



TUESDAY, APRIL 25<sup>th</sup>, 2017

## Clinical Updates in Bariatric Surgery: What Every Clinician Needs to Know from Referral to Post-Surgery Follow-up

TIME: 08:30 AM–16:30 PM

**Workshop Presenters:** Dr. David Urbach<sup>1</sup>, Karyn Mackenzie<sup>2</sup>, Patti Kastanias<sup>2</sup>, Dr. Wynne Lundblad<sup>3</sup>, Dr. Alexis M. Fertig<sup>3</sup>, Susan Wnuk<sup>4</sup>, Stephanie E. Cassin<sup>5</sup>, Dr. Raed Hawa<sup>6</sup>, Chau Du<sup>4</sup>, Rebecca Kirsh<sup>4</sup>, Jennifer Brown<sup>7</sup>, Lorraine Gougeon<sup>6</sup>, and Dr. Sanjeev Sockalingam<sup>8</sup>

1. McGill University; 2. University of Toronto Collaborative Bariatric Surgery Program; 3. University of Pittsburgh; 4. University Health Network, Toronto; 5. University of Calgary; 6. Toronto Western Hospital; 7. Ottawa Hospital Weight Management Clinic; 8. Bariatric Surgery Psychosocial Program, Toronto Western Hospital

### Learning Objectives:

1. Describe the role that clinicians have in pre- and post-bariatric surgery care.
2. Identify new tools and evidence for assessing and supporting bariatric surgery patients throughout the bariatric surgery process.
3. Apply medical, nutrition and psychosocial protocols and interventions that improve patient outcomes after bariatric surgery.

### Abstract:

Bariatric surgery is recognized as an effective and durable treatment for severe obesity; however, bariatric and primary care teams require awareness and skills to manage the myriad of pre- and post-operative concerns. Pre-surgery concerns consist of bariatric surgery readiness assessment, surgical risks and psychosocial stability. Further, patients require additional assessment and intervention after surgery, including early recognition of bariatric surgery complications and evidence-informed psychosocial interventions to maintain weight loss and health benefits long-term.

This full-day workshop will provide participants with an integrated interprofessional approach to bariatric surgery assessment and aftercare. Each presentation will answer a critical bariatric surgery question pertaining to pre-surgery and post-surgery care. The morning presentations will review the evidence for bariatric surgery, surgical risks, pre-operative nutritional risks, psychiatric risks and pharmacological concerns. The afternoon sessions will respond to common clinical questions pertaining to early post-surgery complications, common vitamin deficiencies, new onset psychiatric disorders, and the evidence for behavioural and psychosocial interventions to support weight loss. Case discussions will illustrate approaches to these common clinical challenges. The presenters will summarize new guidelines and share their published protocols and resources with participants



TUESDAY, APRIL 25<sup>th</sup>, 2017

## Considering the Combined Impacts of Sleep, Sedentary Behaviour and Insufficient Physical Activity on Obesity and Health

TIME: 08:30 AM–16:30 PM

**Workshop Presenters:** Allana LeBlanc<sup>1</sup>, Chris Arden<sup>2</sup>, JP Chaput<sup>3</sup>, Sarah Neil-Sztramko<sup>4</sup>, Thirumagal Kanagasabai<sup>5</sup>, Jonathan McGavock<sup>6</sup>, Bolette Rafn<sup>7</sup>, John Spence<sup>8</sup>

1. University of Ottawa Heart Institute; 2. York University; 3. CHEO Research Institute; 4. McMaster University; 5. McGill University; 6. University of Manitoba; 7. University of British Columbia; 8. University of Alberta

### Abstract:

#### *Session 1: Where We Stand – Current State of the Literature*

Among the modifiable factors that increase the risk of obesity are insufficient sleep, sedentary behaviour and physical inactivity. Until recently, these lifestyle factors were largely researched in isolation, and without consideration for their interactive effect. It is now apparent that sedentary time and purposeful activity, as well as sleep quality and duration, may be important in overall health.

#### *Session 2: Information for Researchers*

Obtaining accurate estimates of physical activity, sedentary behaviour and sleep is important for both epidemiologic and applied obesity research. A wide variety of self-report and objective measurement tools exist; each capture different types of information, were designed for and validated in different populations, and thus are appropriate in different situations. This session will provide an overview of the most common tools, and the strengths, limitations and most appropriate use of each. Participants will have the opportunity to use these tools, and see real-time data scoring and analysis to gain a more thorough understanding of how these tools can be used.

#### *Session 3 – Information for Practitioners*

The purpose of this session is to provide solutions for the rising proportion of children and youth who are sitting more and sleeping and moving less. By reversing this trend, children and youth will be at a decreased risk for a range of non-communicable diseases. We will pull from lessons learned around the world and provide insights on areas where Canada is challenged and where we are succeeding. We will also give an overview of what a healthy day looks like, and how health care providers can help parents, teachers, and caregivers promote these habits among the children they work with. This session will provide a comprehensive look at healthy active living among children and youth and provide participants with tools to disseminate this information in practice.

#### *Session 4: Where We are Going – Future Directions (Master Class)*

This will be a Master Class panel discussion with experts from the day, along with some special guests, answering your questions and engaging in friendly debate on the practical implications of emerging technology.



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Nordic Walking: An Ideal Physical Activity for Prevention & Treatment of Obesity**

**TIME: 8:30 AM–10:00 AM**

**Workshop Presenter:** Mandy Johnson, Urban Poling Inc., North Vancouver, BC

### **Abstract:**

This workshop will be 45 minutes of presentation and discussion followed by 45 minutes of outdoor activity. Walking is the favourite physical activity of Canadians, with a plethora of physical and mental health benefits. Walking is often referred to as a "wonder drug" more potent than medications for treating a variety of lifestyle conditions. Nordic walking could be viewed as the "extra-strength" dose as it turbo-charges walking by engaging virtually all the muscles of the upper body in addition to the lower body. On average, Nordic walking increases the caloric expenditure of walking by 20% without any perceived increase in exertion. After reviewing current research that supports these claims and discussing the psycho-social benefits of Nordic walking, participants will be outfitted with walking poles and taken outside to experience the unique Canadian variation of Nordic walking technique that is growing in popularity across the country with people of all ages and abilities. The activity session will include learning correct Nordic walking technique and going on a short walk (intensity: easy) with the opportunity to reinforce the learning while experiencing the joy of outdoor activity in the spectacular environment in the vicinity of the Banff Springs Hotel. Participants are required to have sturdy outdoor walking shoes and recommended to wear a few layers of clothing that can be removed as people warm up.



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Better Together: Co-Design and Implementation of the Kidfit Junior Program with Children, Families and Community Partners**

**TIME: 13:00 PM–14:30 PM**

**Workshop Presenters:** Dianne M. Fierheller<sup>1,2</sup>, Ian S. Zenlea<sup>1,3</sup>, Brenda Callaghan<sup>4</sup>, Lisa Metzger<sup>1</sup>, and Alexandra Wills<sup>1</sup>

1. Trillium Health Partners, Mississauga, ON; 2. McMaster University, Hamilton, ON; 3. University of Toronto, Toronto, ON; 4. City of Mississauga, Mississauga, ON

### **Abstract:**

Developing sustainable and effective programs is required in the treatment of obesity with young children in Canada. Participation in structured weight management programs is often challenged by systemic barriers such as accessibility, transportation and childcare. Given the barriers to treatment, innovative and collaborative models of care are needed between hospital-based clinics and community agencies that will support and engage children and their family members throughout the treatment process and following transition from the program.

This workshop will highlight the co-design and implementation process of the KidFit Junior Program, an innovative partnership between patients and families, Trillium Health Partners (THP) and The City of Mississauga. The program is for children in grade 5 and under living with obesity and their families. In the first year of development, KidFit embedded focus groups into the first phase of the program. Several key themes were identified in the child and caregiver feedback: the importance of program implementation occurring within the community to promote accessibility, regular physical activity, food preparation skills, and the importance of including all family members in the program. KidFit and the City of Mississauga staff designed phase 1 and phase 2 of the program to include educational sessions for caregivers, while simultaneously offering physical literacy programming run by Parks and Recreation Staff to young patients and their siblings.

Through interactive discussion, brainstorming and hands-on group activities participants of the workshop will learn about this innovative program, and how to build family and community engagement practices into program design and implementation.



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Culture and History as Determinants of Eating Behaviours: How does our ancestry affect our relationship with food?**

**TIME: 10:30 AM–12:00 AM**

**Workshop Presenters:** Wendy Shah and Colleen Cannon, Craving Change™

### **Abstract:**

As experts in the psychology of eating, registered dietitian Wendy Shah and clinical psychologist Dr. Colleen Cannon help people understand “why” they eat the way they do. A critical step towards fostering this understanding is by increasing both the client and the clinician’s awareness of the client’s personal influences on their eating behaviours. This includes how culture and history may have had an impact on their thoughts, assumptions, values, and expectations.

Canada is known for its multicultural composition. As health care providers, prompting clients to reflect on and discuss their culture and history can be a fascinating and fruitful way to help them begin to understand their relationship with food.

This is a 90-minute workshop. Planned topics for review include a discussion on the remarkable similarities and variations in clients’ descriptions of how culture, heritage, and history play a role in food choices and eating behaviours. Special attention will be focused on the experience of working directly with indigenous community members who have a distinctly unique history and face challenging circumstances that can influence their relationship with food.

This will be an interactive workshop in which attendees will be encouraged to share their clinical and personal experiences. A simple tool will be provided that can be used in clinical practice. This tool includes five favourite questions guaranteed to engage clients in a discussion on culture, history, and the psychology of eating.



**TUESDAY, APRIL 25th, 2017**

## **The Alberta Pediatric Obesity Strategy: From Inception to Integration**

**TIME: 08:30 AM–10:00 AM**

**Workshop Presenters:** Rena LaFrance and Alison Connors, Alberta Health Services, Edmonton, AB

### **Abstract:**

Obesity is a complex chronic disease that affects individuals across the lifespan. The Alberta Health Services (AHS) Obesity Initiative aims to reduce the burden of obesity in the province and spans the age and care continuums. The pediatric component of the Initiative focuses on children ages 2-17 years and includes a multi-pronged model of care. Pediatric obesity services include MEND (Mind, Exercise, Nutrition...Do It!), Primary Care services, Outpatient Dietitian Counselling, and Pediatric Centres for Weight and Health (specialty care). Best treatment option is determined in partnership between the child/family and primary care provider with consideration given to family preference, stage of change, root causes and comorbidities of overweight/obesity. The development and implementation of the model demonstrates the results of collaborative efforts between the five AHS zones; Primary Health Care, Nutrition Services; Population, Public and Indigenous Health; physicians, community based agencies and many other stakeholders. While there have been numerous successes under the Pediatric Obesity Strategy, the need for scale and spread of the existing model is needed. In an effort to reach additional families, the initiative now seeks to partner with sectors external to health care including provincial and municipal governments, education, indigenous communities and other private and public stakeholders. To address the social determinants of health and unique local needs of families, a special focus will be placed on ensuring access to vulnerable populations. Highlights of the obesity initiative to date (including challenges and opportunities), current state and next steps for model integration and optimization will be discussed.



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Rehabilitating and Assisting Patients Who Have Obesity with Medical Devices: All About Body Types and Bariatric Aids**

**TIME: 10:30 AM–12:00 PM**

**Workshop Presenter:** Malene Alexandrowiz, XXL Rehab, Kastrup, Denmark

### **Abstract:**

One of several requirements to set up the right rehabilitation approach is to understand how different body shapes move and behave. Based on XXL-Rehab guidelines, simulation suits, experience and existing knowledge, this workshop will provide guidelines and advice on how to handle bariatric patients in a respectable way in different situations.

We will consider the principles of rehabilitation connected to different body types and movements, which are critical to know before choosing programs or designing solutions to improve, maintain and preserve functional independence.



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Nothing About Me, Without Me! People-Centered Weight Bias Research**

**TIME: 1:00 PM–2:30 PM**

**Workshop Presenters:** Jodi Krah, Ian Patton, Mary Forhan, and Shelly Russell-Mayhew, EveryBODY Matters Collective-CON-RCO, Canada

**Moderators:** Sara Kirk, Angela Alberga, Ximena Ramos Salas

### **Objectives:**

1. To hear the voices of people affected by weight bias and their vision for people-centered research;
2. Acquire practical skills to engage people with obesity in research and practice and to reduce weight bias in healthcare and education settings.

### **Abstract:**

Weight bias and stigma are deeply ingrained in healthcare settings and lead to many inequities for people living with obesity. Weight bias exists in various forms in the healthcare system, including receiving inappropriate comments about weight, being treated disrespectfully because of weight and using inaccessible equipment and facilities that do not accommodate body diversity. Reduced time spent with patients and patient avoidance of the healthcare system strongly affect the quality of care of patients living with obesity. Weight bias and stigma are also prevalent in the education sector, which affects health and educational outcomes for people with obesity. It can increase vulnerability to anxiety, stress, depression, suicidal thoughts and behaviors, avoidance of physical activity and disordered eating habits.

The workshop will bring together the Canadian Obesity Network's Public Engagement Committee (CON-PEC) in collaboration with the pan-Canadian EveryBODY Matters Collaborative team of researchers studying weight bias and people-centered research and practice. The workshop will begin with a panel of speakers from CON-PEC sharing their experience with weight bias and research. The EveryBODY Matters Collaborative will provide examples of patient-engaged and person-centered research from the field of weight bias in health care and education. Participants will then engage in an interactive discussion to identify useful practices and existing mechanisms that can be used to develop meaningful people-centered research in the area of weight bias reduction.





**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Putting LIFE Into Lifestyle Management**

**TIME: 1:00 PM–4:30 PM**

**Workshop Presenters:** Michael Vallis<sup>1</sup>, David Macklin<sup>2</sup>, Krista Leck-Merner<sup>3</sup>, and Dayna Lee-Baggley<sup>3</sup>

1. Dalhousie University and Nova Scotia Health Authority, Halifax, NS; 2. University of Toronto, Toronto, ON; 3. Nova Scotia Health Authority - Central Zone, Halifax, NS

### **Abstract:**

This session presents a model of care that addresses the processes required for lifestyle change (i.e., internally motivated behaviours that a person puts effort into protecting/maintaining). Five core drivers of behaviour are addressed:

1. **Obesity bias.** This component addresses self-image/self-esteem vis a vis weight and shape. Promoting positive, accepting views of oneself and dealing with bias from others is the goal of this intervention.
2. **Expectations.** This component addresses weight loss expectations, with the goal to align patient goals with known biology of weight loss.
3. **Doing.** This component addresses the meaningful/achievable behaviours that a person is ready to change using motivational communication interventions. The goal is to develop a realistic behavioural plan that can be taken on in a nonjudgmental, empowering manner.
4. **Wanting.** This component addresses one's relationship with food; cravings, pleasure, emotional eating and the functional role of food. The goal is to improve the emotional functioning in light of the neurobiology regarding the drive to eat.
5. **Thinking.** This component addresses the cognitive aspects of eating. Cognitive behavioural interventions highly specific to eating situations and behaviours are enumerated.

This session has three parts. Part 1 is the introduction and description of the model, illustrating potential interventions. Part 2 is the demonstration of the use of this model in individual care within a primary care service by a physician. Part 3 is the demonstration of the use of this model in a group obesity management clinic by a dietitian/psychologist team.

*Note: this workshop is part of the 7th Learning Retreat on the Principles and Practice of Interdisciplinary Obesity Management for Dietitians and is also open to COS attendees.*



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **Designing a Successful Community-Based Approach to Preventing Childhood Obesity**

**TIME: 3:00 PM–4:30 PM**

**Workshop Presenters:** Dennis Edell<sup>1</sup> and Shazhan Amed<sup>2</sup>

1. EPODE International Network, Toronto, ON; 2. BC Children's Hospital, University of British Columbia, Vancouver, BC

### **Abstract:**

EPODE (Ensemble Prévenons l'Obésité Des Enfants) is a large-scale, centrally coordinated, capacity building approach for communities to implement effective and sustainable strategies to prevent childhood obesity. The EPODE experience suggests that successful childhood obesity prevention requires an integrated community-wide approach in which both individual and environmental determinants are targeted in all settings where children live, learn, and play.

Collective Impact defines the collaborative nature of this approach and calls for multiple organizations or entities from different sectors to adopt a common agenda, shared measurement and alignment of effort. This workshop is designed for those seeking to implement in their community, a customizable, workable and proven solution for reducing the prevalence of obese and overweight children.

Workshop participants will learn: The core principles of successful community-based childhood obesity prevention programs; How to design a program relevant to their setting and public health goals for childhood obesity prevention and health equity; How to Identify key opportunities and overcome barriers to implementation. The format for this workshop will be interactive. Participants will consider and discuss in the context of their specific situations strategies such as program evaluation, social marketing, acquiring political support, sustainability via PPP, and program organization.

Workshop leaders Edell and Amed have been involved in program design, training and implementation of community based childhood obesity prevention programs in Canada.



**TUESDAY, APRIL 25<sup>th</sup>, 2017**

## **CON-SNP Career Panel: I've Got My Degree; Now What?**

**TIME: 3:00 PM–4:30 PM**

**Workshop Moderators:** Thirumagal Kanagasbai, Melissa Fernandez, Alex Cooke, Jennifer McConnell, Eva Pila, Corrie Vincent, Canadian Obesity Network - Student and New Professional National Executive, Canada

### **Workshop Panelists:**

Academia: Jennifer Kuk, Associate Professor at York University

Industry: Nora Madian, Senior Manager, Stakeholder & Corporate Relations at Novo Nordisk

Government: Hasan Hutchinson, Director General of the Office of Nutrition Policy and Promotion within the Health Products and Food Branch of Health Canada

Clinical: Sean Wharton, Medical Director of the Wharton Medical Clinic in Burlington, Ontario

NGO: Manuel Arango, Director, Health Policy. Heart and Stroke Foundation of Canada - Heart and Stroke Foundation

### **Abstract:**

Do you have questions about your career options but don't know who to ask? We have a panel of experts from academia, industry, government, non-profit, and the clinical sectors to answer your questions. Come prepared with your questions for this event, and get answers from our career panel experts.



**WEDNESDAY, APRIL 26<sup>th</sup>, 2017**

## **Mindful Eating for Obesity**

**TIME: 2:00 PM–4:00 PM**

**Workshop Presenters:** Susan M. Wnuk<sup>1,2</sup>, Chau Du<sup>1,3</sup>, and Wei Wang<sup>1</sup>

1. University Health Network, Toronto, ON; 2. University of Toronto, Department of Psychiatry, Toronto, ON; 3. City University of London, Department of Psychology, London, United Kingdom

### **Learning Objectives:**

1. Describe the theoretical principles of mindful eating.
2. Understand how mindful eating can contribute to a healthier brain-gut connection.
3. Learn how to incorporate mindful eating techniques into daily life, and facilitate 1-2 mindful eating exercises with patients/clients.

### **Abstract:**

Long-term weight loss maintenance is the goal for bariatric patients and clinicians as it is associated with medical, psychological, and quality of life benefits. Weight regain after weight loss interventions including surgery is concerning, especially when it is associated with problematic psychological and behavioural factors such as emotional eating and loss of control over eating. When these factors are present, both clinicians and patients can lose confidence in the patient's ability to achieve and maintain a healthy weight. Mindfulness approaches have been used successfully with a variety of presenting problems including chronic pain, depression, anxiety, and more recently binge eating and emotional eating.

Importantly, mindfulness practices have also been shown to improve gastrointestinal (GI) symptoms. Given how closely the gut and brain interact, emotional and psychosocial factors can trigger symptoms in the gut. Therefore, mindfulness can address symptoms in both systems. This workshop will introduce the principles of mindfulness as it relates to eating, including case conceptualization, mindful eating practices, brain-gut health, and other relevant mindfulness exercises for eating problems. The emphasis will be on integrating skills to cope and understand triggers that can lead to overeating, emotional eating, and loss of control, rather than on restricting.



**THURSDAY, APRIL 27<sup>th</sup>, 2017**

## **Complexity and Obesity 2.0**

**TIME 2:00 PM–4:00 PM**

**Workshop Presenters:** Diane Finegood, Professor, Simon Fraser University (Moderator); Harry Rutter, London School of Hygiene and Tropical Medicine; Robyn Tamblyn, Scientific Director, CIHR Institute of Health Services and Policy Research; Sonia Wutzke, Deputy Director, The Australian Prevention Partnership Centre, Hasan Hutchison, Director General, Office of Nutrition Policy and Promotion, Health Canada.

### **Abstract:**

There's been a lot of discussion and a growing acceptance of the value of complex systems thinking to help address obesity and other wicked public health challenges. But it seems little has changed for public health research which is still focused on individuals and on the elements of the system that gives rise to obesity. The focus remains at the individual level because this is where a reductionist approach can be applied.

Some funders have turned their attention to funding programs for natural experiments, as well as “evocative” and “systems” grant-making methods. Academics are responding to these programs but we are far from seeing an impact on the public health literature or being able to give decision-makers the evidence they need to support a systems approach.

So, what do we need to do to change this state of affairs? We need to start by asking different questions and then developing the methodology that allows us to answer them. If we want decision-makers to apply solutions appropriate to complex problems, we need to provide them the evidence base to support it.

This panel discussion will bring together a range of experts to stimulate thinking to advance new models of public health action and the research required to provide the evidence base.

<http://www.con-obesitysummit.ca>



# Workshops in Focus



**FRIDAY, APRIL 28<sup>th</sup>, 2017**

## **Canadian Obesity Network Local Chapter Workshops**

**TIME: 12:00-13:00**

**Workshop Presenters:** Arya Sharma, CON Local Chapters, Michael Vallis (YHM), Sue Pedersen/Shahabina Walji (YYC), Sean Wharton/Sandra Elia/Priti Chawla (YYZ), JP Chaput (YOW), David Harris/Veronica Kacinik/Jonathan Cheung (YVR), (Sudbury), (Windsor), (YHM)

This is networking/workshop for all of the CON local chapters and for those interested in starting chapters in their own cities.

Each chapter has a chance to present what their chapter has done over the past year and what they learned and how CON can best Support your chapter as we grow. Lunch provided.



**FRIDAY, APRIL 28<sup>th</sup>, 2017**

## **Transforming Primary Care Practice to Improve Obesity Prevention and Management**

**TIME: 2:00 PM–4:00 PM**

**Workshop PRESENTERS:** Denise L. Campbell-Scherer<sup>1,2</sup>, Elizabeth Sturgiss<sup>3</sup>, Thea Luig<sup>4</sup>, Katrina Anderson<sup>3</sup>, Arya M. Sharma<sup>2,4</sup>

1. Department of Family Medicine, University of Alberta, Edmonton, AB; 2. Alberta Diabetes Institute, University of Alberta, Edmonton, AB; 3. Academic Unit of General Practice, Australian National University, Canberra, ACT, Australia; 4. Department of Medicine, Division of Endocrinology, University of Alberta, Edmonton, AB

### **Learning Objectives:**

1. Compare the primary healthcare setting in international contexts with a focus on support for obesity management.
2. Introduction to practical tools and resources to support provider and team training, and patient intervention to improve obesity prevention and management.
3. Learn new skills to be used in a consultation setting from around the world.
4. Focus on how to spread skills and confidence in your local primary healthcare community.

### **Abstract:**

Obesity is an issue across all healthcare systems in the developed world. Connecting ideas and findings from different international settings give the opportunity to learn about frameworks that might work. This practical workshop will allow participants to explore the management of obesity using examples from two different primary healthcare settings, Canada and Australia. The workshop will highlight research findings on how to support patients and interdisciplinary primary care teams to improve obesity prevention and management.

Participants will be introduced to primary care resources: the 5As for Obesity Management™, the 5As Team Tools, and the CHANGE Program. Interactive components will allow participants to share their own experience, programs and resources with the group.