psychologist, Centre for Healthy Active Living (CHAL); Clinical Investigator, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON

Jean-Philippe Chaput, PhD, Research Scientist, Healthy Active Living and Obesity Research Group, CHEO Research Institute, Ottawa, ON

**Laurie Clark,** C.Psych, Clinical Psychologist, Centre for Healthy Active Living, Children's Hospital of Eastern Ontario; Clinical Investigator, CHEO Research Institute; Clinical Professor, School of Psychology, University of Ottawa, Ottawa, ON

Tamara Cohen, School of Dietetics and Human Nutrition, McGill University, Montreal, QC

Hayyah Clairman, Graduate Student, Institute of Medical Science, University of Toronto, the Hospital for Sick Children, Toronto, ON

**Elizabeth Dettmer,** PhD, C.Psych, Psychologist, Sick Kids Team Obesity Program (STOMP), the Hospital for Sick Children, Toronto, ON

**Ornell Douglas,** Project Manager, Propel Centre for Population Health Impact, Waterloo, ON

Kathy Georgiades, PhD, Associate Professor of Psychiatry & Behavioral Neurosciences, McMaster University & Offord Centre for Child Studies, Hamilton, ON

**Gary Goldfield,** PhD, Registered Clinical Psychologist; Senior Scientist, HALO group, CHEO Research Institute; Associate Professor, Departments of Pediatrics, Human Kinetics, Psychology and Population Health, University of Ottawa; Adjunct Research Professor, Psychology, Carleton University; Ottawa, ON

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Jennifer Green, Registered Dietitian, Trillium Health Partners, Mississauga, ON

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Jenifer Li, MSc Candidate, Department of Pediatrics, McMaster University, Hamilton, ON

Kathy Kater, LICSW, Psychotherapist, Consultant, and Author, Private Practice, North St. Paul, MN

**Sara FL Kirk, PhD,** Professor of health Promotion and Canada Research Chair, Dalhousie University and the IWK Health Centre, Halifax, NS

**Barry Lavallee,** MD, CCFP, FCFP, MClSc, Director, Centre for Aboriginal Health Education, University of Manitoba, Winnipeg, MB John Lyons, PhD, Senior Policy Fellow, Chapin Hall, University of Chicago (Adjunct, University of Ottawa), Chicago, IL

**Amy McPherson,** PhD, CPsychol, AFBPsS, Scientist, Participation & Inclusion, Bloorview Research Institute Assistant Professor, Dalla Lana School of Public Health & Graduate Department of Rehabilitation Science, University of Toronto, Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON

**Gail McVey,** C.Psych, Ontario Community Outreach Program for Eating Disorders, University Health Network, Toronto, ON

**Christopher Mushquash,** C.Psych, Canada Research Chair in Indigenous Mental Health and Addiction, Department of Psychology, Northern Ontario School of Medicine, Lakehead University, Thunder Bay, ON

**Dina Panagiotopoulos,** Clinical Professor, Division of Endocrinology, Department of Pediatrics, University of British Columbia, Vancouver, BC

Lisa Pont, MSW, RSW, Addiction Therapist/Trainer, CAMH, Toronto, ON

**Ximena Ramos Salas,** MSc, PhD Candidate, School of Public Health, Canadian Obesity Network and University of Alberta, Edmonton, AB

**Joseph Skelton,** MD, MS, Director, Brenner FIT (Families In Training) and Associate Professor of Pediatrics, Brenner Children's Hospital, and Wake Forest School of Medicine, Winston-Salem, NC

Tracy Vaillancourt, PhD, Professor and Canada Research Chair, University of Ottawa, Ottawa, ON

Anne Wareham, Psychologist/Program Lead, Janeway Lifestyle Program, Eastern Health, St. John's, NL

**Meg H. Zeller,** PhD, Professor of Pediatrics, Division of Behavioral Medicine and Clinical, Psychology Cincinnati Children's Hospital, University of Cincinnati College of Medicine, Cincinnati, OH

Dana Zummach, Project Manager, Propel Centre for Population Health Impact, Waterloo, ON

### **Poster Presenters**

Anima Anand, PhD, Program Coordinator, the Bridge Youth & Family Services, Kelowna, BC

**Jillian Avis**, PhD Candidate, Department of Pediatrics, Faculty of Medicine & Dentistry, University Of Alberta, Edmonton, AB

**Sanjukta Basak,** MD CM FRCPC, Pediatric Endocrinologist, Department of Pediatrics, Rouge Valley Centenary Hospital, University of Toronto, Toronto, ON

**Amy Beck,** PhD, Clinical Child Psychologist, Children's Mercy Kansas City, Center for Children's Healthy Lifestyles and Nutrition, Kansas City, MO

Claire Beynon, Public Health Wales, Cardiff University, Swansea, Cardiff, Wales

**Anne Bowker,** PhD, Associate Professor, Psychology Department, Carleton University, Ottawa, ON **Nadia Browne,** PhD Student, Department of Pediatrics, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, AB

Barry Bruce, MD, Physician, Primary Care Researcher, West Carleton Family Health Team, Carp, ON

Annick Buchholz, Clinical Psychologist, Centre for Healthy Active Living (CHAL); Clinical Investigator, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON

Sarah Carsley, University of Toronto, Toronto, ON

Julie Charlebois, BASc, MHSc, RD, Health Promotion Specialist, Toronto Public Health, Toronto, ON

Hayyah Clairman, Graduate Student, Institute of Medical Science, University of Toronto, the Hospital for Sick Children, Toronto, ON

**Laurie Clark,** C.Psych, Clinical Psychologist, Clinical Investigator, Clinical Professor, School of Psychology, Centre for Healthy Active Living, Children's Hospital of Eastern Ontario, CHEO Research Institute, University of Ottawa, Ottawa, ON

Alison Connors, RN, BN, MN, Clinical Nurse Specialist, Alberta Health Services, Edmonton, AB

Samah Damanhoury, PhD Candidate, Nutrition & Metabolism, University Of Alberta, Edmonton, AB

Margaret Gan-Gaisano, MD, Pediatric Endocrinologist, Rouge Valley Health System, Toronto, ON

**Genevieve Gariepy,** PhD, Postdoctoral Research Associate, Institute for Health and Social Policy, McGill University, Montreal, QC

**Nicole D Gehring,** BSc, Research Coordinator, Department of Pediatrics, Faculty of Medicine & Dentistry, University Of Alberta, Edmonton, AB

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**Donna Holmes,** LCSW, LSCSW, Clinical Social Worker, Children's Mercy Hospital And Clinics, Kansas City, MO

Michele Hopkins, MSW, RSW, Project Coordinator; Healthy Weights for Children, the Bridge Youth & Family Services, Kelowna, BC

**Mariam Kamel,** MPH Candidate, Department of Clinical Epidemiology and Biostatistics, McMaster University, the Hospital for Sick Children, Hamilton, Toronto, ON

Maryam Kebbe, MSc Student, Department of Pediatrics, University of Alberta, Edmonton, AB

Katherine Kelly, MEd, Executive Director, Pan-Canadian Joint Consortium for School Health, PEI

**Rena LaFrance,** MD FRCPC, Assistant Clinical Professor, Department of Psychiatry, University of Alberta; Adjunct Assistant Clinical Professor, Pediatrics, University of Alberta; Medical Director Provincial, Pediatric Chronic Disease Alberta Health Services, Edmonton, AB

Meena Lalani, RN, Rouge Valley Health System, Toronto, ON

Megan Lamb, PhD candidate, Psychology Department, CHEO, Carleton University, Ottawa, ON

Karen Langlois, RDN, LD, Operation Kid Fit Facilitator, Army Public Health Center, Lone Wolf, OK

Jenifer Li, MSc Candidate, Department of Pediatrics, McMaster University, Hamilton, ON

Tabetha Meikle, BA Alumni, Psychology Department, Carleton University, Ottawa, ON

Helen Mills, BSc, Project Assistant, The Bridge Youth & Family Services, Kelowna, BC

Kim-anh Nguyen, FRCPC, Pediatrician, Montreal Children's Hospital, Verdun, QC

**Carley O'Kane,** MSc, RD, Lead Health Educator, Registered Dietitian, Department of Family Relations and Applied Nutrition, University Of Guelph, Guelph, ON

**Angela Pavarin-De Luca,** MSc Student and RD, Department of Family Relations and Applied Nutrition, University of Guelph, Guelph, ON

Arnaldo Perez, PhD Candidate, Department of Pediatrics, University Of Alberta, Edmonton, AB

Amanda Raffoul, MSc, PhD Student, School of Public Health and Health Systems, University Of Waterloo, Waterloo, ON

Jordan Rivera, BScN, Research Student, The Hospital For Sick Children, Toronto, ON

**Emily Rowland,** PhD Student, Social and Behavioural Health Sciences, University of Toronto, Toronto, ON

**Meloja Satkunam,** MPH Candidate, Department of Clinical Epidemiology and Biostatistics, Child Health Evaluative Sciences, McMaster University, The Hospital for Sick Children, Hamilton, Toronto, ON

**Dipika Shah,** Assistant Professor, Ashok & Rita Patel Institute of Physiotherapy, CHARUSAT, Anand, Gujarat, India

Alison Thompson, NP MN, PhD student, Faculty of Nursing, University of Alberta, Edmonton, AB

Darcie Valois, MA Psychology Candidate, Department of Psychology, Carleton University, Ottawa, ON

Beverly Walpole, Psychologist, British Columbia Children's Hospital, Vancouver, BC

**Kathryn Walton,** PhD Candidate, Department of Family Relations and Applied Nutrition, University of Guelph, Guelph, ON

Kristen Williams, PhD, R.Psych (Prov. Reg.), Psychologist, Eastern Health, St. John's, NL

## Breakdown of Registrants by Profession

Administrator/Manager	24
Counsellor	1
Dietitian	39
Educator	12
Fitness Professional	5
Health Promoter	6
Nutritionist	3
Pediatrician	26
Pediatic Endocrinologist	4
Physiotherapist	1
Psychologist	13
Physician	8
Policy Maker	4
Registered Nurse	19
Researcher	19
Social Worker	14
Student	22
Unspecified	4
Other	7
	,
TOTAL	231

#### Others Include:

Foundational Standard Specialist, Physical Therapist, Policy Analyist, Public Engagement Committee Member, Psychological Associate, Specialty Registrar, Tribal Diabetes Coordinator

## Breakdown of Registrants by Geographical Location

Alberta	15
British Columbia	18 7
Manitoba New Brunswick	3
Newfoundland & Labrador	5 6
Nova Scotia	6
Northwest Territories	2
Ontario	141
Prince Edward Island	5
Quebec	13
Yukon	1
Illinois	1
Minnesota	4
Missouri	2
North Carolina	1
New Mexico	1
Ohio	1
Washington	1
India	1
Singapore	1
United Kingdom	1
	-

TOTAL

231

### Overall Conference Evaluation

#### 1. Overall rating of the conference

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		1.2%	1
3 (Satisfactory)		5.9%	5
4		49.4%	42
5 (Exceptional)		43.5%	37
		Total Responses	85
		Mean	4.35

### 2. Content met my expectations

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		0.0%	0
3 (Satisfactory)		14.1%	12
4		45.9%	39
5 (Exceptional)		40.0%	34
		Total Responses	85
		Mean	4.26

#### 3. Overall format: (lecture, concurrent sessions, audience size, etc.)

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		1.2%	1
3 (Satisfactory)		4.7%	4

4	48.2%	41
5 (Exceptional)	45.9%	39
	Total Responses	85
	Mean	4.39

## 4. Learning objectives achieved

Response	Chart		Percentage	Count
1 (Unsatisfactory)			0.0%	0
2			1.2%	1
3 (Satisfactory)			8.1%	7
4			50.0%	43
5 (Exceptional)			40.7%	35
			Total Responses	86
			Mean	4.30

#### 5. Interaction opportunity

Response	Chart	Percentage	Count
1 (Unsatisfactory)		2.4%	2
2		2.4%	2
3 (Satisfactory)		21.2%	18
4		37.6%	32
5 (Exceptional)		36.5%	31
		Total Responses	85
		Mean	4.04

## 6. Relevance to my professional role

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		3.5%	3
3 (Satisfactory)		14.0%	12
4		37.2%	32
5 (Exceptional)		45.3%	39
		Total Responses	86
		Mean	4.24

#### 7. Quality of the conference syllabus

Response	Chart	Percer	ntage	Count
1 (Unsatisfactory)		1.2	%	1
2		1.2	%	1
3 (Satisfactory)		14.0	)%	12
4		44.2	2%	38
5 (Exceptional)		39.5	5%	34
1 (Unsatisfactory)		Total Re	sponses	86
			Mean	4.20

#### 8. Location: Fairmont Chateau Laurier

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		2.3%	2
3 (Satisfactory)		4.7%	4
4		26.7%	23

5 (Exceptional)	66.3%	57
	Total Responses	86
	Mean	4.57

#### 9. Poster Presentations

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		0.0%	0
3 (Satisfactory)		11.6%	10
4		47.7%	41
5 (Exceptional)		40.7%	35
		Total Responses	86
		Mean	4.29

#### 10. Exhibits/Organization Displays

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		4.7%	4
3 (Satisfactory)		34.9%	30
4		40.7%	35
5 (Exceptional)		19.8%	17
		Total Responses	86
		Mean	3.76

#### 11A. Appropriateness/relevance for the treatment and prevention of childhood obesity

Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0

2	0.0%	0
3 (Satisfactory)	7.0%	6
4	47.7%	41
5 (Exceptional)	45.3%	39
	Total Responses	86
	Mean	4.38

#### 11B. If you selected "Unsatisfactory" for question 11 A), please indicate the reason.

- Overall, an excellent conference with speakers who were experts in the field.
- I would have liked a breakout session that was interactive. No lecture just a chance to talk about issues together.
- I would have liked to hear more treatment ideas from clinicians. I also would have like to see more group content, activity ideas, etc.
- Lots of great research, would enjoy some practical tips.
- Exhibits were a bit crowded.

#### 12. Which aspect(s) of the conference did you find most worthwhile?

- The opportunity to network x9
- I enjoyed it all x6
- Overall, the presentations were very informative and relevant to my practice
- The plenary sessions x7
  - Pediatric Weight Management Through Ellyn Satter's Division of Responsibility in Feeding
  - o The final talks on Wednesday
- Poster presentations x4
- Concurrent sessions x2
  - Pediatric Obesity: The Essentials for Helping Without Harming was very educational in reducing weight bias and weight stigma—promoting health using a family-based approach x8
  - o Importance of Sleep for Mental and Physical Health x4
  - o The session on motivational interviewing was great! x3
  - o Excessive Technology Use x2
- The speakers were exceptional, from the varied content of their presentations to their style and use of A/V materials x 6
- I really liked the emphasis on mental health x5
- The inclusion of speakers addressing First Nations' health/colonialism x2
- Time to ask speaker's questions x2

- Learning about various resources. So many cool Canadian resources that I as an American had no idea about! Validation of the difficulty of this work.
- Enjoyed the poster viewing/wine and cheese—great opportunity to talk to the poster presenters and connect with conference attendees.
- The topics were excellent. Very good breakout sessions.
- Variety of speakers with various perspectives
- Presentations from individuals containing information applicable to clinical practice.
- The accommodations were above and beyond my expectations.
- The focus on prevention.
- The conference was very well organized and orchestrated!

#### 13. Which aspect(s) of the conference did you find least worthwhile?

- Nothing x15
- Obesity as a marker of colonial violence. While this presentation was very interesting I found it hard to relate to and apply to my work. Great presentation with thought provoking material, but I felt I didn't have a take home message. Hopefully enough policy people in the room to go back and influence change in their areas x6
- Exhibitors and posters x6
- Too little exhibitors. They were not needed for 3 days.
- Lots of emphasis on treatment x2
- Nitty-gritty research findings x2
- Conferences in which they presented their studies. Their results and findings were more worthwhile for my practice and the research itself.
- While I liked the mental health focus hard to have an entire conference just on that was a bit repetitious.
- Repetitive information/research
- The sessions on clinical practice. I'm not a clinician.
- Presentation on parenting styles and its effects on the child
- The presentation on gaming
- The poster presentation could have been part of the main program. 1 minute each! Early on, then you can catch up to people and discuss their initiative. Trying to get through the posters on breaks is too much.
- Some of the talks were a bit light on research evidence (e.g., the talk on Ellyn Satter's approach).
- Speaker relevancy
- A couple of the plenary talks
- Many of the presentations were too basic I was interested in more high level information that I don't read up on my own through nutrition articles.

- I chose the sleep and screen time presentations and wished I'd chosen others as the content either wasn't overly new or overly relevant (but was interested in the relevance to our Healthy Kids Community Challenge initiative).
- I didn't receive as much practical use items as I expected. For example, the majority of Wednesday morning included passionate speakers but no specific take home "to do's" for practice with children.
- Felt there needed to be a balance between how you deal with the interplay of complex medical issues of these patients with significant medical co-morbidities and mental health struggles.
- Limited audience engagement due to a scarcity of microphones.
- There as a lack of representation from more front line doctors such as family doctors or pediatricians or even surgeons.
- Trying to teach communication to a large number of people in a huge hall.
- I didn't realize a syllabus was available. It would have been helpful for me to have printed it ahead of the conference. Maybe include an email or a note on the registration form, or a note at the conference on the screen that was rolling during breaks.
- It's hard to see people's names on their card, and it doesn't say much. Could you color code them by attendees' occupation or field perhaps? (dieticians, social workers, health promoters, presenters) It's easier to seek networking opportunities when you have a sense of what is the area of expertise/interest of people.
- I wasn't sure what to think of the organized suppers. I wasn't staying at the Fairmont and didn't know if I should come back to join in or if it was for an elite group, if I'd be the only one showing up, if anyone was in charge.
- The conference syllabus was missing slides for some of the presentations.
- Not all presenters provided their full slides; some presenters only provided part slides.
- Not given built in opportunity to network, through a guided workshop or a working group type format.
- The day was very busy with no down time besides meals/snacks, where programs sat together, would like some fostered networking opportunity
- Sitting for very long periods of time

#### 14. How will this conference change your practice/how you do your work?

- It was a great reminder to avoid weight stigma/weight bias in our research x7
- Utilizing new resources (articles/studies) that are new to me x3
- Validates current team philosophy. It is very helpful to hear that we are working in a way that is consistent with current recommendations x3

- I will be connecting with some of the other public health units present to collaborate more with them x2
- The conference gave a baseline sense of where the research activities are with respect to childhood obesity and mental health x3
- More awareness of Aboriginal issues.
- More awareness of issues x2
- Less focus on weight loss more on reinforcing weight maintenance and promoting selfconfidence and skill building to mediate anxiety/depression into the future . Good review of hormones at play in weight loss and maintenance x2
- It is very encouraging to see a greater focus and emphasis on the family regarding children and adolescents and obesity rather than lobbing the solution to 'schools'.
- I think it gave new ideas and definitely challenged me to think differently about how I manage children with weight issues.
- Given lots of practical tips to work on.
- I need to be less prescriptive and be more in tune and guided by the family's concerns/agenda.
- It makes me more encouraged to continue with patient advocacy as it appears that patient voices seem to be absent at many conferences like this one.
- Nothing will change but it is always good to meet fellow colleagues and share our ideas.
- Reconsidering additional measures and metrics to use for program evaluation.
- Restructuring our clinic intake assessment model.
- In regards to the importance of sleep, and organized approach needed
- A number of ideas from existing programs will be incorporated into our new program
- I learned practical strategies for family directed care. Assistance in helping families self-reflect and set priorities.
- It helped me as a parent (not just a researcher) in the health promotion of our children.
- It has motivated me to establish a comprehensive Pediatric Obesity clinic in my district and helped with the direction to take in assessing and managing.
- Incorporate some of CHEO's methods into my practice
- Integrate appropriate learnings into community-based programs.
- Lots of interesting up and coming research areas. Great review and reinforcement of division of responsibility.
- It has caused us as a team (who were present at the conference) to re-think what our focus should be and how I, as a clinician, can continue to show as much compassion in my sessions as possible.
- I learned a lot about bullying, which is something I can consider or look for more when working with young children and their parents.

- I was considering starting a community pediatric weight management clinic was looking for information on how that might be accomplished. It seems impossible for a solo pediatrician. If STOMP at HSC Toronto, McMaster children's exercise and nutrition program, and CHEOs program have an approximate 50% success rate with the football team of supports and thousands of dollars of funding, available to them, it's highly unlikely I will achieve any impact, by myself in my solo practice. I was really disheartened. Will retire instead I think.
- I have a much better base of information know and my colleague and I may try to facilitate opening a multidisciplinary clinic in our city in BC.

15A. This biannual conference includes an overarching theme (e.g., 2016 in Ottawa [Mental Health]; 2014 in Winnipeg [Aboriginal Health]; 2012 in Halifax [Practice to Policy]). In your opinion, what overarching theme(s) should be considered for a future conference?

- Obesity prevention and management x4
- Food environment and obesity
- Environmental influences of obesity e.g. build environment.
- Patient/family engagement x4
- Advocating for policy change at a political level x3
- Community Health x3
- Physical activity x3
- Food Security/Food Sovereignty x2
- Aboriginal health x2
- eHealth; School Health; Primary Care and Public Health x2
- "A healthy day for families"—based on 24 hour movement guidelines. This would incorporate strategies for helping families implement structure into busy days, light physical activity, sweat, sleep, recreational screen time, family meals, family activities, cooking together, parenting/limit setting with children and youth, challenges to implementing the guidelines in practice and how to overcome these barriers.
- Environmental Health x2
- Clinical interventions very practical topics to help day to day clinicians, maybe even with role playing.
- Medications for weight loss
- Bariatric surgery
- Gender issues
- Health promotion
- Interprofessional Collaboration
- I think talking about the experiences and treatment of how many people are treated in the Canadian medical system and ways to improve as well as methods to bridge the confidence gap would be a good theme for 2018

- Holistic approach to health
- Patient and family engagement
- Treatment models
- Social networks
- Epigenetics
- Media
- Education curriculum
- Cross cultural issues
- Poverty
- Social Economics
- Ecological Approaches for better health for all (not just those who have weight-related risks)
- Health promotion. We need to have public awareness people spreading the right messages in the communities, and look for the right partnerships to shift the focus upstream of the issues. Which public health campaigns? What parenting programs? Where are the pamphlets to promote healthy sleep? What kind of partnerships with Children's Aid Societies? Canadian Mental Health Association?
- Tackling nutrition and working on the sugar addiction for these children and families (and society).
- Self-esteem, self-identity
- Bullying and peer interactions
- Moving from research to effective (community-based) implementation
- How to increase success in a primary care setting. If change is to be facilitated, and if it's to happen with primary care, either pediatricians or family doctors, a paradigm shift is needed. The CON is positioned to facilitate that change.
- Screen time

# 15B. Please list any topics, concepts, and/or skills that you would like to see included at a future conference.

- For speakers who speak about their programs or reference interventions in their programs: it would be valuable to see some results—successes or failures of health outcomes. For example: mental/emotional outcome measures, clinical markers, BMI improvement, BP improvement, lab markers of disease associated with obesity x4
- Medications to treat obesity for those on psychotropic medications, SSRIs, atypical antipsychotics x3
- Consultation with groups that have high rates of obesity, more personal stories, social determinants of health x3
- Patient/family engagement x3
- More opportunity for movement (eg: standing desks, standing ovations, continue with chair yoga etc.) x3

- The nuts and bolts of family based therapy with this population, individual family and family group therapy x2
- More on motivational interviewing x2
- Continued focus on community-development type interventions x2
- More topics on the prevention of child obesity x2
- Physical activity programs that work based on age group and urban vs suburban vs rural x2
- Food environment and obesity
- Emotional eating
- Trauma care
- Prevention of obesity
- Francophone health. This group was missing entirely from the 2016 conference.
- The importance of unstructured time: play.
- Practical tools/activities to use with patients
- I would like to see intervention in action, what clinicians are doing and how they are doing it. Creative use of resources backed up by rationale.
- Goal setting workshop facilitation. For example: how can a primary care providers help teens set goals for healthy choices? These workshops would assist in developing the skills needed to move toward these goals.
- Using technology to develop educational tools or distance learning for families.
- More case study approaches
- Inclusion of client voices
- Experience-based co-design
- Quality Improvement
- Built environment
- I would have liked to see smaller workshops/breakout sessions. For example, the MI talk was great but would have been much better in a smaller workshop.
- Consider amalgamating with the CON conference

## 15C. Please list the names of any individuals that you recommend to present at a future conference.

- Jill Hamilton
- Jess Haines
- CAST
- FNIHB Manitoba
- The PHIT team Personal Health Improvement Team of Peterborough Regional Health Centre

- Yoni Freedhoff
- Krista Scott Dixon of precision nutrition—fabulous understanding of motivational interviewing and healthy lifestyles. Exceptional speaker, exceptional presenter.

16. Did you perceive any industry bias in any of the presentations (e.g. product endorsement or pharmaceutical company funding)? If yes, please comment.

Response	Chart	Percentage	Count
Yes		1.5%	1
No		98.5%	67
		Total Responses	68

• Anna Aylett and Ellyn Satter's Institute, Janeway Lifestyle Program

#### 17A. Please specify the main reason for attending this conference:

Response	Chart	Percentage	Count
Learning Outcomes		69.6%	48
Networking		15.9%	11
Speakers / Faculty Credentials		10.1%	7
CE credits		1.4%	1
Other		2.9%	2
		Total Responses	69

17B. Please comment if the reason specified above was not fulfilled:

- Somewhat
- Stated earlier in this survey

18. Which continuing education credits do you require to maintain your license?

- None x7
- RCPSC x7
- College of Family Physicians Mainpro credits x 2
- CFPC
- CRNM continuing competence
- Social work
- CDO doesn't require specific credits (however we do complete annual self-directed learning goals and objectives).
- Personal goals for provincial association, hours of learning for CDE.
- Nutrition and public health
- MOCOMP
- OPDQ
- I am required to source education opportunities that will allow me to meet my selfdirected learning goals each year - two goals each year. I need to find numerous and different modalities of education opportunities for the goals. My continuing education is submitted and reviewed each year by my provincial licensing body.

## 19A. How might the format of this activity be improved in order to be most appropriate for the content presented? Select all that apply

Response	Chart	Percentage	Count
Format was appropriate; no changes needed		46.3%	31
Add a hands-on instructional component		26.9%	18
Include more case-based presentations		32.8%	22
Schedule more time for Q and A		4.5%	3
Increase interactivity with attendees		22.4%	15

Add more breakouts	20.9%	14
Have less breakouts	4.5%	3
Other or expand on your choice above:	9.0%	6
	Total Responses	67

19B. How might the format of this activity be improved in order to be most appropriate for the content presented? Other or expand on your choice above

- Keep to the schedule to allow time for all presenters. Be more professional. Keep the warmth but be less nonchalant.
- More patient voices
- Would have appreciated handouts on site for those who didn't make the deadline for the initial booklet
- Small group discussions and sitting with other colleagues from public health, CHCs and Francophones could have been a good option to offer. It breaks the ice for discussions at breaks. 250 strangers can be overwhelming. Lunch with presenters could have also been a worthwhile activity to ask questions and have discussions in a somewhat structured but more informal way.
- I like hard copies of presentations to make notes as the lectures proceed. Old school I guess.
- Problem with breakouts is that you have to miss certain talks if they overlap.

Response	Chart	Percentage	Count
Received information by email		42.6%	29
Website Link/Search		16.2%	11
Friend/Co-worker		42.6%	29
Other, Please explain:		2.9%	2
		Total Responses	68

#### 20A. Where did you learn about this conference?

#### 20B. Where did you learn about this conference? (Other, Please explain:)

- Supervisor
- Canadian Pediatric Society annual conference

• Came across it by accident and definitely was a brilliant experience

#### 21. Additional general feedback (eg. Content, format, venue, etc.)

- Great hotel, excellent meals provided. I honestly enjoyed everything about this conference! I'm considering returning from the States in 2 years! ☺
- One small note about the venue. The room upstairs (Renaissance) had horrible lighting, which I am sensitive to. I could not stay in the room. With the windows, they did not need to have the overhead recessed spotlights turned on. (The venue should put smaller sized bulbs into the fixture so they do not stick out and blind people with the glare). Sorry, minor thing you could not have possibly known of in advance.
- Excellent job. Very well organized conference. Thank you. x 9
- Overall good conference although a bit too much centered on HEAS and reducing weight bias. It is great to have a theme, but I think it is important to cover other important aspects of childhood obesity prevention and management.
- I found the conference information (research) repetitive.
- It would be nice to have breakfast included in the conference fees, although the food provided was delicious and healthful! Thank you!
- Overall, it was a great conference. The content was good, the format could be improved upon (e.g. more breakout sessions, smaller workshops), and the venue and food was fantastic!
- There was an issue with the way lunch was served the first day. It was inefficient and took too long. Also the catering was slow to refill coffee and tea stations.
- The problem with the breakout sessions is that I would have liked to attend both of them and that was not possible. It would have been nice if the 5As of pediatric obesity could have been covered as part of the large group.
- Venue was great.
- Right up to the expectations.
- I really enjoyed this conference. The key outcomes really resonate with me and I can integrate them into my day to day work as a dietitian. Thank you!
- Thank you to the committee for all the work that went into planning this conference. It is so important to have an opportunity to meet nationally as health care providers and researchers working with these young people and their families.

## Session Evaluations – Individual Days

#### Monday, October 24, 2016

# 8:45 am - 9:45 am: The Epidemiology and Socio-Contextual Determinants of Child and Youth Mental Health *by Kathy Georgiades*

#### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 93
0=0.0%	0=0.0%	18=19.4%	39=41.9%	36=38.7%	A: 4.19

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	
1	2	3	4	5	T: 93
0=0.0%	2=2.2%	25=26.9%	38=40.9%	28=30.1%	A: 3.99

#### 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 93
0=0.0%	0=0.0%	23=24.7%	33=35.5%	37=39.8%	A: 4.15

#### 4. Speaker(s) knew the subject matter:

Unsatisfactor y		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 93
0=0.0%	0=0.0%	16=17.2%	21=22.6%	56=60.2%	A: 4.43

#### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 93
0=0.0%	0=0.0%	20=21.5%	27=29.0%	46=49.5%	A: 4.28

#### Additional Comments:

- Great presentation very well done
- Very informative and interesting talk.
- It would have been appreciated to have the presenter's presentation so that attendees could focus on taking down notes rather than notes and ppt points.
- Thoughtful speaker well laid out presentation evidence based exceptionally knowledgeable
- Great presentation that provided an excellent overview of prevalence of mental health problems in children and adolescents.
- Due to the limited time for each presenter, I felt it was difficult to ask questions and receive meaningful answer because both the presenters and the attendees felt rushed.
- Great opening session!
- Fantastic way to kick off the conference!!!
- Loved Day 1!!!

## 9:45 am - 10:15 am: Focus on Mental Health in Children and Youth Living with Obesity *by Gary Goldfield*

#### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory	Exceptiona		(T)otal/ (A)verage
1	2	3	4	5	T: 92
0=0.0%	0=0.0%	23=25.0%	34=37.0%	35=38.0%	A: 4.13

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 92
0=0.0%	0=0.0%	26=28.3%	38=41.3%	28=30.4%	A: 4.02

#### 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 92
0=0.0%	1=1.1%	28=30.4%	27=29.3%	36=39.1%	A: 4.07

#### 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 92
0=0.0%	2=2.2%	21=22.8%	22=23.9%	47=51.1%	A: 4.24

#### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory	Exceptional		(T)otal/ (A)verage
1	2	3	4	5	T: 92
0=0.0%	1=1.1%	24=26.1%	24=26.1%	43=46.7%	A: 4.18

#### Additional Comments:

- Excellent, knowledgeable speaker
- Excellent!
- I enjoyed his presentation style.
- This information was very relevant for my work with adolescents in a healthy weights group program.
- He made several insensitive comments regarding anorexia that were a bit jarring.

#### 10:30 - 11:15: The Effect of Adverse Childhood Events on Health Moving Beyond Individual– Difference Variables *by Christopher Mushquash*

#### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	85
0=0.0%	0=0.0%	16=18.8%	24=28.2%	45=52.9%	A:	4.34

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	85
0=0.0%	2=2.4%	18=21.2%	27=31.8%	38=44.7%	A:	4.19

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	85
0=0.0%	1=1.2%	15=17.6%	13=15.3%	56=65.9%	A:	4.46

#### 3. Speaker(s) communicated in a manner that kept my interest:

#### 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	85
0=0.0%	0=0.0%	14=16.5%	20=23.5%	51=60.0%	A:	4.44

#### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	85
0=0.0%	0=0.0%	16=18.8%	20=23.5%	49=57.6%	A:	4.39

#### Additional Comments:

- Very engaging speaker, thought provoking, interesting presentation x 10
- He presented the First Nation perspective well.
- Excellent contribution. I am sure he could fill a whole day with his inquisitive and creative approach. Best talk of the day.
- Absolutely fabulous unique presenter, made you really think critically and self-reflect
- Forward thinker, love the way he contextualized. Dynamic speaker
- Very engaging and dynamic speaker. Information could have been more practical.
- One of the most interesting talks!
- This presentation was very interesting and relevant, working in an innu community where childhood events are omnipresent. Unfortunately, this presentation did not bring me any concrete way to approach and help the children living with such events that have adverse effects on them, long term.
- Had trouble following him, but overall a good talk!
- I love the stories

# 11:15 - 12:00: Bullying in Childhood and its Impact on Physical and Mental Health: The Role of BMI *by Tracy Vaillancourt*

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	82
0=0.0%	0=0.0%	15=18.3%	23=28.0%	44=53.7%	A:	4.35

#### 1. The stated objectives were met by the end of the session:

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	82
0=0.0%	1=1.2%	17=20.7%	31=37.8%	33=40.2%	A:	4.17

#### 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	82
0=0.0%	1=1.2%	20=24.4%	23=28.0%	38=46.3%	A:	4.20

#### 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	82
0=0.0%	0=0.0%	13=15.9%	20=24.4%	49=59.8%	A:	4.44

#### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	82
0=0.0%	0=0.0%	18=22.0%	21=25.6%	43=52.4%	A:	4.30

#### Additional Comments:

• Very clear and effective presentation of her knowledge.

- Excellent presenter, would have loved to see some practical advice on what we can do to prevent bullying. She did provide info on the free download, will definitely look up.
- Great overview!

# 13:15 - 13:45: Weight Stigma in Healthcare & Education: Impact on Children & Families *by Angela Alberga, Brenndon Goodman*

#### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	81
0=0.0%	0=0.0%	12=14.8%	23=28.4%	46=56.8%	A:	4.42

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	81
0=0.0%	0=0.0%	15=18.5%	26=32.1%	40=49.4%	A:	4.31

#### 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	81
0=0.0%	0=0.0%	14=17.3%	21=25.9%	46=56.8%	A:	4.40

#### 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	81
0=0.0%	0=0.0%	11=13.6%	20=24.7%	50=61.7%	A:	4.48

#### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	81
0=0.0%	0=0.0%	11=13.6%	25=30.9%	45=55.6%	A:	4.42

#### Additional Comments:

- Appreciated the patient perspective; powerful x 4
- Very engaging speaker x 2
- Very knowledgeable on this issue and I very much appreciate her very elegant and polite proposal of her concern to Senator Nancy Green who seems to have missed Angela's concern. But despite that, Angela offered to contact Nancy later and helped Senator Green to forward her cause. Very impressed.
- Thought provoking and impactful presentation- Angela also ensures the presence of a patient's voice so critical
- Great topic. Information could have been more practical.
- It was excellent that Angela co-presented for this presentation. Hearing from someone living in a larger body and their experiences navigating the healthcare and education system is memorable and I really appreciate that this was woven into the session. I really enjoyed her session and her style. You can tell she is very passionate about what she does and it was portrayed in her session.
- It was really great to hear the perspective of a person who has gone through the system that was extremely valuable and more speakers like this would be great!!
- On the following day, after the Senator's presentation, I was extremely pleased and grateful that she had the courage to diplomatically confront the Senator with the possibility if unintentional harm and whether there had been consultations with those the Act affects.
- Having a patient presenter had a great deal of impact. Hearing from someone who has experienced the situation is invaluable. Having worked in a hospital setting for many years, weight bias and stigma in health care is an area of interest to me. I think there is much work to be done in this area and I look forward to being part of the solution.

#### 13:45 - 14:15: Reducing Weight Bias in Practice and Research by Sara FL Kirk

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage	
1	2	3	4	5	T:	79
0=0.0%	0=0.0%	13=16.5%	28=35.4%	38=48.1%	A:	4.32

#### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	79
0=0.0%	0=0.0%	15=19.0%	31=39.2%	33=41.8%	A:	4.23

# 2. Information presented was practical and relevant to my role(s):

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	79
0=0.0%	0=0.0%	21=26.6%	27=34.2%	31=39.2%	A:	4.13

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	79
0=0.0%	0=0.0%	13=16.5%	26=32.9%	40=50.6%	A:	4.34

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	79
0=0.0%	0=0.0%	15=19.0%	24=30.4%	40=50.6%	A:	4.32

- I like her slides in portioning contributing issues to obesity.
- Awesome speaker.
- Very thoughtful engaging presentation- well supported by evidence the idea of using the results of research to create dramatic vignettes to promote empathy was brilliant
- Liked the focus on solutions to weight bias.
- Excellent talk and discussion.
- I have heard Dr. Kirk many times and her information still engages me.

14:45 - 15:30: Promoting Health Instead of Size in Children and Teens: Teaching Kids to Care For -Not Compare - Their Diverse Bodies *by Kathy Kater* 

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	76
0=0.0%	2=2.6%	15=19.7%	23=30.3%	36=47.4%	A:	4.22

### 1. The stated objectives were met by the end of the session:

### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	76
1=1.3%	2=2.6%	15=19.7%	28=36.8%	30=39.5%	A:	4.11

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	76
1=1.3%	3=3.9%	26=34.2%	24=31.6%	22=28.9%	A:	3.83

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	76
0=0.0%	1=1.3%	14=18.4%	16=21.1%	45=59.2%	A:	4.38

#### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	76
0=0.0%	3=3.9%	14=18.4%	23=30.3%	36=47.4%	A:	4.21

#### Additional Comments:

• I don't appreciate the Ugly Duckling example as in the end, it was a beautiful swam which has long neck and more graceful than the ducks. Which in reality is how tall and elegant is

the preferred image, over the squat and short statue of that of the duck! Also, Fat is Thin, still conjures up the same stereotypical imagery of body image problem.

- This speaker seemed somewhat biased and defensive in her stance to use the word "fat". It did not seem to fit with the theme of the conference and the message about reducing weight-related stigma.
- Very useful will definitely incorporate messages into practice
- The session was extremely biased towards her own products which were not evidence based.
- Still challenged with using the word "fat". Otherwise knowledgeable speaker.
- It's extremely helpful to learn about different programs like this that we can take home and use.
- In none of my ratings can I provide a score higher than 4 for questions answered as there were few questions due to the lack of microphones at both extremes. It's too bad. Questions generate discussions and are often pearls within the conference.
- Good practical approach which I will share with our team.
- Loved this presentation! The building blocks for healthy body esteem are wonderful and I intend to use them in group work with children and teens.
- I struggle with the speaker's use of the term "fat" as a descriptor. In my experience, youth do not find this to be a supportive term and would rather alternative terms be used.
- Great approach and message, there was a bit of redundancy in the slides.
- Absolute treat to have her!

15:30 - 16:00: Reframing Healthy Weights Messaging: What Adult Influencers Need to Know. Findings From an Ontario-based Public Health Professional Development Intervention Study by *Gail McVey* 

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	75
0=0.0%	0=0.0%	14=18.7%	25=33.3%	36=48.0%	A:	4.29

# 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	75
0=0.0%	1=1.3%	17=22.7%	30=40.0%	27=36.0%	A:	4.11

# 2. Information presented was practical and relevant to my role(s):

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	75
0=0.0%	2=2.7%	18=24.0%	27=36.0%	28=37.3%	A:	4.08

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	75
0=0.0%	0=0.0%	14=18.7%	19=25.3%	42=56.0%	A:	4.37

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	75
0=0.0%	1=1.3%	15=20.0%	20=26.7%	39=52.0%	A:	4.29

- She was speaking too fast and the slides were switched too quickly for notes or photos. Identical slides in handout would have avoided the drawback of her otherwise very knowledgeable presentation.
- Valuable information...reading from slides less effective. Very rushed presentation.
- Very interesting commentary of public policy and adult role modeling. Information could have been more practical.
- Always a great pleasure to listen to Gail speak
- Slides could do with some editing to make more appealing for the audience too much information on the slides, overwhelming and distracting from the great information she is sharing!

# Tuesday, October 25, 2016

# 8:45 - 9:30: Psychosocial Impact of Living with Severe Obesity by Meg H. Zeller

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	69
0=0.0%	0=0.0%	8=11.6%	28=40.6%	33=47.8%	A:	4.36

# 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage	
1	2	3	4	5	T:	69
0=0.0%	0=0.0%	13=18.8%	32=46.4%	24=34.8%	A:	4.16

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	68
0=0.0%	0=0.0%	12=17.6%	30=44.1%	26=38.2%	A:	4.21

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	69
0=0.0%	0=0.0%	7=10.1%	26=37.7%	36=52.2%	A:	4.42

### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	69
0=0.0%	0=0.0%	7=10.1%	28=40.6%	34=49.3%	A:	4.39

# Additional Comments:

- I wish that she had spent more time on effect of surgery on the psychology of the patient as there can't be many specialist able to provide insight on that aspect of the treatment option.
- Very informative and inspiring
- Lots of repetition amongst speakers regarding weight bias and discrimination and effects of obesity on mental health (not just this session but a lot of the speakers had similar information).
- The speaker was good, however I found there was a lot of information we already heard or that was very similar. I did find the part of the morning hearing about a family's experience was excellent so important in helping us to learn how to better work with clients!

# 10:30 - 12:30: Concurrent Session A

# A1/B1: Pediatric Obesity: The Essentials for Helping without Harming by Anna Aylett, Laurie Clark, Stasia Hadjiyannakis, Jane Rutherford

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	24
0=0.0%	1=4.2%	1=4.2%	9=37.5%	13=54.2%	A:	4.42

# 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	23
0=0.0%	0=0.0%	2=8.7%	10=43.5%	11=47.8%	A:	4.39

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	24
0=0.0%	0=0.0%	2=8.3%	10=41.7%	12=50.0%	A:	4.42

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	24
0=0.0%	0=0.0%	2=8.3%	8=33.3%	14=58.3%	A:	4.50

### 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	24
1=4.2%	0=0.0%	1=4.2%	8=33.3%	14=58.3%	A:	4.42

### Additional Comments:

- It was great to have the team approach to this session. You could see that the team enjoys working together and share a passion for the topic and their program they deliver. Having each expert present and also interact with each other was an added bonus to this session.
- Subject was a repetition of the earlier plenary. Time was poorly managed; the last two speakers had to rush through their talk and there was no time for questions
- One of the team members used too much of the time allotted so the dietitian did not have enough time left to cover what she had prepared

# A2I: Importance of Sleep for Mental and Physical Health by Jean–Philippe Chaput

#### (T)otal/ Exceptional Unsatisfactory Satisfactory (A)verage 2 1 3 4 5 T: 35 0=0.0% 0=0.0% 8=22.9% 4=11.4% 23=65.7% 4.43 A:

# 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	8=22.9%	7=20.0%	20=57.1%	A:	4.34

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	7=20.0%	6=17.1%	22=62.9%	A:	4.43

### 3. Speaker(s) communicated in a manner that kept my interest:

### 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	7=20.0%	2=5.7%	26=74.3%	A:	4.54

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	7=20.0%	6=17.1%	22=62.9%	A:	4.43

- Was hoping for more specific information about age variability especially as it relates to sleep neuroendocrinology.
- Really excellent talk and discussion. Good review of the pertinent literature and practical strategies.
- Informed and clear presentation
- Sleep is important!
- Sleep hygiene is a topic that is presented in my healthy weights group program. This presentation validated the materials we use to deliver this session. I love the quote "Sleep is not a waste of time."
- Excellent subject, we are very interested in sleep as one of the pillars of a healthy lifestyle and its impact on weight gain.
- This was a great presentation!

# A2II: Excessive Technology Use and Its Impact on Physical and Mental Health by Lisa Pont

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	10=28.6%	7=20.0%	18=51.4%	A:	4.23

### 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	2=5.7%	9=25.7%	8=22.9%	16=45.7%	A:	4.09

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 35
0=0.0%	0=0.0%	9=25.7%	9=25.7%	17=48.6%	A: 4.23

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	9=25.7%	5=14.3%	21=60.0%	A:	4.34

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	35
0=0.0%	0=0.0%	8=22.9%	9=25.7%	18=51.4%	A:	4.29

- Excellent topic very interesting and relevant! Great Speaker x 5
- More information on how to talk to parents about parenting their children in respect to eliminating screens at earlier ages from bedrooms would be great!

- Would have liked more discussion of non-gaming excess screen time, impact on learning, impulse control. Expanded discussion on ADHD
- I learned a ton in this presentation. Very enjoyable, relevant and well-delivered.
- Too bad the presentation isn't included to go back to the information.
- Was expecting more information on Bipap and management of sleep issues.

# Oral Presentations (A3)

A31: Building a Health and Wellness Clinic with Patients and Families: The Application of Experience-based Co-design to Paediatric Weight Management *by Jennifer Green* 

### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	7=33.3%	9=42.9%	5=23.8%	A:	3.90

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	7=33.3%	11=52.4%	2=9.5%	A:	3.67

#### 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	7=33.3%	10=47.6%	3=14.3%	A:	3.71

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	9=42.9%	4=19.0%	A:	3.81

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	6=28.6%	11=52.4%	3=14.3%	A:	3.76

### Additional Comments:

There are no responses for this session.

# A3II: Moving Towards Consensus on Weight Bias Reduction Messages and Strategies by Ximena Ramos Salas

# 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	6=28.6%	6=28.6%	A:	3.86

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	9=42.9%	4=19.0%	A:	3.81

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage	
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	8=38.1%	5=23.8%	A:	3.86

Unsatisfactory		Satisfactory		Exceptional	eptional (T)otal/ (A)verage	
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	7=33.3%	5=23.8%	A:	3.81

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	6=28.6%	6=28.6%	A:	3.86

#### Additional Comments:

There are no responses for this session.

A3III: Children's Eating Behavior Questionnaire: Associations with Body Composition and Lifestyle Behaviors in Overweight and Obese Prepubescent Children *by Tamara Cohen* 

### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	6=28.6%	6=28.6%	A:	3.86

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	9=42.9%	5=23.8%	6=28.6%	A:	3.76

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage	
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	9=42.9%	8=38.1%	3=14.3%	A:	3.62

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	7=33.3%	8=38.1%	6=28.6%	A:	3.95

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	7=33.3%	8=38.1%	5=23.8%	A:	3.81

### Additional Comments:

There are no responses for this session.

### A3IV: Subclinical Atherosclerosis in Children Enrolled in Weight Management by Jenifer Li

### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	7=33.3%	6=28.6%	A:	3.90

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	1=4.8%	11=52.4%	7=33.3%	2=9.5%	A:	3.48

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	12=57.1%	6=28.6%	3=14.3%	A:	3.57

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	7=33.3%	5=23.8%	A:	3.81

Unsatisfactory		Satisfactory		Exceptional	·	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	8=38.1%	4=19.0%	A:	3.76

### Additional Comments:

There are no responses for this session.

# A3V: Attitudes toward Collaboration Among Agencies Promoting Healthy Weights Among Urban First Nations and Métis Children and Families *by Ornell Douglas, Dana Zummach*

# 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	8=38.1%	5=23.8%	A:	3.86

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	10=47.6%	6=28.6%	5=23.8%	A:	3.76

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	10=47.6%	6=28.6%	5=23.8%	A:	3.76

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	10=47.6%	3=14.3%	A:	3.76

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	8=38.1%	9=42.9%	4=19.0%	A:	3.81

# Additional Comments:

• Learned there is a program in our catchment area. They didn't know us and we don't know them

# A3VI: Pathways to Overeating in Children and Adolescents with Obesity by Hayyah Clairman

# 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	17
0=0.0%	1=5.9%	2=11.8%	7=41.2%	7=41.2%	A:	4.18

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	17
0=0.0%	1=5.9%	2=11.8%	7=41.2%	7=41.2%	A:	4.18

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	17
0=0.0%	0=0.0%	6=35.3%	6=35.3%	5=29.4%	A:	3.94

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	17
0=0.0%	0=0.0%	4=23.5%	7=41.2%	6=35.3%	A:	4.12

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	17
0=0.0%	0=0.0%	4=23.5%	8=47.1%	5=29.4%	A:	4.06

# Additional Comments:

• Not significant information could be shared as it was too early in the process to share pertinent information. Should wait until data was available, would look forward to hearing the results once the study is conducted.

# 13:30 - 15:00: Concurrent Session B

# B2I: Children with Physical and Intellectual Disabilities by Amy McPherson

# 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	13=61.9%	2=9.5%	6=28.6%	A:	3.67

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	12=57.1%	3=14.3%	6=28.6%	A:	3.71

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	12=57.1%	4=19.0%	5=23.8%	A:	3.67

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	12=57.1%	3=14.3%	6=28.6%	A:	3.71

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	12=57.1%	2=9.5%	7=33.3%	A:	3.76

#### Additional Comments:

- Great talk would have loved more time to breakdown effective ways to work with these families in more detail!
- The presenter had too many slides and was rushing through the end of the talk. Good, practical advice.

# B2II: Psychopharmacology and Pediatric Obesity by Dina Panagiotopoulos

# 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	4=19.0%	8=38.1%	A:	3.95

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	10=47.6%	2=9.5%	9=42.9%	A:	3.95

Unsatisfactory		Satisfactory		Exceptional		)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	5=23.8%	7=33.3%	A:	3.90

# 3. Speaker(s) communicated in a manner that kept my interest:

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	21
0=0.0%	0=0.0%	9=42.9%	4=19.0%	8=38.1%	A:	3.95

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 21
0=0.0%	0=0.0%	9=42.9%	6=28.6%	6=28.6%	A: 3.86

# Additional Comments:

- Good review
- Excellent speaker, very knowledgeable about the subject.
- Did not attend
- Great review. Engaging speaker. Very pertinent to clinical practice.
- Looking forward to the slides as I need to review the content for best understanding
- Should have been a plenary session. Need more of this information!! Amazing speaker

# B3: Motivational Interviewing, Health Behaviours and Body Image–How They Work Together by *Elizabeth Dettmer, Annick Buchholz*

#### 1. The stated objectives were met by the end of the session:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	41
0=0.0%	1=2.4%	6=14.6%	17=41.5%	17=41.5%	A:	4.22

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	41
1=2.4%	1=2.4%	7=17.1%	12=29.3%	20=48.8%	A:	4.20

# 2. Information presented was practical and relevant to my role(s):

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	41
0=0.0%	2=4.9%	9=22.0%	15=36.6%	15=36.6%	A:	4.05

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	41
0=0.0%	0=0.0%	8=19.5%	10=24.4%	23=56.1%	A:	4.37

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	41
0=0.0%	0=0.0%	9=22.0%	13=31.7%	19=46.3%	A:	4.24

- Great examples. Certainly made me want to attend further training.
- I liked how the speakers gave examples through role-playing.
- First part was not informative and dull. MI was way too basic so not able to address specific approaches to discussing body image interventions, different stages of readiness etc.
- Good practical information
- If I was just evaluating Elizabeth Dettmer's part of the presentation, I would have given all 5's. It was difficult to do this particular one jointly.
- Higher level MI focus would have been appreciated. Really enjoyed learning about how to elicit more change talk but DARN CAT and OARS was review.

- Useful topic didn't necessarily find the group work effective would have preferred more time learning about other parts of MI (eg more time on how to increase change talk).
- Experiential learning was very helpful.
- Perhaps advertising the level of MI training would be good--I was hoping for less basic training, and would have chosen a different topic if I had known it was so basic.
- Very practical
- MI plays a central role in the work I do and it's always great to have opportunities to be more proficient in this technique.

# 15:15 - 15:45: Pediatric Weight Management Through Ellyn Satter's Division of Responsibility in Feeding *by Anna Aylett*

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	0=0.0%	19=28.4%	16=23.9%	32=47.8%	A:	4.19

# 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	1=1.5%	20=29.9%	14=20.9%	32=47.8%	A:	4.15

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	2=3.0%	17=25.4%	14=20.9%	34=50.7%	A:	4.19

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	1=1.5%	17=25.4%	10=14.9%	39=58.2%	A:	4.30

Unsatisfactory		Satisfactory		Exceptional		)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	2=3.0%	19=28.4%	12=17.9%	34=50.7%	A:	4.16

- The speaker was engaging and energetic. Practical strategies were presented. x 5
- I enjoyed Anna's presentation style and her 'realness' during the session and related the material to her practice and the program she works within. She is bursting with passion for what she does. She was very enjoyable to listen to.
- Some concepts were hard to grasp working in a weight management program (free choice on portions of food for example). Would have loved to hear more information on the success of the implementation of this strategy within a weight management program
- Excellent. Not a new topic to me but love seeing how others present it as I'm often asked to speak about it myself.
- At times it was difficult to distinguish the banter from the key messages. There was insufficient discussion on implementing DOR with morbidly obese children and adolescents.
- Passionate about the topic, great speaker
- I was quite disappointed with this plenary session. Ellyn Satter's Division of Responsibility
  is not based on empirical evidence and is not well tested. The limitations of this model
  needed to be mentioned in an academic setting such as this conference. As an RD, I do
  use some of the principles in my practice, however, this presentation was delivered in a
  way that made this way of feeding seem like the only successful method for child feeding.
  Furthermore, I would have liked to see the presentation go beyond the basic principles of
  Ellyn Satter. Given the audience, most attendees would have had exposure to Ellyn Satter
  and thus, case studies or examples of how the principles are used in practice would have
  been more useful. I would also like to mention my severe disappointment with the
  manner in which the presenter conducted herself at the beginning of her presentationher mimic of a lisp was quite disrespectful of those living with speech disabilities.
- I think there could have been more time for this topic.
- Although the speaker had good intentions and presented some valuable information, I
  feel she does not understand the biochemical/hormonal processes at place in obese
  children, especially those taking psychotropic medications. She discounted the sugar
  addiction these children (families) have that drives their insatiable appetites. In future, I

recommend providing research and practical knowledge to guide practitioners in those areas that Ms. Satter's recommendations fall short or are impractical.

- This presentation left me with some cognitive dissonance. I am not convinced that this model can work with older children and I would need to see some longitudinal evidence before feeling comfortable promoting it with clients.
- Very interesting approach, easily available resources and messaging. Thanks! Would be good to have a workshop with some discussion and the how to implement, with families with parents with significant mental health

# 15:45 - 16:15: Parenting and Limit Setting as Agents of Change in Chronic Disease Prevention by Anne Wareham

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	63
0=0.0%	0=0.0%	12=19.0%	21=33.3%	30=47.6%	A:	4.29

# 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	63
0=0.0%	0=0.0%	16=25.4%	24=38.1%	23=36.5%	A:	4.11

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	63
0=0.0%	0=0.0%	12=19.0%	26=41.3%	25=39.7%	A:	4.21

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	63
0=0.0%	0=0.0%	11=17.5%	18=28.6%	34=54.0%	A:	4.37

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	63
0=0.0%	0=0.0%	14=22.2%	21=33.3%	28=44.4%	A:	4.22

- A great summary on parenting concept that applies to many aspects of being a parent for healthy children.
- It was great to hear an expert in the field address the fact that parenting is difficult and no one ever always has the best or correct approach or answer for situations and that it is okay to be good enough as a parent. I think this is something that society today needs to appreciate and be more compassionate about. The speaker did a great job talking about the subject and providing further resources.
- No time for questions x 2
- Great presentation with engaging subject matter. Very relevant to clinical work.
- This was a very helpful presentation with practical information that can easily be incorporated into the group program I facilitate.
- Excellent presentation.

# Wednesday, October 26, 2016

# 8:45 am - 9:30 am: Families as Agents of Change: Engaging the Whole Family in Weight Management *by Joseph Skelton*

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	0=0.0%	7=10.4%	20=29.9%	40=59.7%	A:	4.49

# 1. The stated objectives were met by the end of the session:

### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	``	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	0=0.0%	7=10.4%	27=40.3%	33=49.3%	A:	4.39

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	0=0.0%	7=10.4%	18=26.9%	42=62.7%	A:	4.52

# 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	0=0.0%	7=10.4%	16=23.9%	44=65.7%	A:	4.55

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	67
0=0.0%	0=0.0%	6=9.0%	18=26.9%	43=64.2%	A:	4.55

# Additional Comments:

- Enjoyed hearing the approach his team is utilizing with families. Really solidified the importance of involving families as a whole.
- Very engaging speaker. Great review of frameworks and styles.
- Good flow to presentation!
- Very engaging speaker
- Great, practical guidance. Also found the discussion of family-based theories helpful.
- Very interesting approach with useful tips and guidelines.
- Great speaker, great information, delivered clearly!!

# 9:30 - 10:15: Obesity, a Marker of Colonial Violence by Barry Lavallee

Unsatisfactory		Satisfactory	Exceptional ` '		)otal/ verage	
1	2	3	4	5	T:	64
9=14.1%	4=6.3%	15=23.4%	16=25.0%	20=31.3%	A:	3.53

### 1. The stated objectives were met by the end of the session:

#### 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	```	)otal/ verage
1	2	3	4	5	T:	64
11=17.2%	6=9.4%	16=25.0%	18=28.1%	13=20.3%	A:	3.25

# 3. Speaker(s) communicated in a manner that kept my interest:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	64
11=17.2%	7=10.9%	12=18.8%	14=21.9%	20=31.3%	A:	3.39

Unsatisfactory		Satisfactory		Exceptional	(T)otal/ (A)verage
1	2	3	4	5	T: 64
5=7.8%	3=4.7%	9=14.1%	19=29.7%	28=43.8%	A: 3.97

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	57
8=14.0%	4=7.0%	6=10.5%	16=28.1%	23=40.4%	A:	3.74

- This topic might well have had a full day to explore, especially for those with little social science and philosophy background. Very important to feel more comfortable exploring these issues.
- Very relevant in today's society...personally found it extremely difficult to follow.
- The message was critically important, but the format and delivery was not optimal for facilitating discussion.
- Very provoking,
- Insightful
- Most powerful talk of the conference.
- Difficult hearing with not much power to make the appropriate changes.
- Suggestions/Recommendations to change public health practices towards the aboriginal community would have been interested to know more about.
- I really appreciated the speaker highlighting that obesity is the result of the social construct and human geography that our country has created. The talk was very thought provoking and made me want to do more for the First Nations community. From this session I wish that we could have gotten more thoughts or ideas on how we can work together to overcome the persisting challenges of colonial violence, instead I felt a bit like my help was not welcome given my ethnic background and that my efforts may be offensive or not welcome.
- This was a very provocative talk, but it was one of my favorites. His message about colonization and its impact on aboriginals and their health a powerful one and has left an indelible mark. It is a talk I won't forget any time soon.
- Using shame and blame towards the audience related to historical mistreatment of FN populations does not advance or promote engagement but rather promotes alienation and disengagement. This presentation was simply a rant and a waste of my time.
- This speaker was interesting, but in the end it was hard to know what to really take from it. It definitely made me think a lot about the topic though!
- Excellent presentation. Very powerful and moving.
- Thank you for this session. Stimulated a great deal of internal reflection and thought. Great to include this topic in the conference.
- Not related to obesity, mental health or kids to that matter
- I found this talk to be condescending and a rant rather than an exposé of the issues of obesity as pertains to our indigenous population.

- I had to walk out.
- Had this been a Caucasian expressing himself in the same way about indigenous people, he would have been jeered at and the presentation found reprehensible.
- I do not speak as a Caucasian. I am of a different ethnic background and feel very much for the outrageous flight of our indigenous compatriots.
- After two days of wonderful, informative, motivating and educational speakers, this presentation left a very bad flavour. The presenter came across as being aggressive and angry. As an audience member, I felt berated and shamed. I would not attend another lecture by this presenter.
- This was an eye opening, very powerful presentation. Thank you.
- This speaker seemed very passionate about his subject; however, when presenting information, the material seemed disorganized and difficult to follow. At times the tone of Dr. Lavallee's speech seemed admonishing.
- Not appropriate for this conference.
- I found his presentation style and the tone of his presentation not conducive to asking any questions.
- Certainly thought provoking -- would love to have chatted with him one on one as there were some things I am not sure I fully understood his meaning.
- That guy needs help! He have a lot of anger inside, in his mind everybody is racist and he thinks it is ok to insult people. He is a doctor.....I don't know if in his heart there is room left for compassion when there is so much hate and anger.

# 10:45 - 11:45: The Role of Strengths and Resiliency is Overcoming Challenges with Personal Weight in Children and Youth *by John Lyons*

Unsatisfactory		Satisfactory		Exceptional	al (T)otal/ (A)verage	
1	2	3	4	5	T:	60
1=1.7%	2=3.3%	9=15.0%	21=35.0%	27=45.0%	A:	4.18

# 1. The stated objectives were met by the end of the session:

# 2. Information presented was practical and relevant to my role(s):

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	60
2=3.3%	1=1.7%	13=21.7%	20=33.3%	24=40.0%	A:	4.05

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	60
1=1.7%	3=5.0%	16=26.7%	15=25.0%	25=41.7%	A:	4.00

### 3. Speaker(s) communicated in a manner that kept my interest:

### 4. Speaker(s) knew the subject matter:

Unsatisfactory		Satisfactory		Exceptional	•	)otal/ verage
1	2	3	4	5	T:	60
0=0.0%	0=0.0%	14=23.3%	15=25.0%	31=51.7%	A:	4.28

# 5. Speaker(s) could effectively respond to questions:

Unsatisfactory		Satisfactory		Exceptional	`	)otal/ verage
1	2	3	4	5	T:	60
0=0.0%	0=0.0%	17=28.3%	17=28.3%	26=43.3%	A:	4.15

- Great speaker...way to end the conference.
- Good review of framework and concepts. The speaker was engaging and knowledgeable.
- Speaker was great! Seemed honest and open about life and his current work.
- At times was a bit difficult to hear (speaking fast & words meshed together) but overall message was great.
- Enjoyed his presentation style. Very clear.
- I really enjoyed this session! Very relevant to my practice.
- There were no questions for this presentation.
- A great way to end the conference.
- Not useful. Much talk about nothing specific.
- A little hypomanic?
- Excellent information and a new perspective on what constitutes strengths and resiliency. Enjoyed the presenters humour as well!
- I appreciated the link between strengths and meaning to overcome adversity.