

Breaking Bread with SWAHN
Nutrition Research and Innovation Symposium
Friday, April 10, 2015

Symposium Proceedings

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The SouthWestern Academic Health Network (SWAHN) is pleased to present the proceedings from the Community Engagement Committee's first cross-sectorial, interdisciplinary nutrition conference: *Breaking Bread with SWAHN - A Nutrition Research and Innovation Symposium*. By promoting cutting-edge research and knowledge translation, *Breaking Bread with SWAHN* aimed to expand the boundaries of nutrition research and education in Southwestern Ontario (SWO). The overall goal of the Symposium was to establish two health-outcome projects engaging researchers from academia and the community in collaborative projects.

Through *Breaking Bread with SWAHN*, we continue to serve the region's interests for improving health outcomes and healthcare delivery in SWO. SWAHN aims to foster partnerships between allies in healthcare delivery, education and research, and to showcase the strength of these alliances for improving health services and patient outcomes across the region.

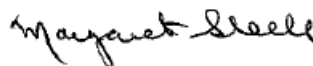
On Friday, April 10, 2015 media and community members from across SWO were invited to attend *Breaking Bread with SWAHN* at Brescia University College in London, Ontario. The announcement of the Symposium was met with tremendous interest. A call for abstracts on February 24, 2015 resulted in a myriad of submissions from across the region. After a careful review and selection process by the Abstract Review Committee, six abstracts were chosen for oral presentations, of which two would be selected as finalists at the Symposium. Over 75 individuals from across SWO convened at Brescia University College to learn about innovative nutrition research, and to engage in networking. Audience members included graduate and undergraduate students, community partners, and researchers from across the region. Attendees were asked to participate in the evaluation of the oral presentations, and, with the guidance of a team of Critical Listeners, aid in selecting two research projects that SWAHN would formally assist for further advancement in terms of: providing feedback and guidance on the research and its framework; facilitating connections with potential research partners; offering support with respect to uncovering funding opportunities; sharing project information with others; and following the projects through to completion.

The keynote speaker, Dr. Jason Gilliland, delivered a presentation entitled, "*Lessons of a Community Geographer: Building Effective Cross-Sector Collaborations Around Food and Nutrition.*" Dr. Jason Gilliland is the Director of the Urban Development Program, Department of Geography at Western University. Dr. Gilliland is a recognized expert in bringing together community with academia to develop sustainable and effective collaborations. We are grateful to him for his engagement with SWAHN, and for his dedication to improving the health of our community by working closely within the community itself.

We extend a special thank you to all those who contributed as speakers and poster presenters, participants, Critical Listeners, Planning Committee members, and volunteers who helped to make the day a success.



Gillian Kernaghan, MD
President and Chief Executive Officer,
St. Joseph's Health Care London
Chair, SWAHN Steering Committee



Margaret Steele, MD, FRCPC, MEd
Vice Dean, Hospital & Interfaculty Relations
Professor, Department of Psychiatry
Co-Chair, SWAHN Operations Committee
Co-Chair, SWAHN Nutrition Symposium
Planning Committee

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SYMPOSIUM AGENDA: Friday, April 10, 2015

- 8:00 – 8:30 a.m. Registration
*Registration remained open throughout the day
- 8:30 – 8:35 a.m. Greetings – Dr. Gillian Kernaghan, Chair, SWAHN Steering Committee
- 8:35 – 8:50 a.m. Overview of SWAHN, Symposium agenda, and introduction of keynote speaker – Dr. Margaret Steele, Co-Chair, SWAHN Operations Committee and Nutrition Symposium Planning Committee
- 8:50 – 9:20 a.m. Key note address – Dr. Jason Gilliland, Director of the Urban Development Program, Department of Geography at Western University: “Lessons of a Community Geographer: Building Effective Cross-Sector Collaborations around Food and Nutrition”
- 9:20 – 9:30 a.m. Introduction of Critical Listeners – Dr. Marnie Wedlake, Canadian Mental Health Association Middlesex
- 9:30 – 10:30 a.m. Oral presentations, moderated by Dr. Jack Scott, Co-Chair, Nutrition Symposium Planning Committee:
 - Susan Bird
 - Karen Bellemore
 - Dr. Cynthia Richard
- 10:30 – 10:45 a.m. BREAK
- 10:45 – 11:45 a.m. Oral presentations, moderated by Dr. Jack Scott:
 - Dr. Tamison Doey
 - Charlotte Coleman
 - Stephanie Segave
- 11:45 – 1:00 p.m. LUNCH / Poster Presentations & Networking
- 1:00 – 1:50 p.m. Critical Listeners’ feedback:
 - Professor Pat Bethune-Davies, Fanshawe College
 - Professor Barbara Dobson, Lambton College
 - Lauren Kennedy, Graduate Student, Brescia University College
 - Dr. Marlys Koschinsky, University of Windsor
- 1:50 – 1:55 p.m. Instructions for the working groups – Dr. Marnie Wedlake
- 1:55 – 2:00 p.m. Voting procedure – Catherine Joyes, Manager, SWAHN
- 2:00 – 3:00 p.m. Working groups (6)
- 3:00 – 3:15 p.m. BREAK
- 3:15 – 4:15 p.m. Working group summary (6) – Dr. Marnie Wedlake
- 4:15 – 4:30 p.m. Follow-Up, Evaluation, Wrap Up – Dr. Margaret Steele

SYMPOSIUM HIGHLIGHTS

- The objectives of *Breaking Bread with SWAHN* were three-fold:
 - To increase knowledge about nutrition initiatives in the community and academia in Southwestern Ontario (SWO)
 - To facilitate research networking and collaborations between community and academia
 - To increase research effectiveness and outcomes through partnerships between community and academia
- The overall goal of the Symposium was to establish two research projects that would address the needs of communities across SWO through community and academic collaborations. The initial aim was to select projects that would address the needs of children/youth and adults/seniors in SWAHN's two Local Health Integration Network (LHIN) regions: Erie St. Clair (LHIN 1) and the South West (LHIN 2). These projects would be selected from the Symposium's oral presentations. In all, six oral presentations and seven poster presentations were selected by the Abstract Review Committee for the Symposium. Topics from the oral and poster presentations included basic and applied research in nutrition related to education, clinical practice, and knowledge translation.
- The Symposium commenced with a welcome message from Dr. Gillian Kernaghan, President and Chief Executive Officer of St. Joseph's Health Care London, and Chair of the SWAHN Steering Committee. Dr. Kernaghan briefly described the history, mission and vision of SWAHN. Opening remarks were then provided by Dr. Margaret Steele, Co-Chair of the SWAHN Operations Committee and Co-Chair of the Nutrition Symposium Planning Committee. Dr. Steele discussed the purpose of the Symposium in the context of SWAHN's goals, reviewed the agenda, and introduced the keynote speaker.
- The keynote address was provided by Dr. Jason Gilliland, Director of the Urban Development Program in the Department of Geography at Western University, who discussed his past and present projects in urban development, and emphasized collaborations between researchers and community organizations to address community health issues. Dr. Gilliland delivered an insightful and well-rounded presentation of his work using Geographic Information Systems (GIS) to map "food deserts" within the London community.
- Following the keynote address, Dr. Marnie Wedlake of the Canadian Mental Health Association Middlesex introduced the Critical Listeners panel and discussed their role for the oral presentations. Throughout the symposium, the Critical Listeners worked diligently to help in the selection of two projects which would bring together community and academia partners for further advancement. The Critical Listeners were responsible for taking notes during the oral presentations and subsequently presented their notes to the audience in order to provide critical feedback regarding the quality of the oral presenters' project proposals. The Critical Listeners comments would then provide reflections for the Working Groups to consider in their discussions about the six presentations.
- The six oral presentations were delivered in the morning. Each presenter was allotted 12 minutes, followed by a three-minute period for Questions and Answers (Q&A). Many audience members noted that the projects were interesting, innovative, had great potential for collaborations, and could greatly improve community health. Following the presentations, the Critical Listeners convened a separate meeting to discuss the suitability of each project for further advancement. Comments and feedback from this meeting were then presented to the audience.

- The lunch break provided an opportunity for conference participants to engage in networking while also attending the seven poster presentations. Throughout the break there was a lively interaction between the participants and presenters.
- Symposium participants played active roles throughout the day. Audience members provided feedback and asked questions during the question and answer period after each oral presentation. In addition, audience members were also invited to evaluate and provide feedback to the oral presenters during the afternoon Working Group sessions. Five working groups were formed from the symposium audience (excluding the Critical Listeners and oral presenters). To aid in facilitating discussions that would result in constructive feedback from the Working Groups, the Critical Listeners were asked to circulate among the groups. This format for evaluating the oral presentations proved to be effective as the Working Groups each produced a detailed list of pros and cons for the presentations on flipchart paper. (See Appendix 5 for these notes.) This feedback was then presented to the audience by a representative from each Working Group.
- Following a ballot vote, the top two projects that would receive assistance from SWAHN to develop fulsome research plans, research teams that included academic and community partners, and guidance with respect to research grant proposal submissions were announced:
 - **Stephanie Segave**, Manager, Ontario Student Nutrition Program, South West Region, VON: *The Ontario Student Nutrition Program – exploring innovations to strengthen access, delivery, and health outcomes related to a universal student nutrition program.* (Erie St. Clair LHIN 1, children/youth, community entry)
 - **Susan Bird**, Graduate student at Brescia University College: *Inadequate Access to Registered Dietitian Services for a High-risk, Vulnerable Patient Population - A Situational Assessment.* (South West LHIN 2, children/youth, academic entry)
- At the conclusion of the Symposium, a follow-up of the day's events was provided by Dr. Margaret Steele. Dr. Steele thanked the audience for their active participation, and for successfully reaching consensus in selecting two research projects. Special thanks were extended to the academic and community partners who supported the event, to the oral and poster presenters, to the members of the SWAHN Nutrition Symposium Planning Committee, and to all who were involved in organizing the event. Dr. Steele also announced that SWAHN will be working closely with the principal investigators of the selected projects in the coming months.

INTRODUCTORY REMARKS

A welcome message from Dr. Gillian Kernaghan, CEO of St. Joseph's Health Care London, and Chair, SWAHN Steering Committee:

Dr. Gillian Kernaghan welcomed the audience to SWAHN's first Nutrition Research and Innovation Symposium, highlighting the Network's long-term goal of improving community health and education through innovative and fruitful cross-sectoral collaborations.

The genesis of SWAHN came about as a result of a discussion between the executive leads of St. Joseph's Health Care London, London Health Sciences Centre, Schulich Medicine & Dentistry, Faculty of Health Sciences, Western University, and Fanshawe College in 2010/11. The document *Three Visions One Future*, a report from the National Task Force on the Future of Canada's Academic Health Sciences Centres informed the discussion about the development of an Academic Health Sciences Network. *Three Missions: One Future* highlighted the importance of moving away from Academic Health Sciences Centres to Academic Health Sciences Networks and the integration and collaboration among professionals from the academic, healthcare, research, business, and community sectors in order to improve population health.

SWAHN works to connect organizations and inter-professional healthcare providers across the region through a common goal of improving health outcomes. In addition, SWAHN aims to bring awareness to new professionals regarding the complexity of issues surrounding health outcomes from a community-based perspective, so that they are better prepared to participate in meeting the needs of the population. Nutrition is not only one of the foundations of good health that is influenced by many factors (including economic, education, and cultural backgrounds), but it is also important in the management of chronic diseases such as diabetes and congestive heart disease. Through SWAHN and its stakeholders, providers can work together to achieve sustainable improvement in health outcomes across the region.

Overview of SWAHN and the Nutrition Research and Innovation Symposium by Dr. Margaret Steele, Co-Chair, SWAHN Operations Committee and Co-Chair, Nutrition Symposium Planning Committee:

Building on the introduction from Dr. Kernaghan, Dr. Margaret Steele described the unique characteristics of SWAHN that make it stand out from other academic health networks across Canada.

- SWAHN serves a unique population base and region. The population of Southwestern Ontario is approximately 1.6 million people which makes up 4.8% of the total Canadian population and is distributed across rural regions, small, and midsize cities. The region has a growing population of seniors. However, between 1991 and 2011 the increase in the population was less than the population increase in Ontario and Canada.
- The broad dispersion of the area's population also impacts health care service provision.
- Southwestern Ontario faces specific population health concerns including a high incidence and prevalence of cardiovascular disease, diabetes, obesity and mental health disorders.
- The region is among the most culturally diverse regions in Canada.
- Southwestern Ontario is in close proximity to the United States.
- The region has strong existing health networks comprised of excellent research and educational programs, and accomplished health care providers, educators and researchers.

SWAHN leverages expertise from the community to achieve its goals. The Network is highly inter-professional in nature and aims to engage organizations across the region.

Dr. Steele ended the introductory remarks by encouraging everyone to engage in networking throughout the day, and to be mindful of the potential impact of cross-sector collaborations on population health for the Southwestern Ontario region. Attendees were also invited to participate in evaluating the oral presentations, and to vote for two research projects that SWAHN will help to advance.

KEYNOTE PRESENTATION

Dr. Jason Gilliland provided the keynote address entitled: “Lessons of a Community Geographer: Building Effective Cross-Sector Collaborations around Food and Nutrition.”

Since joining the Department of Geography at Western University, Dr. Gilliland has worked with numerous community groups on urban development projects across London, Ontario. Dr. Gilliland works in the area of community geography, or “research involving collaboration and the participation of those of an area affected by an issue for the purposes of education and action toward affecting positive (social, economic, or environmental) change.” An important aspect of community geography is knowledge translation, which is best achieved by working with community partners to develop effective solutions. Dr. Gilliland emphasized two major motivators for engaging in community-academic partnerships. One motivator arises from the “mutual frustration with the traditional research approach” of publishing research without applying that knowledge to solve real world problems. A second motivator is that the “complexity of today’s problems [are] too big for a single outside expert” to solve, necessitating inter-professional collaborations to solve these complex problems.

Dr. Gilliland described his work at the Human Environments Analysis Laboratory (HEAL), using three of his past projects as case studies. These case studies highlighted that community-academic partnerships can be highly effective at improving community health, encouraging evidence-informed decision making, and building lasting partnerships within the community.

One area of focus, the Westminster Demonstration Project, involved collaboration with the Healthy Eating and Healthy Physical Activity (HEHPA) working group of the London Child & Youth Network. The objective was to improve healthy eating and physical activity by promoting healthy behaviours. By testing various strategies for influencing the culture of neighbourhoods, this collaborative project resulted in an increase in the proportion of school-aged children who met Canada Food Guidelines for fruits and vegetables, and a decrease in the proportion of students who consumed sugary pop beverages.

A second project that Dr. Gilliland’s research team has been involved in is Community Food Assessments, which aim to address community health issues that result from unhealthy food environments. By mapping food deserts (disadvantaged areas that do not offer easy access to healthy and affordable food), food swamps (areas that have abundance of junk food) and other determinants of healthy lifestyles such as physical activity, the research team created a food atlas consisting of over 400 maps from across Southwestern Ontario. This atlas is available for free online and has since been downloaded hundreds of times. It is currently being used by decision makers from across the region.

A third project completed by Dr. Gilliland and students at HEAL is the Economic Impact Study of the Western Fair Farmers’ Market (2011) in London’s Old East Village. Through a collaboration with Community Action Research, this project was part of a large urban development plan “to create a vibrant commercial corridor at the heart of a diverse and inclusive community where more people live, work, shop, sell, and have fun.” The project involved first identifying and mapping food deserts, and conducting a cost assessment of a healthy food basket before and after the opening of the Farmers’ Market. The results of this project revealed that most of the people who visited that market were from the immediate neighbourhood, indicating that the market was truly serving the intended community and meeting their healthy food needs. Currently, the Farmers’ Market is helping to incubate new businesses in that community, while promoting healthy eating and easing access to healthy foods.

Dr. Gilliland also discussed the numerous benefits of engaging in collaborative work for researchers, students, and community partners. For researchers, these collaborations often help to identify

meaningful research questions, to improve participant recruitment and retention rates, and also facilitate knowledge translation, as the work directly addresses a community need. Researchers may also gain from privileged access to data when working directly with organizations, as well as access to additional funding sources through cross-sectoral research grant applications. Students who are involved in these projects can benefit from applying their research skills, networking, gaining real world experience, and potentially launching their careers. The benefits to community collaborators include access to highly skilled researchers, equipment and software, and alternative sources of funding. Both researchers and community partners stand to gain from co-learning opportunities that can enhance community capacity building, and ultimately lead to enriched and improved outcomes. These academic-community collaborations are also essential for sustainable progress toward community development. Overall, these collaborations allow the best use of resources possible for effective, evidence-based decision-making.

Finally, Dr. Gilliland described a few of the lessons learned from engaging in community-academic collaborations. The first lesson is that a little bit of research can go a long way. Even if the research is not scientifically rigorous by traditional standards, even methodologically simple research can be meaningful and useful to decision makers. A second valuable lesson is that it is necessary to build strong relationships with community organizations that are long lasting, fruitful, mutually beneficial, and that respect the needs of the community partners. It is important for researchers to cater to the specific needs of community organizations, rather than imposing a particular research project. This approach will lead to long-lasting partnerships that are essential for sustainable community development. It is also important to have an exit plan, which may involve adopting new practices and policies that can be used by future working groups. Finally, it is important to celebrate successes when they are achieved.

Dr. Jason Gilliland



Dr. Jason Gilliland is Director of the Urban Development Program and Professor of Geography, Health Sciences, and Paediatrics at Western University. He is also a Scientist with the Children's Health Research Institute and the Lawson Health Research Institute. Dr. Gilliland is known internationally for his award-winning research on planning and public health issues such as 'food deserts', and is also well-known in the community, having served on dozens of boards and committees working to strengthen the local economy, environment, food security and children's health. His research has appeared in leading journals such as the *American Journal of Public Health*; *Health & Place*; and *Preventive Medicine*, and is currently funded by organizations such as the Canadian Institutes of Health Research, the Canadian Cancer Society, and the Heart and Stroke Foundation of Canada. Dr. Gilliland is also Director of the Human Environments Analysis Laboratory (HEAL), a state-of-the-art, interdisciplinary research and training environment specializing in the production, evaluation, synthesis, dissemination and mobilization of evidence to support effective policies, programs and professional practice aimed at creating healthy and vibrant communities.

ORAL PRESENTATIONS (Abstracts)

NOTE: The following pages include the abstracts that relate to each of the six oral presentations. PDF copies of the PowerPoint slide decks and presentation videos may be found on the “Resources” page of the SWAHN website: <http://www.swahn.ca/41/Resources/>

Oral Presentation #1: INADEQUATE ACCESS TO REGISTERED DIETITIAN SERVICES FOR A HIGH-RISK, VULNERABLE PATIENT POPULATION – A SITUATIONAL ASSESSMENT

Presenter: Susan Bird

Co-Author(s): Jennifer Conium, Andrea Sillberg, Rida Chaudhary, Janet Madill and Colleen O'Connor

Academic or Community: Academic

Institution: Brescia University College, Western University

Abstract: Community feeding group members collaborated over a shared concern for the increasing number of pediatric referrals involving feeding and nutrition services. From this discussion it became apparent that the nutritional needs of high risk children are not being met in the community. Referrals being made by physicians and health care agencies for community dietitians are being rejected leaving children without access to the expertise needed to treat their nutrition problems. Each child denied access to a community dietitian has the potential to suffer from nutrition deficiencies and encounter acute and chronic health issues. This accessibility issue reveals a disconnection between the pediatric patients requiring nutrition care and the community resources, in particular registered dietitians, available to them.

The goal of this research is to conduct a unique exploratory study to quantify the number of children being denied community based nutrition consults upon referral. Nutritional areas of most frequent concern will be tracked concurrently. Additionally, caregiver focus groups and health care professional questionnaires will provide qualitative information regarding accessibility concerns and the impact on health and well-being.

This study will rely on collaboration by community members to gather both quantitative and qualitative data. Pediatricians, family physicians, and other Health Care professionals (HCPs) who work with children (0-5 yrs) in London, Ontario will be asked to use the study's data collection tool. This tool will quantify the pediatric populations' accessibility to community dietetic support by comparing the number of referrals made compared to the number of referrals accepted, and will also identify nutritional areas of most concern. This age bracket was chosen to align with the World Health Organization's classification of pediatric malnutrition (WHO, 2009). HCPs and physicians will complete an additional questionnaire to solicit any concerns/barriers they encounter regarding accessibility of dietetic support. Parents will be asked to participate in a focus group to provide qualitative impact statements regarding their experience with accessibility issues. A complete community effort will be required to completely gather all the desired information.

Results from this study will help document the gap between pediatric patients requiring nutrition care and those able to access it. This information will then be presented to the Southwest Local Health Integration Network (LHIN) for review, whose vision and mission is to integrate and fund local health care, improve access and patient experience. Following this, next steps will be to identify opportunities to eliminate the gap in services, set priorities for action, implement solutions and evaluate the impact. This study's importance cannot be underestimated given the possible severe life-long consequences of inadequate nutrition in this young population.

Oral Presentation #2: LOSING WEIGHT THE HEALTHY WEIGH: USING TECHNOLOGY TO INCREASE ACCESSIBILITY TO A HEALTHY LIFESTYLE PROGRAM

Presenters: Karen Bellemore and Heather Nadon

Academic or Community: Community

Institution: Chronic Disease and Injury Prevention team, Windsor-Essex County Health Unit

Abstract: Background: Losing Weight the Healthy Weigh (LWTHW) has been a successful healthy lifestyle program in Windsor-Essex County (WEC) for over 10 years. LWTHW is a ten week course consisting of a two-hour class each week for ten consecutive weeks. The information presented at each class is aimed at empowering participants to eat healthier and incorporate physical activity into their daily routine. Sessions have been developed, and are delivered, by a Registered Dietitian. The goal of this program is to improve participant attitudes and beliefs related to healthy eating and exercise, to aid them in losing weight and keeping it off. Taking into consideration the technological advances that have occurred since the inception of the program, the Windsor-Essex County Health Unit (WECHU) recognizes the need to make advancements in the way the course is offered, to keep community members engaged. As a result, LWTHW will be launched as a free online course in 2015. Although the traditional in-class sessions will continue, the online course allows for greater accessibility and reach. The WECHU will investigate if an online program can be as effective as the in-class program in promoting and maintaining healthy lifestyle changes.

Target Group: The target group for this program is adults in the WEC community. Prior to 2014 there were specific inclusion and exclusion criteria; which were removed to make the program more accessible to all community members. The online program will target adults in WEC that are not able to attend the in-class sessions, due to lack of childcare, shift work, mobility, etc.; furthering the accessibility of the program.

Objectives: In order to evaluate if an online program can be as successful as an in-class program in promoting and maintaining healthy lifestyle changes, the following objectives have been developed.

1. Determine if individuals who lack access to the in-class sessions are utilizing the online format.
2. Assess user experience with the online program in order to adapt and improve its uptake and effectiveness.
3. Determine if there is a difference in reported self-efficacy and behaviour change associated with healthy lifestyle changes, between participants in the online program and in-class program.

Data Collection Method: Data from the course will be collected at the first and last class. Data will be collected through a survey, which rates participant levels of self-efficacy, nutrition and physical activity knowledge and overall readiness to change. Biometric data such as height, weight and waist circumference will be collected as well. However, the in-class data will be measured, whereas data from the online will be self-reported, with guidance and encouragement to use proper measurement protocols.

Potential for Collaboration: The WECHU believes there is great potential for collaboration. They are not aware of any other program like this that is currently being offered. The current study will help determine if the online program is effective in reaching hard to reach populations to assist them in improving their eating and physical activity behaviours. If effective, the on-line LWTHW program could be shared broadly throughout the Ontario Health system.

Oral Presentation #3: NUTRITION EDUCATION IN THE PHARM D CURRICULUM AT THE UNIVERSITY OF WATERLOO SCHOOL OF PHARMACY

Presenter: Dr. Cynthia Richard

Co-Author(s): Dr. Paul Spagnuolo

Academic or Community: Academic

Institution: School of Pharmacy, University of Waterloo

Abstract: The University of Waterloo's School of Pharmacy offers an innovative PharmD program that prepares students to practice as experts in medication therapy. In addition to drug expertise, graduates have fundamental knowledge of nutrition that allows them to address patient needs and interact with other healthcare professionals. This presentation will highlight the nutrition education strategy used by the School of Pharmacy and suggest potential areas of collaboration with other members of academia and the community.

Topics in nutrition are included in several required courses throughout the University of Waterloo School of Pharmacy curriculum. As part of the core curriculum, students are introduced to nutrient function and deficiency, nutrition for optimal growth and development, nutrition for chronic risk reduction, nutrition needs in special populations (such as during pregnancy and in infants), and enteral/parenteral nutrition. Emphasis is also placed on Natural Health Products such as vitamins, minerals, and probiotics as pharmacists are often consulted on the uses of these products. In addition, students have the opportunity to take an elective course in nutrition in their third or fourth year. This popular course provides additional depth into the topics listed above and also includes nutrition in specific disease states (such as chronic kidney disease and diabetes), popular diets, and topics related to public health/policy. Some lectures are provided by registered dietitians and the benefit of interprofessional collaboration is stressed throughout the course.

There are several questions that need to be addressed as the nutrition curriculum for pharmacy students continues to evolve. Key questions include: Are pharmacists knowledgeable when it comes to nutrition? Where are there gaps in their knowledge? What nutrition-related questions do patients often ask pharmacists? How can nutrition-related education be enhanced for pharmacy students and students in other disciplines? How can pharmacists interact with other healthcare professionals and researchers to meet patients' nutrition-related needs? It is anticipated that this presentation will lead to discussion of how to approach these and other questions.

Oral Presentation #4: REPLICATION OF LIFESTYLE CHANGES DEVELOPED IN ACADEMIA IN A COMMUNITY MENTAL HEALTH SETTING

Presenter: Dr. Tamison Doey

Co-Author(s): Dr. Saadia Ahmad

Academic or Community: Community

Institution: Medical Lead, Outpatient Services, Hotel Dieu Grace Hospital

Abstract: Community Program to Achieve Wellness: The introduction of atypical antipsychotics was followed by a rapid increase in their use due to their reduced risk of long term neurological side effects. However, their tendency to promote weight gain, combined with other risk factors common in persons with serious mental illness (SMI) including genetic predisposition, other medications, sedentary lifestyle, poverty and smoking, has led to an alarming increase in morbidity and mortality. Patients with chronic psychotic illnesses die on the average 25 years earlier than their peers. These risk factors, coupled with attendant cognitive limitations, present challenges to the promotion of healthy life styles. A number of programs introduced in academic settings have been successful in producing weight loss, healthier habits and reductions in metabolic abnormalities, but have utilized resources that are not always available in community settings. Common elements of these programs include: education about diet and exercise, an integrated exercise session, group and individual interactions aimed at imparting skills and increasing motivation, and rewards for adherence. We propose to replicate the outcomes of these programs in a non-academic setting with resources typical of community hospitals and agencies. Inclusion criteria will be broad to improve generalizability, the program will be open to and with “rolling” enrolment, and inpatient, out patient and community agency participants will be included. Basic demographic and metabolic parameters will be recorded at entry, every three months and 1 year after enrolment to track post program outcomes. Existing staff with expertise (dietitians, recreational therapists and behavioural therapists) will be utilized, to minimize training and back filling costs and community donations will be sought to provide incentives for participants. As the evidence base indicates increased efficacy with a 24 week program, this program will be encouraged. Participants’ data will be compared against that of participants in academic programs to establish efficiency.

Oral Presentation #5: WESTERN HEADS HOME: AN IMPLEMENTATION PLAN FOR THE SALE OF PROBIOTIC YOGURT IN LONDON, ONTARIO

Presenter: Charlotte Coleman

Co-Author(s): Dr. Gregor Reid, Bob Gough and Dr. Sharareh Hekmat

Academic or Community: Academic

Institution: Western University

Abstract: Through community-based kitchens implemented by Western Heads East, probiotic yogurt is being used to improve the health and economy of rural communities in Africa. As the benefits of a healthy gut microbiome are related to health concerns found in Western cities as well as the Global South, there is an interest in bringing a similar kitchen to Canada. Consequently, we have created an implementation plan for a kitchen to sell probiotic yogurt in London, Ontario.

This kitchen would provide the same four benefits as previous kitchens: (1) nutritional, as a healthy gut microbiome is linked to a decreased risk for Type II Diabetes and Obesity—two diseases which many residents of London, Ontario suffer from; (2) economic, as the kitchen would employ local individuals and use local resources; (3) scientific, as this location would be a resource for future studies into the benefits of fermented foods; and (4) educational, as this storefront will provide the community with information on the benefits of a healthy lifestyle and proper nutrition.

We identified several low-income communities within London, Ontario as regions that will benefit the most from this social enterprise. We modified a sample budget provided by Western Heads East to include the different costs that a Canadian kitchen would face. We identified and connected with several individuals and organizations in the aforementioned communities, who are potential partners for this project. Although there are different regulations and costs for this project versus previously established kitchens, the enthusiasm of local entrepreneurs provides positive evidence for the success of this kitchen.

In parallel to the business plan used in Africa, we are looking to introduce these kitchens with a community partner. Many potential partners would include this product in their previously established business have been identified; however, a partner that wants to include this project as a separate establishment (as seen in Africa) has not yet been identified. Although the preliminary budget does reference costs found in London, other low-income communities in Canada could also benefit from this initiative.

Oral Presentation #6: THE ONTARIO STUDENT NUTRITION PROGRAM – EXPLORING INNOVATIONS TO STRENGTHEN ACCESS, DELIVERY, AND HEALTH OUTCOMES RELATED TO A UNIVERSAL STUDENT NUTRITION PROGRAM

Presenter: Stephanie Segave

Co-Author(s): Jillian McCallum

Academic or Community: Community

Institution: Ontario Student Nutrition Program, South West Region

Abstract: Background: Provincial funding for the Ontario Student Nutrition program (SNP) has increased from 4 million to 32 million annually over the past decade and this rapidly expanding program now operates in over 3,000 schools across the province. As lead agency for the program across South Western Ontario, The Victorian Order of Nurses flows \$3.2 million in annual provincial funding to 480 school breakfast and healthy snack programs that serve over 10 million meals/snacks each year.

Challenges: Provincial funds cover only a portion of the food costs required to operate this program and most schools use grant funds to purchase food from traditional grocery stores. Programs face many challenges that limit their ability to leverage strong health promotion benefits. Most are associated with the limited resources at a local/regional/provincial level to centrally coordinate support for programs. This leads to many missed opportunities.

Opportunities for Innovative Food Delivery: The VON has recently developed several innovative strategies to help strengthen program supports and outcomes. In the fall of 2015, VON launched an online food purchasing and delivery program to coordinate bulk purchasing of key produce and other food items. Schools can order from a pre-set weekly menu and products are delivered direct to the school door. The program currently supports 180 schools and will expand to 300 when launched in Thames Valley in March 2015. Greater support is needed to ensure that this program can thrive.

Central coordination of food delivery allows VON to stretch provincial funds and access healthy (local) food for less while offsetting the program administration burden at the school level. It also means we can articulate the gap in funding needed to support a fully funded student nutrition program. For example, we know that we can deliver a healthy snack to the door of a school for as little as 30 cents a student (that is less than \$60 per student/year).

Leveraging sustainable funding: VON OSNP will be launching a corporate donation strategy as well as a series of Community Call to Actions in 2015/16 to help fund the cost of a universal student nutrition program across the South West. A proposed cost sharing model that asked communities/municipalities, private sector, and parents to each contribute approximately \$15 dollars a year, per student when combined with existing provincial funds could offset the delivery cost of a universal program. Our corporate sponsorship program will seek to bridge this gap over the short term by encouraging companies and foundations to sponsor food delivery days in various communities and a school board coordinated electronic parental donation portal to strengthen parental investment in programs.

Research: VON OSNP is also seeking to invest in research to demonstrate health, academic, and social outcomes. Preset menus allow VON to evaluate the impact of food offerings in a classroom setting such as consumption patterns, long term preferences for fruits and vegetables, nutrition education knowledge and local food knowledge. Canadian based research demonstrating health

outcomes associated with the program (or local economic development and agricultural benefits) could leverage greater provincial and new federal investments to further offset cost sharing models.

Other opportunities: VON OSNP has pursued social enterprise as an avenue to fund programs. Value added processing of secondary produce for soups and fruit/vegetable tubes for sale in school lunch programs, hospitals and or publicly funded meal programs. Central procurement of large quantities of food for SNP's can also act as a catalyst for local food purchasing systems (e.g. day cares, etc.).

There are many opportunities for collaboration to help support, enhance and evaluate the activities of the Ontario Student Nutrition Program in the South West Region. Many of the activities described above will not be successful if the VON and OSNP community partners across the region are unable to leverage external support on a broad level. Support from SWAHN could help leverage large research and program grants as well as community support. This is needed to expand and sustain a vibrant school nutrition program model that could prove to be the foundation for long term dietary change for millions of students, their families and the broader community.

COLLECTIVE FEEDBACK FROM CRITICAL LISTENERS

The following feedback from the Symposium's Critical Listeners was presented to the audience after the lunch break.

Presentation 1: Susan Bird, "Inadequate Access to Registered Dietitian Services for a High-risk, Vulnerable Patient Population – A Situational Assessment"

- The presenter identified an important community issue that requires a solution (access to dietitian services) and identified a vulnerable population (children) for the project. The objective of this presentation was clearly stated. The topic is excellent and aligns with the purpose of the Symposium. It brings a lot of value since children are especially vulnerable to the effects of food and nutrition.
- The project exhibits potential for community partnership with research and academia.
- The Critical Listeners were not sure about the scope of the study, whether it is meant to be done within the LHIN or more broadly outside the LHIN. There was also some uncertainty regarding one of the major background pieces of this study, in particular, why children have been denied access to dietitian services, and so there was a question of whether these children also lacked access to primary care providers. The Critical Listeners felt that the project would be stronger if this aspect was cleared up and if this was reflected in the methodology.

Presentation 2: Karen Bellemore & Heather Nadon, "Losing Weight the Healthy Weigh: Using technology to Increase Accessibility to a Healthy Lifestyle Program"

- The presenters identified an issue of importance to the community (i.e., the need to keep adults physically active) and identified a population of interest (adults).
- The Critical Listeners noted that it is a great idea to move from an in-person program/service to an online format as this increases the reach of the program and the accessibility to the service. In addition, since the program is free it would be easy for people to access it.
- The Critical Listeners also recognized that the program has great potential to improve patient and population level health, and to increase knowledge about the efficacy of interventions designed to address healthy lifestyles among adults through both diet and physical activity.
- One potential limitation identified by the Critical Listeners is whether the on-line format is the best format for this type of intervention, given that it is a behavioural intervention and it targets adults, some of whom may prefer in-person interaction over electronic communication.
- Other areas that the presenters might consider for improving the project are: the design of the on-line application so that it reaches the whole region; accessibility for adults who are not technically inclined; the sustainability of the program; and maintaining the anonymity of participants, while also allowing participants to interact.
- It will also be necessary to measure progress and impact of the program with appropriate metrics and to compare the effectiveness of the in-person program vs. the on-line program. It would therefore be beneficial for this project to partner with researchers in order to add a stronger research component to it.

Presentation 3: Dr. Cynthia Richard, "Nutrition Education in the PharmD Curriculum at the University of Waterloo School of Pharmacy"

- Overall, this presentation was elegant, nicely presented, with a well-thought out plan and concept. Some important ideas that were mentioned during this presentation are the integration of the pharmacy-required courses with learning outcomes, incorporating nutrition-related innovations into the pharmacy curriculum, and incorporating integrated learning strategies and

forward ways of thinking into the pharmacy curriculum to prepare students to better serve communities. By providing better nutrition education to pharmacy trainees, this project has great potential to impact population health across the region.

- The main area of improvement for this project is the identification of a specific research question. One question that came up during the Q&A after this presentation was about identifying key areas of focus for the curriculum, and it was suggested that pharmacists should be prepared to answer questions that patients typically ask their pharmacists.
- The Critical Listeners also felt there was potential to extend this new pharmacy curriculum into other health sciences programs in the region by creating a module that can be incorporated into other programs. In this way it could extend the reach of nutrition education to many more trainees so that they are all better equipped to serve the region.

Presentation 4: Dr. Tamison Doey, “Replication of Lifestyle Changes Developed in Academia in a Community Mental Health Setting”

- The Critical Listeners noted that this program has considerable value for working with populations with mental health disorders. An important element of this project is that there is existing evidence that the STRIDE program is effective in other settings. The present project would transfer the STRIDE program to a new population in a different setting - hence presenting many learning opportunities. Another strength of this project is its academic reach, which would involve partnering between academic and clinical institutions, and would include researchers, medical residents and other hospital staff. This would be a great way of engaging medical learners and medical staff from the hospital in the research.
- The Critical Listeners noted that since this project is based primarily on the STRIDE program, it would have been beneficial to learn more about that program in the presentation, including details about the population for which it has been shown to be effective. Additional details about the research methodology would be necessary in order to determine whether the program is truly transferable to individuals with serious mental illnesses.
- Another recommendation was to look further into existing programs that help tertiary care patients’ transition to community settings, and perhaps partnering with these programs to increase the effectiveness of this project.

Presentation 5: Charlotte Coleman, “Western Heads Home: An Implementation Plan for the Sale of Probiotic Yogurt in London, Ontario”

- The Critical Listeners noted that this project was very interesting and had high value for achieving SWAHN’s goals. This program was interesting in that it would involve applying research and community projects from Africa to communities in SWO. This project would involve building strong connections between community and academic settings, for example, to train and prepare youth in London to make the probiotic yogurt for the region.
- One potential issue that was identified by the Critical Listeners is that of heterogeneity of the microbiome and how different strains of bacteria could impact the human body differently. There is also a need to assess how this type of project would affect population health in SWO, because the health effects seen in Africa would not necessarily be seen here, and the project itself may not be directly transferable. It is also not entirely clear to what extent this project may impact population level diabetes and obesity rates.
- The Critical Listeners noted a few points regarding the business plan, marketing and development process of this type of product. Another question was about the difference between existing yogurts available in the market and how they compare to this new probiotic yogurt. For this project to work it would be necessary to monitor the effectiveness of the

probiotics, taking into account the shelf life of the product and how the product would be distributed.

Presentation 6: Stephanie Segave, “The Ontario Student Nutrition Program – Exploring Innovations to Strengthen Access, Delivery, and Health Outcomes Related to a Universal Student Nutrition Program”

- The Critical Listeners felt that this project clearly addressed the objectives of SWAHN. Further, it is a great community initiative to deal with nutrition among school-aged children and specifically addresses the issue of nutrition education within this demographic. The project aims to teach children the value of nutrition, since other projects have shown that children tend to bring these lessons home where they begin to influence healthy habits, and are often sharing it with parents. The Critical Listeners noted that this is a valuable approach to teaching children about healthy eating. Another important aspect of this method is that it uses the power of peer-influence. These methodologies are also promising for implementing an effective program.
- Another critical point is the potential for this project to address the current lack of Canadian-based research and community initiatives in the area of children’s nutrition. As the presenter noted, Canada is the only G8 country that does not fund a nutrition program. This leaves the possibility to greatly impact community health open through a national policy.
- The project also has great potential for collaboration with community groups and for engaging students within the community through student-led projects. These student-led projects would be helpful for the sustainability of the project as a whole.

NEXT STEPS

SWAHN's Nutrition Symposium Planning Committee was delighted to witness the engagement of over 70 individuals from both the academic and community sectors at the event! Attendees and symposium participants demonstrated their interest in the various presentations throughout the day with their attentiveness, thoughtful questions, and feedback.

SWAHN will partner with the two research project teams that were selected by symposium attendees via a ballot vote. SWAHN will assist the presenters and their teams with the advancement of these projects by:

- providing feedback and guidance on the research and its framework
- facilitating connections with potential research partners
- offering support with respect to uncovering funding opportunities
- sharing project information with others
- following the projects through to completion

Dr. Denise Figlewicz (Vice Dean, Research, Schulich School of Medicine & Dentistry, Western University) and Dr. Marlys Koschinsky (Dean, Faculty of Science, University of Windsor) have also offered their expertise in helping to assist these researchers in the advancement of their respective projects.

SWAHN will develop a formal Nutrition Working Group as a result of the Symposium. This Working Group will determine future opportunities for engagement as it relates to the goal of the Network which is to transform health in Southwestern Ontario through integrated excellence in research, education, and clinical practice.

At regular intervals over the next two years, the SWAHN Community Engagement Committee through the SWAHN Nutrition Working Group will obtain updates from all the oral and poster presenters to see how the research programs are developing and if they have: i) obtained collaborations with other community and/or academic partners; ii) obtained any research funding; iii) engaged in knowledge translation of their work (e.g., presentations, peer reviewed articles, print material); iv) developed new research projects; and v) if they have influenced service delivery or policy.

The SWAHN Nutrition Working Group will continue to further the development of other key community/academic initiatives in order to improve the health and health outcomes of SouthWestern Ontario. It will report annually on its progress.

APPENDICES

APPENDIX 1: OVERVIEW OF THE SOUTHWESTERN ACADEMIC HEALTH NETWORK (SWAHN)

SWAHN's vision is to transform health in Southwestern Ontario through integrated excellence in research, education, and clinical practice. Its mission is to improve population health and to be a national leader in health care, education, and research by:

- Leading the development of innovative and value-added health care services, education, research, evaluation and knowledge;
- Accelerating the dissemination of research-based evidence and leading practices into clinical practice to enhance patient and population health outcomes, quality, accessibility and affordability of health care;
- Integrate innovative collaborative models of education with health care delivery and research;
- Engaging community partners, patients and families to inform the academic service integration;
- Identifying appropriate measures to monitor progress and performance;
- Enhancing and advancing synergies and the sharing of resources between organizations for mutual benefit in integrated patient care, education and research.

SWAHN is guided by a Steering Committee of leaders from its member organizations and is chaired by Dr. Gillian Kernaghan, President and Chief Executive Officer of St. Joseph's Health Care London. These organizations provide financial support to the network and include hospitals (Bluewater Health, Chatham-Kent Health Alliance, Grey Bruce Health Services, Hotel Dieu Grace Healthcare, Huron Perth Healthcare Alliance, London Health Sciences Centre, Middlesex Hospital Alliance, St. Joseph's Health Care London, South Huron Hospital Association, and Windsor Regional Hospital); universities and colleges (Western University, University of Windsor, University of Waterloo, Fanshawe College, St. Clair College, and Lambton College); community and research organizations (Erie St. Clair Hospice Palliative Care Network and Lawson Health Research Institute); and Local Health Integration Networks (LHINs) in the South West and Erie St. Clair regions.

The Operations Committee is co-chaired by Dr. Margaret Steele, Vice Dean, Hospital and Interfaculty Relations, Schulich School of Medicine & Dentistry, and Dr. Robin Walker, Integrated Vice President Medical Affairs and Medical Education, London Health Sciences Centre and St. Joseph's Health Care London. Through its committee structure, SWAHN is engaged in projects that align to its three areas of focus: community, education, and research. These projects address priorities for the region including: palliative care, simulation, inter-professional education, research ethics, nutrition and mental health.

SWAHN has also produced two documents. The first document, entitled "A Community Health Profile of Southwestern Ontario, 2015" was developed highlighting important and unique epidemiological data of the region. The trends and areas of interest noted in this document will be further considered and pursued by SWAHN. The second document contains the results of a survey of community networks which was published in the academic peer-reviewed *Journal of Community Health* in March 2015. These documents, and other information about SWAHN, may be accessed on the network's website: www.swahn.ca

APPENDIX 2: OVERVIEW OF SYMPOSIUM PLANNING

Timeline:

1. Call for abstracts: February, 24, 2015
2. Abstract review decisions: March 8, 2015
3. Registration deadline: March 10, 2015
4. SWAHN media release: April 8, 2015
5. Symposium: April 10, 2015

Call for abstracts:

A team reviewed all abstract submissions. Decisions were made to accept oral or poster presentations based on the following criteria:

1. Clear statement of initiative/research program.
2. Research/evaluation questions being posed.
3. Innovation & program development details.
4. Incorporation of research questions and/or objectives.
5. Potential for collaboration (mandatory for oral presentations; preferred for posters)

The initial goal was to select one collaborative research project focused on children/youth and one focused on adult/senior nutrition at the Symposium. One of these projects was to represent the Erie St. Clair Local Health Integration Network area (LHIN 1) and the other from the South West Local Health Integration Network area (LHIN 2). However, the final selection process would be decided through an audience vote by ballot.

Planning Committee:

- Dr. Margaret Steele, Co-Chair; Vice Dean, Hospital & Interfaculty Relations; Professor, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University
- Dr. Jack Scott, Co-Chair; Assistant Professor and Clinical Supervisor, School of Communication Sciences and Disorders, Faculty of Health Sciences, Western University
- Dr. Alicia Garcia, Chair & Director of Graduate Studies, Department of Food & Nutritional Sciences, Brescia University College, Western University
- Kay Hickey, Project Coordinator, Hospital & Interfaculty Relations, Schulich School of Medicine & Dentistry, Western University
- Dr. Melanie Katsivo, Research Officer and Director, Office of Global Health, Schulich School of Medicine & Dentistry, Western University
- Naomi Mudachi, Medical Student, Schulich School of Medicine & Dentistry, Western University
- Dorian Murariu, Master's student, Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, Western University
- Kathryn Nicholson, PhD Candidate, Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, Western University
- Gina Uppal, Scholars' Programs & Academic Outreach Coordinator, Student Success Centre, Western University
- Ronna Warsh, Warsh Leadership Coaching & Consulting
- Dr. Marnie Wedlake, Knowledge Transfer & Exchange Specialist, Canadian Mental Health Association Middlesex
- Catherine Joyes, SWAHN Manager

APPENDIX 3: SPEAKER BIOGRAPHIES
(Arranged in order as per the agenda)

Dr. Gillian Kernaghan
Chair, SWAHN Steering Committee



Dr. Kernaghan was appointed the President and Chief Executive Officer of St. Joseph's Health Care, London in 2010. St. Joseph's is a multi-sited academic health care organization serving London and region. Prior to assuming this role, she served for 17 years as the Vice President, Medical for various hospitals in London. In 1984, Gillian joined the medical staff of St. Joseph's, Parkwood Hospital and LHSC as a family physician. She completed her residency at St. Joseph's Hospital in 1984 upon graduation from The University of Western Ontario and was awarded her Fellowship in 2000. She is an Assistant Professor at the Schulich School of Medicine & Dentistry and an Adjunct Professor in the Arthur Labatt Family School of Nursing at Western University. Gillian currently serves on the OHA Board and the CAHO Executive. Gillian is the Past President of the Canadian Society of Physician Executives (2010-2012) and a past Board Member of CaRMS. She serves on numerous provincial and national committees. She is also a faculty member of the Physician

Manager Institute of the Canadian Medical Association.

Dr. Margaret Steele
Co-Chair, SWAHN Operations Committee; Co-Chair, SWAHN Nutrition Symposium Planning Committee



Dr. Margaret Steele is currently the Vice Dean, Hospital & Interfaculty Relations, Schulich School of Medicine & Dentistry. Margaret is a Professor in the Departments of Psychiatry, Pediatrics and Family Medicine. In her current role, she is co-facilitating the development of the Academic Health Network in Southwestern Ontario (SWAHN).

She earned her Honours degree in Microbiology and Immunology at Western University in 1983 and completed her MD in 1987. She obtained her Fellowship in Psychiatry in 1992, and in 1993, completed the requirements for the Child and Adolescent Psychiatry Diploma. Margaret earned a Masters of Higher Education from the Ontario Institute of Studies in Education/University of Toronto and became a

Fellow of the Hedwig van Ameringen Executive Leadership in Academic Medicine at Drexel University in Philadelphia, Pennsylvania in 2008. In 2012, Margaret became a Distinguished Fellow of the Canadian Psychiatric Association and in 2013 she became a Canadian Certified Physician Executive.

Dr. Marnie Wedlake
Member, SWAHN Nutrition Symposium Planning Committee



Marnie has worked in community-based mental health care for more than 28 years, with 17+ years at Canadian Mental Health Association (CMHA) Middlesex. Marnie's current position at CMHA is Knowledge Transfer & Exchange Specialist. She has an Honours BA in Psychology (Waterloo), a MEd in Educational Psychology (Western), and a PhD in Health Professional Education (Western). Marnie has a part-time private practice. She is an Adjunct Research Professor and a Sessional Lecturer at Western University. As a qualitative researcher and a person who tends to be quite practical, Marnie delights in finding varied and creative ways of applying philosophy and theory to real life. In her spare time Marnie enjoys reading, photography, writing poetry, watching movies, and being active outdoors.

Dr. Jack Scott
Co-Chair, SWAHN Nutrition Symposium Planning Committee



Jack M. Scott is an Assistant Professor and Clinical Supervisor in the School of Communication Sciences and Disorders at Western University. He received his Bachelor of Science and Master of Arts in Audiology from The University of Texas at Austin. He received his Doctor of Philosophy in Communication Sciences and Disorders from The University of Texas at Dallas. He is a past Vice President of Audiology for the Ontario regulating body for audiologists and speech-language pathologists. Dr. Scott's areas of interest include adult and geriatric hearing assessment and hearing remediation, acclimatization with amplification, vestibular assessment and audiology outreach. He is the recipient of the 2015 Western Humanitarian Award.

Catherine Joyes
SWAHN Manager



Catherine Joyes holds an HBA (History) from Brescia University College (1993), a Master of Library and Information Science from Western University (1995) and an MBA from the Ivey School of Business (2008). From 1997-2002, Catherine was a member of the Prospect Research team in Advancement Services, part of the External Relations Department at Western. After leaving Western, Catherine spent twelve years working for two local nonprofit funding organizations managing community grant making programs. She joined the SouthWestern Academic Health Network as Manager in January 2015. A life-long Londoner, Catherine has an affinity for continuous learning and development and enjoys her involvement in various book clubs and volunteer committees.

APPENDIX 4: CRITICAL LISTENER BIOGRAPHIES

Professor Pat Bethune-Davies



Pat Bethune- Davies is a Professor of Nursing at Fanshawe College and an Adjunct Assistant Professor at The Arthur Labatt Family School of Nursing at Western University. She has an extensive teaching background in medical-surgical nursing, mental health, and family and community care. She has served as a member of several community Boards of Directors including VON Middlesex- Elgin, LUSO Community Services and The Centre for Research and Education on Violence Against Women and Children at Western University.

Professor Barbara Dobson



Barbara has a Bachelor's degree in Chemistry from the University of New Brunswick, a B.Ed. from Western University, and a Master's degree in Chemistry from Guelph/Waterloo. She has been on faculty at Lambton College in Sarnia since 1995 and is also the coordinator of pre-health and pre-nursing programs at the college. Prior to joining Lambton College, Barbara worked in the RCMP crime laboratory in Edmonton Alberta as a forensic drug analyst and as a quality control chemist in the pharmaceutical industry. Barbara enjoys fitness and all manner of outdoor activities.

Lauren Kennedy



Lauren Kennedy is a graduate student in the dietetic internship stream of the Master of Science in Foods and Nutrition program at Brescia University College, and is a recent graduate of Ryerson University. Her passion for nutrition stems from her diverse experiences in diabetes prevention, critical care research, and delivering nutrition education in South Asia. Lauren's current research is in evaluation tool validation and food skills in student populations.

Dr. Marlys Koschinsky



Dr. Marlys Koschinsky is the Dean of Science and Professor in the Department of Chemistry and Biochemistry at the University of Windsor. She is also a Professor in the Department of Physiology and Pharmacology at the Schulich School of Medicine & Dentistry at Western University. Dr. Koschinsky is a Heart and Stroke/CIHR-funded researcher whose interests include studying the contribution of emerging risk factors to the development of coronary heart disease. She actively collaborates with pharmaceutical companies as well as basic and clinical research groups throughout the world. In addition to her research program, Dr. Koschinsky has served in many administrative capacities including membership on the Advisory Board for the CIHR Institute of Circulatory and Respiratory Health.

Most recently she has been appointed to the Advisory Board for the Cardiovascular Research Institute at Wayne State University in Michigan and to the Steering Committee of SWAHN.

APPENDIX 5: ORAL PRESENTATION BIOGRAPHIES (Arranged in order as per the agenda)

Susan Bird



In 2011, after evaluating her personal goals, Susan decided to change professional direction and left a successful career in the agricultural industry as a Certified Crop Advisor. She also ran her own Personal Chef business where she provided nutritious meal options to busy families. Helping people develop healthier eating options sparked her interest in becoming a registered dietitian. She finished her BSc. in Foods & Nutrition at Brescia University College and began the MScFN program in the fall of 2014. Currently, she is looking forward to beginning the challenge of a dietetic internship in May.

Charlotte Elizabeth Mahon Coleman



Charlotte Coleman is currently completing her Bachelor of Medical Sciences (BMSc) at Western University. This year, as a participant in the Scholars Elective program, Charlotte has conducted individual research under the supervision of Dr. Gregor Reid into the implementation of a probiotic-yogurt kitchen in London, Ontario. She is looking forward to continuing in research over the summer term as a Summer Undergraduate Research Fellow in the department of Microbiology and Immunology. At Western University, Charlotte has assisted in the development of the Women in Science (WiS) student group as a member of the original executive team and participated in two Alternative Spring Break expeditions. Outside of academia, Charlotte works part-time at the Stoney Creek branch of the YMCA teaching ballet to

aspiring dancers.

Dr. Cynthia Richard



Cynthia completed her undergraduate degree in pharmacy at Dalhousie University, and has experience in community pharmacy. She completed her PhD in Pharmacology at Dalhousie University, and then studied vitamin D's anti-cancer activity during a post-doctoral research fellowship at the University of Guelph. She was an Adjunct Clinical Assistant Professor at the University of Waterloo School of Pharmacy from 2009-2013, where she has taught courses related to natural health products, nutrition, pharmacology, self-care, and drug analysis, and is now a Clinical Lecturer. Dr. Richard has responsibility for the oversight of the Professional Practice series of courses and labs. Her main areas of interest are nutrition and natural health products.

Karen Bellemore



Karen is a proud resident of Windsor Ontario. She started to recognize her drive for population health and nutrition while working at the local YMCA as a teenager. After completing a Bachelor of Science in Biological Sciences at the University of Windsor, Karen realized that becoming a Registered Dietitian would be the best step to take to start achieving her career goals. In September of 2009, Karen started her Bachelor of Science, Honours Specialization in Food and Nutrition at Brescia University College. After graduation, Karen was accepted into the Masters of Science Food and Nutrition, Internship stream, once again at Brescia. Karen successfully completed the program, and graduated as class magisterial speaker in June of 2014. Karen also received full membership status to the College of Dietitians of Ontario in January 2015. Since May 2014, Karen has been employed at the Windsor-Essex County Health Unit. Her role as a member of the Chronic Disease and Injury Prevention team as a Public Health Nutritionist is to help build healthy public policy for all members of the Windsor-Essex Community. This role continues to challenge Karen in positive ways, and she hopes to continue to make positive changes to the food environment and overall food system in Windsor-Essex.

Heather Nadon



Although born and raised in London, Ontario, Heather has lived in Windsor-Essex County for the past 8.5 years. After graduating from Brescia University College in 2003, Heather took a year off to work and travel to Costa Rica where, in a mission through World Vision Canada, she assisted a team of dietitians and nurses in educating a local village about diabetes. Heather completed her dietetic internship at the Ottawa Hospital in 2005, and after gaining some experience as a clinical dietitian, accepted a position at the Six Nations of the Grand River Native Reserve in Ohsweken, Ontario. Here, Heather worked in prenatal nutrition at a First Nations Birthing Centre. In November 2006, Heather moved to Windsor to work for the Windsor-Essex County Health Unit as a public health dietitian. Currently, Heather works on the Comprehensive Workplace Wellness Team, where she focuses on population health and policies to promote healthy eating

environments.

Dr. Tamison Doey



Dr. Tamison Doey has held numerous leadership positions over the years and recently assumed the position of Medical Lead, Outpatient Services for Hotel Dieu Grace Hospital. As the former Chief of Psychiatry at Windsor Regional Hospital, and as the current Psychiatry Lead for the Erie St. Clair LHIN, Dr. Doey brings with her a system wide approach to health care delivery in our region. Dr. Doey was recently appointed the Chair of the Professional Advisory Committee (PAC) at Hotel Dieu Grace Healthcare (HDGH). In this important role, Dr. Doey will oversee medical quality of care through the PAC and provide leadership to each of the HDGH Department Chiefs.

Stephanie Segave



Stephanie has worked for the Victorian Order of Nurses for over a decade. She is currently the Manager of the Ontario Student Nutrition Program, South West Region and is the past Co-Chair of the OSNP Provincial Network. Stephanie is a mother of three young boys and a passionate advocate in the area of food security and student nutrition. She is currently completing her MBA and has chosen to focus her thesis work on a strategy to promote federal funding for a national school food program. Stephanie sits on a number of committees and community boards relating to children and youth.

APPENDIX #6: POSTER PRESENTATIONS (Abstracts)

Poster #1: NUTRITION IGNITION! A COMPREHENSIVE SCHOOL-BASED HEALTHY EATING AND PHYSICAL ACTIVITY EDUCATION PROGRAM FOR SCHOOL-AGED CHILDREN AND THEIR FAMILIES

Co-Author(s): Emily Fitzgerald, Alan Salmoni, Laura Misener, Guido Filler and David Hill

Principal Investigator: Dr. Danielle S. Battram

Academic or Community: Academic

Institution: Brescia University College, Western University

Abstract: Objectives: Nutrition Ignition! (NI!) aims to enhance awareness and knowledge of healthy eating (HE) and physical activity (PA) by addressing multiple spheres of influence known to contribute to sustained behaviour change.

Methods: The NI! program was conducted at a local elementary school from September 2013 through June 2014. The program involved a whole-school approach and involved classroom lessons, opportunities for play, family events, educational newsletters for parents, snack attacks, dance days and field trips. Parent involvement was encouraged in all activities, as was the involvement of existing school infrastructures (e.g., parent and student councils) and undergraduate and graduate students from nutrition and kinesiology fields of study. Surveys were completed pre- and post-intervention by Grade 1 to 8 students and addressed students' beliefs (Grade 4-8 only), confidence (Grade 4-8 only), social support (Grade 4-8 only) and knowledge of HE and PA (Grade 1-8; n = 85). Validated tools were used as appropriate and scores calculated based on author's instructions. Paired T-tests were performed to examine a change in score over the course of the intervention. A p value of ≤ 0.05 was considered significant in two-tailed testing.

Results: Grade 1-3 students' knowledge related to unhealthy food choices ($p \leq 0.001$) and Canada's Food Guide ($p \leq 0.001$) improved from pre to post assessment, as did their knowledge of PA ($p = .001$). Interestingly, while Grade 6 to 8 students reported an increase in their beliefs toward the benefits of HE ($p = 0.053$), their confidence in handling the obstacles that hinder PA decreased ($p = 0.021$). Knowledge regarding HE ($p = 0.024$) and PA ($p \leq 0.001$) improved amongst the Grade 6-8 students. No other differences were observed among Grade 4-8 students with regard to their beliefs, confidence and social support for HE or PA ($p > 0.05$).

Conclusion: Despite a low sample size, NI! demonstrated some preliminary positive effects on students' HE and PA knowledge and beliefs. While further investigation is warranted to determine the true impact of the program, the NI! model and program appears to have the potential to enhance students' learning with respect to HE and PA.

Funded by the Goodlife Kids Foundation through the Children's Health Foundation.

Poster #2: THE INFLUENCE OF SOCIOECONOMIC STATUS ON ADVERSE BIRTH OUTCOMES IN SOUTHWESTERN ONTARIO

Co-Author(s): Dr. Debbie Penava, Dr. Barb deVrijer, Dr. Jason Gilliland, and Dr. Jamie Seabrook

Principal Investigator: Emily E. Campbell

Academic or Community: Academic

Institution: Western University

Abstract: The primary aim of this retrospective cohort study is to assess the strength of the association between socioeconomic status (SES) and the probability of a preterm birth (<37 completed weeks in gestational age) and low birth weight infant (<2,500 g) using data collected prospectively from perinatal and neonatal databases at London Health Sciences Centre (LHSC). Neighbourhood income will be used as a proxy for SES. Maternal postal codes will be entered into a Geographic Information System (ArcGIS 10.1, Environmental Systems Research Institute, Redlands, CA) to map the patients to determine mothers' home neighbourhoods. Neighbourhoods will be defined by dissemination areas (DAs), the smallest geographical unit for which Statistics Canada releases the income data required for this study. Data on median household income for each DA in Southwestern Ontario (the catchment area of LHSC) will be extracted from the latest Canadian Census (Statistics Canada, 2011) and linked to each mother. To reflect the relative SES of the neighbourhood, median household income will be categorized into tertiles: (1) high income neighbourhood; (2) middle income neighbourhood; and (3) low income neighbourhood. Given our interest in including maternal mental health in the analysis, inclusion criteria will comprise all infants (singleton births only) born between February 2009 and February 2014, since February 2009 was when maternal mental health variables started being collected in the dataset. Other variables of interest will include factors such as aboriginal background, mother's primary language, maternal age 35 years and older, previous anxiety, previous depression, smoking, alcohol use, illegal drug use, obesity (BMI), and other social risk factors (e.g., social assistance). The chi-square test will determine the association between neighbourhood income categories, preterm birth (yes/no) and low birth weight (yes/no). Associations between prenatal risk factors and birth outcomes will also be univariately tested. All univariate associations that have a significant relationship with birth outcomes ($p < 0.05$) will subsequently be included in regression models. Separate logistic regressions will be computed on preterm birth and low birth weight as dependent variables as they are different patient populations, with potentially different risk factors. With approximately 6000 births per year, our estimated sample size will be 30,000.

The interdisciplinary collaboration on this project utilizes the expertise and skills of two population health researchers (Dr. Jamie Seabrook and Dr. Jason Gilliland) and two clinical researchers (Dr. Debbie Penava and Dr. Barbra de Vrijer). We anticipate that mothers from low SES neighbourhoods will be more likely to give birth to preterm or low birth weight infants than their high neighbourhood SES counterparts, even after controlling for other known epidemiological risk factors associated with birth outcomes. This would suggest that, rather than focusing primarily on lifestyle approaches to reducing health disparities (e.g., better diet, more exercise), public discourse and policy interventions would be better suited to directing its attention to low SES, if we are to see major improvements in maternal and infant health.

Poster #3: THE LUNCHES STUDY: NUTRIENT COMPOSITION OF ELEMENTARY SCHOOL STUDENTS' HOME PACKED LUNCHES COMPARING TWO SCHOOL SCHEDULES IN ONTARIO, CANADA

Co-Author(s): Lesley A. Macaskill, Lisa J. Neilson, Jonathan M.H. Luk, Marina I. Salvadori and Jamie A. Seabrook

Principal Investigator: Dr. Paula D. N. Dworatzek

Academic or Community: Academic

Institution: Western University

Abstract: Background: The Balanced School Day schedule was created in a Canadian elementary school as an alternative way to structure the school day in contrast to the well-established Traditional Schedule in North American schools. The change to a Balanced Day is cited as an enhancement to the school-learning environment by providing three 100-minute blocks of uninterrupted instructional time. Students also receive two 20-minute eating periods, rather than the single 20-minute break dedicated to eating in the Traditional schedule. Widespread implementation of the Balanced School Day schedule has occurred across Ontario, Canada with limited systematic evaluation of the potential health outcomes.

Objective: To compare caloric and nutrient value of packed lunch contents and consumption in the Balanced School Day schedule versus the Traditional schedule by direct observation in a classroom setting.

Materials and methods: Observers recorded all visible food and beverage items packed and consumed by students during all eating periods, including portion sizes, and items traded, spilled, or discarded. Differences in caloric and nutrient values packed and consumed between schedules were assessed using the Mann-Whitney U test.

Setting and subjects: A total of 321 grade 3 and 4 students, ages 7-10 years, were observed during all eating periods of a school day. Data was collected in 19 elementary schools in Southwestern Ontario, 9 following the Balanced School Day (n=153) and 10 adhering to the Traditional Schedule (n=168).

Results: Packed lunch contents in the Balanced Day were significantly higher than the Traditional Schedule in energy (3128.1+/-1100.4 vs. 2659.0+/-951.3 kJ, $p<0.001$, respectively). Similarly, carbohydrates, total sugar, protein, fat, saturated fatty acids, folate, riboflavin, iron, and sodium were significantly higher in the Balanced Day versus Traditional schedule packed lunches. Correspondingly, students in the Balanced Day consumed significantly more energy (2541.9+/-987.2 vs. 2318.1+/-827.3 kJ, $p=0.03$), carbohydrates (95.3+/-37.1 vs. 86.1+/-32.7 g, $p=0.02$), total sugar (46.9+/-24.4 vs. 37.7+/-19.8 g, $p=0.001$), and iron (4.0+/-2.3 vs. 3.6+/-2.1 mg, $p=0.04$) compared to the Traditional schedule, respectively.

Key findings: Lunches brought by students in the Balanced School Day schedule provided more energy across all macronutrients, with only a few micronutrients showing increased amounts. These findings suggest two 20-minute eating opportunities could contribute to excess caloric intake during school, which could ultimately lead to weight gain and contribute to the already high childhood overweight and obesity rates in Canada. School food guidelines should promote the packing and consumption of nutrient dense whole foods in students' lunches. (Supported by CIHR grant to Dworatzek.)

Poster #4: SELF-REPORTED FOOD SKILLS OF UNIVERSITY STUDENTS: COMPARISONS BY SEX, LIVING, CONDITION, AND FOOD AND NUTRITION EDUCATION

Co-Author(s): Courtney K. Wilson, June I. Matthews, and Jamie A. Seabrook

Principal Investigator: Dr. Paula D. N. Dworatzek

Academic or Community: Academic

Institution: Western University

Abstract: Background: University students experience a unique life transition that often results in poor dietary behaviours and weight gain. Adequate food skills may improve diet quality and prevent obesity and chronic disease. Research is limited, however, on students' food skills and food-related behaviours.

Objective: To assess whether self-perceived food skills and related behaviours of undergraduate students at Western university differed based on sex, living conditions, and having taken a Food and Nutrition (FN) course.

Methods: A cross-sectional original online survey was delivered to students using a modified Dillman method.

Results: The response rate for the survey was 21.9% (n=6639). Students (mean age 19.9±2.1 years) self-reported their abilities with respect to seven distinct food skills. Mean scores for individual food skills demonstrated that students rated their ability in some skills significantly higher than others (M±SD; e.g., 79.7±20.9 for 'peeling, chopping, and slicing' vs. 56.1±29.1 for 'weekly meal planning'; p<0.001). Female students reported higher total food skill scores than males (487.0±141.1 out of a possible 700 vs. 441.9±151.8, respectively; p<0.001). Respondents who had taken a FN course reported higher total food skill scores than those who had not (494.9±137.0 vs. 461.9±149.2; p<0.001). Students who had resided away from their parental home for two years or longer reported significantly higher total food skill scores than those living away for one year or less (488.9±134.6 vs. 443.3±153.0, respectively; p<0.001).

Conclusions: Knowledge of students' self-perceived food skills may assist in determining how to effectively target this population in nutrition education interventions.

Poster #5: DIET QUALITY OF LUNCHES PACKED AND EATEN BY ELEMENTARY SCHOOL-AGED CHILDREN

Co-Author(s): Nicole A. Jackson, Lisa J. Neilson, Marina I. Salvadori, Jamie A. Seabrook and Lesley A. Macaskill

Principal Investigator: Dr. Paula D. N. Dworatzek

Academic or Community: Academic

Institution: Western University

Abstract: Background: The absence of cafeterias in the majority of elementary schools in Ontario has resulted in students bringing home-packed lunches for at school consumption. In the United Kingdom and United States, home-packed lunches have been found to be higher in energy, sodium, and saturated fat compared to school meal program lunches. This suboptimal dietary intake of young children could be contributing to high rates of obesity and chronic disease.

Objective: To describe the quality of children's home packed lunches in Southwestern Ontario elementary schools using standard macro- and micronutrient methods as well as a quantitative dietary index, the Canadian Healthy Eating Index (C-HEI).

Design: A cross-sectional study design was used to examine the quality of elementary student lunches in Ontario. The sample consisted of 168 students in grades 3 and 4 from 10 elementary schools, ranging in age from 7-10 years. All foods packed and consumed during the school day were recorded through a direct observation method. Diet quality was measured using the C-HEI, which attributes scores to quantitatively assess adequacy and moderation of dietary intake.

Results: The proportion of children whose consumption met one-third of Canada's Food Guide recommendations for vegetables and fruit was poor at 31%. Only 41% of home-packed lunches contained vegetables, while 93% had a snack. Even when the contents of packed lunches contained vegetables, they were not consumed in their entirety, and students showed a preference for consuming snack items i.e., 20% of vegetables were left uneaten, compared to 11% of snacks. Less than 7% of students met one-third of recommendations for fibre, potassium, and vitamin D. In addition, intake of calcium, zinc, vitamin A (in females), and phosphorus fell below recommendations. Nutrients that exceeded recommended intake values included sodium, and energy from total sugar, fat and saturated fat. The mean C-HEI scores for packed and eaten lunches were 47.2 ± 14.3 and 46.0 ± 14.4 respectively, out of a maximum possible score of 100. For packed lunches, nearly 55% of students' scores represented a 'low quality' diet (<50 points) and less than 1% represented a 'high quality' diet (>80 points). Of the lunches consumed, almost 60% of students' scores represented a 'low quality diet' and no students' scores were in the range of a high quality diet.

Conclusion: The current study indicates that the diet quality of food items being packed and consumed by elementary students in Southwestern Ontario are predominantly 'low quality' based on assessments using the C-HEI. These results make the ongoing need for the development and delivery of interventions that focus on improving the quality of children's home-packed lunches abundantly apparent. Collaborations among public and community health agencies, school boards, and academics will be required to improve the quality of food consumed by students.

Poster #6: INVESTIGATION OF MICROBIAL VITALITY IN PROBIOTIC MILK SUPPLEMENTED WITH CEREAL GRAIN FLOURS

Co-Author(s): Dr. Sharareh Hekmat

Principal Investigator: Lisa Maselli

Academic or Community: Academic

Institution: Western University

Abstract: Probiotic products containing *Lactobacillus rhamnosus* GR-1 have been proven to help maintain a favourable microbial balance in the intestine and can survive in the intestinal tract without induction of systemic immune or inflammatory responses. Cereal grains can be used as a prebiotic and may be a simple and economical way of improving the nutritional value, functional qualities, and overall health benefits of probiotic products. The purpose of this study was to measure the growth and survival of *Lactobacillus rhamnosus* GR-1 in probiotic milk supplemented with a cereal grain over a 28-day storage period. Five milk samples supplemented with a cereal grain and one control milk sample were prepared. The cereal grain supplemented milk samples were oat (3% weight to volume ratio), green lentil (3% w/v), white rice (3% w/v), barley (3% w/v), and quinoa (3% w/v). These samples were prepared by supplementing the cereal grain flour into skim milk. They were autoclaved for 15 minutes, cooled to 37°C, inoculated with 2% *L. rhamnosus* GR-1, and anaerobically incubated at 37.5°C for 24 hours. Selective MRS agar containing 0.015g/L fusidic acid was used to enumerate *L. rhamnosus* GR-1 after 1, 14, and 28 days of storage at 4°C. Data is currently being collected to observe if *L. rhamnosus* GR-1 will remain viable (10⁷ CFU/mL) in all samples over the 28-day storage period. This study may demonstrate that various cereal grains supplemented into probiotic products could be successful as prebiotics to increase the microbial growth and maintain viable levels of the probiotic throughout product shelf life.

Poster #7: IMPROVING DOCUMENTATION RATES OF HEIGHT, WEIGHT AND BODY MASS INDEX BY FAMILY HEALTH TEAM STAFF FOR PEDIATRIC PATIENTS

Co-Author(s): Dr. Roschelle Heuberger and Dr. Paula Brauer

Principal Investigator: Coraine Wray

Academic or Community: Community

Institution: Central Michigan University/Thamesview Family Health Team

Abstract: Thamesview is a family health team providing primary care to over 23,000 patients living in Chatham and Kent counties. Of the 23,000 patients served, more than 4220 are children under the age of 17 years. A recent audit of Thamesview's electronic medical recording system indicates that only 108 of patients under the age of 17 years have been identified as having a BMI greater than 25. Obesity rates are rising and 18.6% of adolescents between the ages of 12 to 17 years have a body mass index above 25 according to a 2009/2010 community health survey for Chatham and Kent counties.

Thamesview Family Health Team is a primary care organization mandated by the Ontario Ministry of Health and Long Term Care to provide direct care to meet the medical needs of our patients. One identifiable need is assisting our patients in maintaining and/or managing a healthy body weight, especially children. A recent electronic medical recording system review indicates documentation of pediatric height, weight and body mass index by Thamesview Family Health Team staff for 4-7 years old to be 46%. Since early intervention is ideal, recording of pediatric height, weight and body mass index is a necessary first step in assisting patients in their management of a healthy body weight.

The research question posed is to determine the best practices that can be implemented to improve the documentation of pediatric height, weight, body mass index by Thamesview's staff, with a goal of increasing documentation rate to 61%. Each physician will be asked (voluntary) to complete two online surveys to determine their satisfaction with Thamesview's electronic medical recording system (EMR) and their assessment of diet and physical activity of their pediatric patients. Non-physician staff will only be asked to complete the EMR satisfaction survey. After completion of online surveys, staff will be invited to attend a one-hour focus group to explore the barriers and challenges encountered during documentation. As well as preferred types of interventions such as computer alerts, electronic pop-ups, computer training and customized forms that will assist in increasing documentation rates of pediatric weight measures. After implementation of agreed interventions, documentation rates of pediatric height, weight and body mass index for staff will be tracked using the organizational EMR for a period of 6 months. Study objectives will:

1. Assess satisfaction with EMR resources by staff using an online survey.
2. Assess physician self-reported practice of diet and physical activity interventions with pediatric clients using online survey.
3. Determine preferred interventions for increasing body weight, height and BMI documentation for 4-7 year olds, using focus group methods
4. Use results of focus groups and surveys to develop and deliver training and/or other interventions to improve documentation rates.
5. Conduct chart audit to assess documentation rates during a 6-month post-intervention.

APPENDIX 7: NOTES FROM WORKING GROUPS (*VERBATIM NOTES*)

After the lunch hour, the Symposium audience was divided into five Working Groups. The membership of each group was pre-determined by the Planning Committee to ensure that community, academic/student, and government sectors were represented within each group. Once assembled, each group was asked to select one recorder and one speaker who would later present on behalf of the group. The groups were given five categories in which to provide feedback on each of the six oral presentations. These categories included:

- Strengths
- Challenges
- Opportunities for collaboration
- Potential for knowledge generation/translation (KG/KT) for the benefit of clinical practice
- Potential outcomes for population health

The following charts represent the verbatim notes taken by each of the five working groups that were recorded on the flip-chart paper provided for each of the six oral presentations.

Presentation	Working Group 1	Working Group 2	Working Group 3	Working Group 4	Working Group 5
<p>#1: <i>Inadequate Access to Registered Dietitian Services for a High-risk, Vulnerable Patient Population - A Situational Assessment</i></p> <p>Principal author: Susan Bird Co-authors: Dr. Colleen O'Connor, Dr. Janet Madill and Cathy Verkley</p>	<ul style="list-style-type: none"> Community identified gaps they can quantify; can quantify the need & where gaps lie Getting all parties on board; resources to address gaps Health unit, Family Health Teams (FHTs), private Registered Dietitians (RDs)-groups? Curriculum change & action Healthy children; catching issues earlier 	<ul style="list-style-type: none"> Strong gap in service; key /focused target group; interprofessional; strong community involvement Broader advisory committee members; methodology (clarification) – key informants → survey; define scope better Opportunities for collaboration are strong. – policy etc.; FHT Day cares, networks.; good knowledge translation (KT) potential Good potential for population health – at risk 	<ul style="list-style-type: none"> Gap has been identified but not quantified Not regional, but perhaps can be extrapolated across SWO Go to the people for focus groups Collaborations – Feeding group, LHIN Ethics may be a challenge Impact – policy, advocacy, government 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Addressing a vulnerable population Gathering some baseline data Collaboration across sectors Fits with SWAHN <p><u>Challenges:</u></p> <ul style="list-style-type: none"> Unclear knowledge translation plan Might get too big too fast (who are you targeting?) <p><u>Opportunities for collaboration:</u></p> <ul style="list-style-type: none"> work with the hospitals – what data do they have? <p><u>Potential for KG/KT:</u></p> <ul style="list-style-type: none"> Potential to set up standard of care Might be able to influence policy & funding <p><u>Potential outcomes for population health:</u></p> <ul style="list-style-type: none"> Identification of the incidents of high risk pediatric patients If gap is found then this will translate into care 	<ul style="list-style-type: none"> Novel impact. Potential to have huge impact! We need this study to make public aware of issue! Disconnect b/w health professions Knowledge translation How to create by-in

Presentation	Working Group 1	Working Group 2	Working Group 3	Working Group 4	Working Group 5
<p>#2: <i>Losing Weight the Healthy Weigh: Using technology to increase accessibility to a healthy lifestyle program.</i></p> <p>Principal author: Karen Bellemore Co-author: Heather Nadon</p>	<ul style="list-style-type: none"> • Alleviate barriers; increase reach • Social connection the same way (?); loss of support; accountability (?); loss of connectivity to target audience • Mobile friendly? • 0 restriction but how to be competitive? 	<ul style="list-style-type: none"> • technology – good; building on existing program.; reach potential; addresses barriers. – access • consider “title” change – “wt”; tools > validation; effectiveness of previous program.; comparison to traditional method • good opportunities for collaboration; education researchers • benefits practice - increase reach; transferability – workplace etc. • population health 	<ul style="list-style-type: none"> • <u>Strengths</u>: transferrable, innovative, no fee with online, increase accessibility • <u>Challenges</u> – technology, not regional, inability to prevent “outside” access • <u>Opportunities</u> – collaboration, KT, teach the teacher 	<p><u>Strengths</u>:</p> <ul style="list-style-type: none"> • Accessibility • Cost effectiveness • Could develop peer support group online which may allow greater honesty <p><u>Challenges</u>:</p> <ul style="list-style-type: none"> • Are the two groups really comparable? • Didn’t report any data regarding the original program • May face issues with it being online (compliance, no accountability, no social interaction) <p><u>Opportunities for collaboration</u>:</p> <ul style="list-style-type: none"> • Work with the university (research design), libraries for internet <p><u>How do we identify success?</u></p> <ul style="list-style-type: none"> • Knowledge translation – lucky to already be functioning within the Ministry so easily translatable into society • Potential to easily and quickly reach a large population 	<ul style="list-style-type: none"> • Good idea • Not connected with academia • Not studied enough • Should be Ontario-wide • Opportunities to collaborate → academics, other health units, etc

Presentation	Working Group 1	Working Group 2	Working Group 3	Working Group 4	Working Group 5
<p>#3: Nutrition Education in the PharmD Curriculum at the University of Waterloo School of Pharmacy</p> <p>Principal author: Dr. Cynthia Richard Co-author: Dr. Paul Spagnuolo</p>	<p>None provided</p>	<ul style="list-style-type: none"> • increase awareness; • scope of practice (?); research (?); concern of answers, referral • opportunities for collaboration – RDC; increase interprofessional center for education. Research; up pharmacists/Registered Dietician (RD) in grocery store • benefits practice • potential population. health.; increase referral; increase interactions (/drug) 	<ul style="list-style-type: none"> • Strengths ? • Note interested in \$ 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Open to working with nutrition education/dieticians <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • No clear project with a research question • Scope of practice – should pharmacists be dispensing nutrition information? <p><u>Collaboration:</u></p> <ul style="list-style-type: none"> • Dieticians as part of Pharmacy Faculty • Patients (what do they want pharmacists to know) • General Practitioners (GP's) <p><u>Potential for knowledge generation/translation:</u></p> <ul style="list-style-type: none"> • All of the above • Have dieticians as consultants within pharmacies <p><u>Potential outcomes for population health:</u></p> <ul style="list-style-type: none"> • Huge potential on every level 	<ul style="list-style-type: none"> • Great program • No clear question • Collaborate with RD's! • Pharmacists should work with RD's to allow more public presence for RD's

Presentation	Working Group 1	Working Group 2	Working Group 3	Working Group 4	Working Group 5
<p>#4: Replication of Lifestyle Changes developed in Academia in a Community Mental Health Setting</p> <p>Principal author: Dr. Tamison Doey Co-author: Dr. Saadia Ahmad</p>	<ul style="list-style-type: none"> • serving a valuable population • program replication – difficulty in replication if population groups are very different; confounding factors for nutrition (meds) • other disciplines, CMHA, outpatient programs, interdisciplinary treatment • to outpatients • better health, better mental health; shift the focus! 	<ul style="list-style-type: none"> • important target group; increase research awareness/ involvement (staff) • STRIDE (?); effective (?); research outcomes (?) • Opportunities for collaboration – academia, students, other professionals • Benefits to practice • Unclear/ in patients 	<ul style="list-style-type: none"> • Strength - Health professionals • Challenge – Hard to translate; in-patient only 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Clear population • Great facility • Opps. for follow-up • Resources (interdisciplinary team, access to students) <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Will the patients follow through and be accessible? • More details regarding intervention needed • Unclear methodology <p><u>Collaboration:</u></p> <ul style="list-style-type: none"> • Huge opportunity for interdisciplinary collaborations including the university and department. of medicine <p><u>Potential for KG/KT:</u></p> <ul style="list-style-type: none"> • Further our understanding of mental health • Medication and nutrition/obesity <p><u>Potential outcomes for population health:</u></p> <ul style="list-style-type: none"> • Could effect large population in terms of health strategies surrounding mental health medication 	<ul style="list-style-type: none"> • Will probably have good impact • Based on another successful program • Is it transferrable? • Need to make nutrition appear more valuable • Potential for collaborations

Presentation	Working Group 1	Working Group 2	Working Group 3	Working Group 4	Working Group 5
<p>#5: <i>Western Heads Home: an implementation plan for the sale of probiotic yogurt in London, Ontario</i></p> <p>Principal author: Charlotte Coleman Co-authors: Dr. Gregor Reid, Bob Gough, Dr. Sharareh Hekmat</p>	<ul style="list-style-type: none"> • increase food skills & engaging youth • +++ competition & \$\$ in food industry; define target population (disease, age group); patented strains of probiotics; can't use food claim (health claim); lack of evidence • collaboration with food industry – impact on food skills piece? • Difficult to pinpoint (London not = Africa) • Diet improvement; if cause & effect relationship is shown → increase health outcomes 	<ul style="list-style-type: none"> • clear presentation; partnership with university; increase training – youth; social enterprise model • increase cost here; buy in (?); outcomes – obesity; transferability – existing model • opportunity for collaboration with – Ivey Centre for Healthcare leadership/Innovation • high risk areas – potential to go there • population health 	<ul style="list-style-type: none"> • Strengths – skill builder, research backing, hot topic • Challenge – price, shelf life 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Shown this project to work with another population • Well established program/project • Engaging local youth and community partners • Positive economic effects <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Keeping the diversity of individual microbiome in mind <p><u>Collaboration:</u></p> <ul style="list-style-type: none"> • Very well thought out (no concerns) <p><u>Potential for knowledge generation/translation:</u></p> <ul style="list-style-type: none"> • Established team of researchers • Unsure of the effect on clinical practice <p><u>Potential outcomes for population health:</u></p> <ul style="list-style-type: none"> • Diabetes and obesity 	<ul style="list-style-type: none"> • Good idea • Well researched • Not teaching the target group population healthier habits • Business plan • Need to collaborate with IVEY, business plan • & can collaborate with other academics

Presentation	Working Group 1	Working Group 2	Working Group 3	Working Group 4	Working Group 5
<p>#6: <i>The Ontario Student Nutrition Program – exploring innovations to strengthen access, delivery, and health outcomes related to a universal student nutrition program.</i></p> <p>Principal author: Stephanie Segave Co-author: Jillian McCallum</p>	<ul style="list-style-type: none"> •++ opportunities for research & community-academic partnership; valuable research re: exposures •Prioritizing research opportunities; is VON committed to evaluation of their program(?); resources? •unlimited! •Great cross-sector opportunity •Healthy school children → transferability. to parents (bottom up) 	<ul style="list-style-type: none"> • Provincial/regional outreach; target – increase reach; well funded • Research focus; coordination of research • Opportunities for collab – researchers (?); other partners • Many inform program • Good potential for pop health → kids/parents 	<ul style="list-style-type: none"> •Strengths – big impact potential, regional •Challenge – no research question 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Very important program for underprivileged child/youth (food and knowledge provided) • Already established <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Under-funded • Requires champion at each school • Research question not identified <p><u>Collaboration:</u></p> <ul style="list-style-type: none"> • School districts; farmers; scientists/ researchers; other child nutrition programs <p><u>Potential for knowledge generation/translation:</u></p> <ul style="list-style-type: none"> • If proven to be successful through research then this program could be extended <p><u>Potential outcomes for population health</u></p> <ul style="list-style-type: none"> • Could address several issues (e.g. mental health, food security) 	<ul style="list-style-type: none"> • Obvious that this is important • Need to collaborate with government, make policy changes, academics! • Need to increase marketability • Make this issue more public!

APPENDIX 8: SUMMARY OF SYMPOSIUM PARTICIPANT FEEDBACK FORMS

1. What was the most important thing that you learned today?

Many people commented that they had learned something new about the field of nutrition and about research in nutrition from the presentations. For example, some individuals commented that they had learned about the role of probiotics in weight reduction and diabetes management, about the use of geographical information systems (GIS) in mapping urban development and service availability, and about the involvement of the Victorian Order of Nurses (VON) in nutrition-related initiatives across the region. Many individuals enjoyed the diversity of the projects that were presented, and many were surprised by the amount of work currently being undertaken in their communities to improve population health through nutrition-related initiatives.

Other participants commented that they had learned something about SWAHN. A few individuals noted that they were not aware of SWAHN before the symposium, but learned about its purpose through the symposium. Many participants were also surprised to learn of its potential for impacting community health through nutrition-related initiatives and through cross-sector collaborations. Many individuals emphasized that collaboration was key to achieving the goals of SWAHN; thus, a key message of SWAHN was effectively conveyed through the Symposium. However, this also suggests that there is opportunity for spreading the news of SWAHN's mission and vision to reach more people in SWO.

2. Describe at least one thing that you will do differently based on what you learned today.

Many individuals noted that they intend to engage in building partnerships with community organizations and with researchers in order to do more impactful work that is backed by research. Respondents also saw the benefits of leveraging these partnerships to seek out new funding sources, to conduct literature reviews, and to engage the academic collaborators in program planning.

A second theme from the respondents' feedback involves applying the lessons learned from the presentations into everyday practice. For example, one respondent indicated that they would like to see the introduction of nutrition-related topics into health science courses. In other comments, some individuals demonstrated interest in using gatherings like Breaking Bread with SWAHN to provide education and training to audience members.

There were also a few key messages from the respondents that suggest lessons to be learned from the organization of the Symposium. While many individuals showed interest in applying the format from the Symposium to future events, some commented that the use of Critical Listeners was excessive, given that there were also Working Groups with a similar purpose. Instead, it was suggested that the Critical Listeners might have simply moderated the Working Groups rather than also providing their own feedback. Another lesson learned from the Symposium is that the objectives could have been made more explicit, as some individuals felt that the overall goals of SWAHN and the Symposium were not clear until the day of the event. For example, several respondents noted that they were not aware of the voting process or their participation in the voting process prior to the Symposium.

3. Specify any changes that you think would have made this program more effective.

Participants provided diverse feedback with respect to changes that could have been made to make the Symposium more effective. Many people suggested that a better description of the agenda, purpose of the meeting, and the intended outcomes of the day would have prepared them better for the event. Other materials, such as the abstracts and the evaluation criteria for the presenters may also have helped the participants to prepare in advance and to assess the presentations based on the goals of the Symposium. One individual commented that they would be more comfortable voting on the two projects if he or she had known what criteria to base the evaluation on. In addition, some individuals suggested that a clearer description of the Symposium's goals may have resulted in even more people applying/submitted abstracts. Similarly, some felt there could also have been a greater diversity in the projects, i.e. more basic and applied research.

There were a few comments regarding the format and agenda of the Symposium. Some individuals noted that the day was fairly long, but also that the Working Groups and the Critical Listeners could have benefitted from more time allotted to working together to provide feedback to the presenters. Some individuals felt the working groups were not as effective as they could have been, and that this could have been remediated by better use of the Critical Listeners as moderators. Others suggested that the Symposium could have including some specific lectures on the topic of nutrition, aside from the project presentations.

There were also comments on the networking objective of the Symposium, in which some individuals felt that more time out of the agenda could have been devoted to networking, particularly during the lunch sessions. In addition, some felt that it would be easier to network if they had a better idea of 'who was who' attendance at the conference. Some suggested that a separate or side networking sessions would have been welcomed and that there was too much focus on the main events of the day. Finally, a few individuals also noted that the poster presentations could have been a bigger part of the conference and that they would have liked to hear more from student-led projects, whether these were academic or community-based projects.

4. Provide feedback on your perception of any commercial or other inappropriate bias in relation to your response above.

Participants generally did not indicate any source of bias in responses. Only one responder noted that the presence of students from the Food & Nutrition program at Brescia was a possible source of bias.

5. What topics would you like addressed at future programs?

The feedback for this question ranged considerably. Respondents identified many topics that would be valuable for discussions at future programs including food skills and food security; mental health; healthy living programs focused on healthy behaviours; research-related topics such as methodology and knowledge translation; inter-professional health and nutrition education; the links between physical activity and nutrition; community-academic collaboration; as well as additional presentations on basic science and/or research in the field of nutrition. Some individuals had expected that the Symposium would provide nutrition education, so this would be a valuable topic to address in future programs.

Finally, some respondents indicated that they would have liked to learn more about specific programs, groups, organizations or researchers within their own communities with whom they could build partnerships.

6. Please provide any general comments that you may have about today's program:

The general comments covered the organization of the Symposium, lunch, poster presentation sessions, and pre-conference planning. Many respondents indicated that the event was well-planned and offered many learning and networking opportunities for participants. Respondents also found the presentations and discussion to be quite engaging. However, some felt that more time should have been dedicated to the poster presentations over and above the lunch break. There were also a few comments regarding the lunch, in particular, the choice of foods and beverages that were served. Other comments suggested providing clearer and more detailed descriptions of the purpose of the conference, about SWAHN, and about the expectations of the participants to engage in the decision-making process. Finally, there were also few comments about the format of the day, the length of the agenda, and about the use of both Working Groups and Critical Listeners, which resulted in some redundancy in the evaluations of oral presentations.

APPENDIX 9: SYMPOSIUM PARTICIPANT FEEDBACK FORMS (VERBATIM RESPONSES)

Question	Participant Responses
<p>1. What was the most important thing that you learned today?</p>	<ul style="list-style-type: none"> • The role of a pharmacist in nutrition was very eye-opening. • It was wonderful to hear what other communities are doing and how we can further partner with groups to enhance the whole community. • The unlimited potential for collaboration in nutrition research – think outside the box! • So much interest in food and nutrition and great potential to influence community health. • depth of work happening in SW Ontario • Existence /vision of SWAHN and awareness of initiatives/research occurring. • Certain pro-biotic strains may help in weight reduction and diabetes management. • Interesting to hear about what other communities are doing. Geographical/urban development and services available. • There are many collaborative opportunities. • Potential community partnerships that I can form. • Collaboration is key to success. I was impressed with the discussions arising from presentations and believe many partnerships will be created as a result of this workshop. • Important and innovative programs. I am part of a Farmers Market. Dieticians complain about good info in pharmacy program. Role of Critical listener. • Population health, incorporating the entire community/region. • Importance of collaboration. • The more interdisciplinary the better. It's not enough to have just community practitioners and health researchers. • What different types of projects were going on. • 6 P's in community/academia relationships • There is a large variety of research being done that will truly impact the community. • I enjoyed learning about initiatives in my community. As a student, I like hearing about practical programs and get away from the "theory" of the classroom. • Different initiatives and possible collaboration through networking. • Collaboration and knowledge transfer is important. • That there are people already doing research-based work to implement change i.e., eating habits in schools • I need to read emails more closely to understand the purpose of such a meeting. • I was interested to learn about VON involvement in nutrition-related initiatives. • Collaborative opportunities. • The recreation of old East Village by Dr. Gilliland. • Learning some programs that are out there to possibly tap into or use as a resource. • About SWAHN. • Community mapping re: food deserts.

<p>2. Describe at least one thing that you will do differently based on what you learned today.</p>	<ul style="list-style-type: none"> • When working in community/public health in the future, considering community involvement and partnerships to make programs more effective. • I will look beyond my local circle for funding and partnership opportunities • Keep my mind as open as possible and pursue unconventional collaborations. • Think more food and nutrition curricula should be developed across health science curriculum/professions. • Bigger picture. Think more collaboratively re: potential research opportunities. • Would like to use the model that developed outline healthy living training, if it's found to be effective. • Consider HEAL to obtain more local data. Look for other partnerships/funding opportunities. • Run CL group while WHs meet and then discuss the findings together. • Touch base with presenters on partnership opportunities. • Longer time spent in working groups. • The Critical Listeners feedback was a bit excessive. Perhaps, instead, these individuals could moderate the working groups and facilitate ideas here vs presenting them orally. • Loved format. Would use it again. • More collaboration (trying to get as many partners as possible = more funds, better quality knowledge, more research/data showing these) • I will reach out to academic or search myself, for literature reviews before doing any program planning. • Clarify what the goals and objectives of the day/event were. • Explore more/additional partnerships for interdisciplinary research at translation of results to community programming. • I would have the day broken out to morning – presentations 1,2,3 and feedback, then lunch, then 4,5,6 then feedback, then voting. • More partnerships. • Followup and some new colleagues who may collaborate. • Reach out for more involvement into research, protocol/methodology. • Make sure it's clear that there is funding, a competition, etc. • I wasn't aware specifically that this was fuelled on determining 2 projects to receive funding. I came for a knowledge sharing experience.
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<p>3. Specify any changes that you think would have made this program more effective.</p>	<ul style="list-style-type: none"> • The day was a little long. • A bit longer for follow-ups, questions, and post presentations. • A more clear description of the goals of the day and purpose of the oral presentations being voted on ahead of time likely would have resulted in many more people applying. (i.e. a description of the process) • A lot of information for one day! • Didn't really know how the day was unfolding ahead of time. • Clearer outline of goals for the day. Communicate – project readers knowing their projects looked. Be evaluated. • Help presenters prepare for a contest so as to be prepared to provide presenters before start. • I think the time for presentations and questions was great. • More networking between academics and community representatives - networking with a purpose. (It can be hard to network when you don't know who's who). • Criteria given ahead of time to evaluate projects. Critical listeners seemed to have an evaluation criteria which would have been helpful for everyone as they listened. • Maybe having some of the presenter/study information online before the symposium to view. • See above. Also, though the diversity of the projects was excellent, it wasn't entirely clear what we were evaluating. For example, were we evaluating the merits of the program or project? In some cases, a defined research project was not presented making the evaluation challenging. • Inform what the voting criteria is and what these projects/programs will be winning. I am not comfortable voting, not knowing this. • Define the research question ahead of time. Presenters to be asked. Shorter. Program Friday. Presenters interrupted flow in p.m. • Keeping time and have someone keeping track. For the discussion groups, should have assigned one presenter with 1 group. Then during discussion with everybody more time for in depth conversation. • More clarity on what the two winners would receive. • Too much discussion on the same thing – different networking activity. • Serve food in the same room as the poster presentations so that more people see them. Students dedicate a lot of time and effort in to those presentations. • I was slightly unclear of what the day was exactly about. • More transparency in why having oral presentations. • More basic science <u>and</u> community based interface oriented research. • What was the point of the posters? Greater marketing – no one knew about this. Many nutrition researchers missing from today. • Include a couple non-general "lectures" on nutrition. • The format needed to be more clearly communicated to the attendee's ahead of time. • No one seemed to understand the goal, the evaluation of projects and purpose of choosing two. Some clarification was necessary. • The breakout was not very effective, group members were not too open to all ideas. • More time for critical listeners to meet.
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	<ul style="list-style-type: none"> • More knowledge sharing. Don't think the breakout sessions were very effective. Also going until after 4 p.m. on Friday is not ideal for those out of town. • It would have been helpful to understand the objectives at the time of abstract submission. • Shorter day
<p>4. Provide feedback on your perception of any commercial or other inappropriate bias in relation to your response to g) above.</p>	<ul style="list-style-type: none"> • A lot of students from Food & Nutrition (Brescia) – could influence vote? • Did not see any inappropriate commercial or other bias today. • No. • Unhelpful bias that healthy solutions can be found within the health section. Best solutions are research on to other research supines.
<p>5. What topics would you like addressed at future programs?</p>	<ul style="list-style-type: none"> • Food skills and food security. • More poster opportunity for students (or more focus on this, rather than just at lunch). • Mental Health! • More of the same. • Healthy living program research focus of on healthy behavior and not weight. • Local food insecurities. • More information on other nutrition programs/research in the community I can partner with at work. • As in questions above, perhaps it would be useful to evaluate projects according to some criteria, i.e. program vs. project <u>or</u> youth vs. elderly. • More information on research project methodology and knowledge translation plans. Not clearly described by most presenters. • Share research outcomes when done!! • Equal research from academic as well as community based research. • Mental health – academic community. Teenagers – health practices, interest in forming their own practices – only are parents of the next generation. • Physical activity. Behavioural nutrition. • Inter-professional Health Education. More student presentations. • How to collaborate. More networking. • More state of the art research on nutrition and human health with basic science slant. • More time spent on more projects rather than the whole day talking only about 6 projects. • Inter-professional collaboration. • This was a great opportunity to bring research and solicit partners – just need to make that clear. • Inter-professional education. • I think further educational conferences on nutrition would be feasible for SWAHN. This one did not really provide much education.

<p>6. Please provide any general comments that you may have about today's program.</p>	<ul style="list-style-type: none"> • It was a wonderful day. I really benefitted from all the networking that occurred today. • Lanyards would have been better for name tags (kept falling off) • Great Day! • Nutrition Symposium with cookies/pop, sandwiches and no veggies??? Lunch break long – prefer shorter day (later start for those who travelled) Clearer instructions of group work – earlier in day (pre-presentations) • Great day of learning. Good planning. • It was great. I think the timing was sufficient for presentations/questions. • Shorter lunch hour. • Very well done. • Excellent engagement and discussion. • Lovely group of people. Presentations were interesting. Clearer purpose of presentations would be nice (are they supposed to be research projects?) • More government reps here to see great work!! Good job – hope projects get funded. Need WIFI. • Overall, today went very smoothly. Especially enjoyed the last 15 minutes. Kept attention span for each presentation. • More information re: mission/vision SWAHN, funding opportunities for presenters, more clearly mapped out, would have been very beneficial. • Maybe critical review and group review and larger group a little redundant – take out one of those steps. • A very successful program showcasing the next for community – academia partnerships in research at programming. • Lunch could have been healthier – salads!! • I was disappointed with the poster presentation format. My peers worked hard and only students and profs (generally) viewed them. • Thanks for organizing. • Very good. Thank you. • I clearly missed the objective for today and missed the call for proposals. I wish I would have had an opportunity to share. I had a hard time hearing the presenters because of the talking amongst the audience. • Interesting experience. Format was initially a bit unclear/confusing but made sense at end. • The funding opportunity was not clear in the invitation for abstracts. Critical listeners were interesting, but probably could have just done evaluations through break out groups. • Don't need critical listeners and collective feedback. Duplication. • There was little transparency in the call for presenters and availability of funding opportunity – still I am very confused by this and that does not impress me w/SWAHN. Agenda should include room locations. • I wish more detail was provided on what will be discussed of this symposium during the online registration process. • The afternoon was too complicated. Too much to do for a small group in a short time. Had no idea that this decision making was part of the expectations for the day when I signed up
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APPENDIX 10: SYMPOSIUM ATTENDEE LIST

By signing below these individuals agreed that names and contact information could be shared publically for purposes related to SWAHN e.g., symposium proceedings, website, post symposium follow-up.

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