

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 *Kathy Georgiades*
- 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
Christopher Mushquash
- 11:15 – 12:00 Bullying in Childhood and its Impact on Physical and Mental Health: The Role of BMI
Tracy Vaillancourt
- 12:00 – 13:15 Lunch (Posters and Exhibits viewing)
- 13:15 – 13:45 Weight Stigma in Healthcare & Education: Impact on Children & Families *Angela 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 *Kathy Kater*
- 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 *Gail McVey*
- 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 in 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

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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

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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

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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, MCIsc, 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

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

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Nicole Hammond, Clinical Research Coordinator, Pediatric Research on Eating Disorders and Obesity (PREDO), Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON

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

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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
Pediatric 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
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TOTAL	231

Others Include:

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

Breakdown of Registrants by Geographical Location

Alberta	15
British Columbia	18
Manitoba	7
New Brunswick	3
Newfoundland & Labrador	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
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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	Percentage	Count
1 (Unsatisfactory)		1.2%	1
2		1.2%	1
3 (Satisfactory)		14.0%	12
4		44.2%	38
5 (Exceptional)		39.5%	34
		Total Responses	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

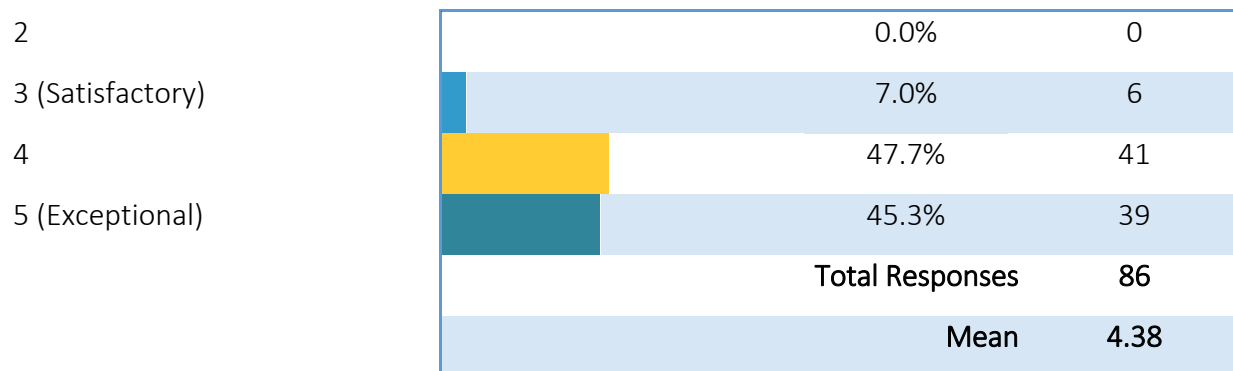
Response	Chart	Percentage	Count
1 (Unsatisfactory)		0.0%	0
2		0.0%	0
3 (Satisfactory)		11.6%	10
4		47.7%	41
5 (Exceptional)		40.7%	35
		Total Responses	86
		Mean	4.29

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



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
 - 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
 - Importance of Sleep for Mental and Physical Health x4
 - The session on motivational interviewing was great! x3
 - 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 was 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? (dietitians, 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 self-confidence 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



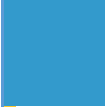


17B. Please comment if the reason specified above was not fulfilled:

- 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 self-directed 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.

20A. Where did you learn about this conference?

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

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.