

BARIATRIC REHABILITATION THINK TANK SUMMARY

EDMONTON, ALBERTA

FINAL REPORT

MAY 22, 2008 @ the Telus Centre

Mission Statements of Participating Organizations

Réseau
Canadien
en Obésité



Canadian
Obesity
Network

To reduce the burden of obesity on Canadians by linking obesity researchers with health professionals, policy makers and other stakeholders to foster knowledge translation, capacity building and partnerships.

Capital Health

WEIGHT wise



Capital Health's Weight Wise program is a region-wide initiative focused on helping residents achieve healthy weights for healthy lives. This program addresses the obesity epidemic that exists in our population today and is aimed at helping stop the incidence of chronic diseases such as diabetes, heart disease, arthritis and many others.



Capital Health

EDMONTON AREA

A fully integrated health system ... delivering excellence and leadership in people-centred health, education and research.



UNIVERSITY OF
ALBERTA

To promote knowledge and application of rehabilitation principles and methods through excellence in education, research, service, and community partnerships.

Faculty of Rehabilitation Medicine

Purpose of the Think Tank

To bring together researchers, rehabilitation practitioners, policy makers and industry stakeholders who are interested in making rehabilitation services more accessible for persons with obesity. The specific aims for the Think Tank were:

- 1 To identify knowledge (from practice) gaps in the area of bariatric rehabilitation and to develop a joint plan of action to address them
- 2 To identify research gaps in the area of bariatric rehabilitation in general and explore potential research collaborations based on our current strengths
- 3 To identify knowledge exchange gaps and to develop strategies to facilitate research and practice interactions
- 4 To identify capacity needs in the areas of research, healthcare and policy and to develop inter-professional training opportunities

Participants

There were a total of 47 participants in attendance representing a broad range of disciplines including:

Rehabilitation Medicine (includes occupational therapy, physiotherapy)	20
Capital Health	6
Home Living /Community Care	5
Industry (e.g. technology)	4
Medicine (includes cardiologists, internists)	2
Nursing	2
Physical Education and Recreation	2
Civil and Environmental Engineering	1
Clinical Engineering	1
Emergency Medical Services	1
Health Sciences	1
Mechanical Engineering	1
Qualitative Research	1

The meeting was facilitated by Mary Forhan, a doctoral student from McMaster University, School of Rehabilitation Science in Hamilton Ontario and was sponsored by the Canadian Obesity Network (CON), Capital Health (Glenrose Rehabilitation Hospital) the University of Alberta and Hill-Rom.

Common Ground

Areas of Common Ground among the attendees included the following topics:

1. a)
b)
c)

- Client Centered/patient focused in terms of
 - Research
 - Treatment
 - Support of the bariatric population

2.

- Transition across social/home/ healthcare systems e.g. patient transfers

3.

- Consideration of bariatrics as a specialty or should it be generalized across health care professional training programs given the prevalence of obesity

4.

- Being proactive in obesity

5.

- Diversity in approaches

6.

- Hopeful nature of the Think Tank participants

7.

- Knowledge development and transfer to current healthcare workers

8.

- Is the issue accommodation or prevention of obesity?

9.

- Advocacy for more research and resources regarding dignified care

10.

- Obesity is a complex condition, multidimensional issue involving social, psychological, and physical issues e.g. social isolation, stigma

11.

- Safety for staff and patients, family, community members, and students

12.

- Access in communities for the bariatric population

13.

- Best practice protocols (interprofessional)

14.

- Obesity across the lifespan

Framework for the Think Tank

Recognizing the growing capacity and policy needs in the area of bariatric rehabilitation services, the Canadian Obesity Network, Capital Health, and the University of Alberta's Faculty of Rehabilitation Medicine decided to host a collaborative Bariatric Rehabilitation Think Tank on May 22, 2008. The one-day session served as a forum where bariatric service providers could share their experiences and practice needs when working with persons with obesity. During this partnership opportunity, participants were encouraged to identify the resources and networks required to see innovative and collaborative ideas to fruition.

The Think Tank Advisory Group identified key stakeholders in the Alberta rehabilitation care and research community to participate. It was important that representatives from industry, research, academia and clinical and community practice were included. Those who expressed an interest in participating were sent a formal invitation along with the goals and objectives of the meeting.

The objectives of the one day think tank were indicated in the invitation letter that was sent out to participants at the beginning of May:

An introduction to the day's sessions was made by Mary Forhan who reiterated the desired outcome for the day. Participants were then asked to give a brief introduction and explain why they were interested in attending the Think Tank. The reasons provided by each participant for their attendance reflected a variety of disciplines and interests in the field of obesity ranging from clinical practice to engineering and industry. All of the reasons were documented and a compilation of the common ground themes was comprised (See Table 1, page 8). The background and rationale for the day's activities was then presented by Dr. Sharma.

The second activity of the day involved thematic discussions and brainstorming on the subjects of gaps in rehabilitation practice knowledge, research, knowledge translation, and capacity. Four tables of approximately 10-12 people began detailed discussions to answer specific questions regarding the topics at hand. Following group discussions, a plenary session provided each group with the opportunity to present their ideas and stimulate conversation. Before the lunch break CON's Manager, Ximena Ramos-Salas, provided an overview of CON's mandate and provided participants with information about the Network and membership opportunities.

After the lunch break, the thematic discussions continued and the topic set forth was “How would you justify an “ask” to create a Bariatric Rehabilitation Research Centre?” Participants were asked to reorganize themselves into four new groups of 10-12 and everyone was asked to address the same four questions: Why would you need such a centre? What would such a centre do? What would such a centre look like? What would the benefits for patients, Albertans, and the world be? This was followed by a plenary session where each group presented their findings.

The final activity of the day was to define concrete priority plans. The group was asked to generate a list of 10 priorities that they wanted to have addressed. The number of priorities was democratically refined to three top choices and volunteers were chosen to begin working on their assigned tasks in order to move the priorities forward. The day ended off with participants being asked to complete and submit an evaluation form for the Think Tank.

The top three priorities identified as requiring immediate action were:

1. Environmental Scan/Needs Assessment for the creation of a Bariatric Rehabilitation Research Institute involving cost analysis and a scan across the care continuum
2. Develop a post graduate bariatric certificate in the Department of Rehabilitation Medicine
3. Centralize inventory of equipment, ‘Best Practices’ protocol, and expertise accessible to anyone everyone involved in the area of bariatrics.

See page 16 for full list.

Common Ground Objectives for Participation

While introducing themselves, each participant indicated his/her reason for participating in the Think Tank. The facilitator engaged participants to produce a list of common ground themes based on the reasons for participation. The areas of common ground could be categorized according to the following themes: the desire to engage in client centered practices; promoting advocacy and accommodation of obese people in health care settings and the community; the need to develop a multidisciplinary and interprofessional best practices/policy resource; and engaging a multidisciplinary and interprofessional approach to patient care. Table 1 summarizes the ideas generated from this discussion.

Upon arrival at the Think Tank, participants were assigned a seat among four tables. The facilitator intentionally distributed people in order to obtain the broadest ranges of perspectives possible in each group.

TABLE 1

Reasons for Participating in the Think Tank

Theme	Items from participants
To create networks that inform a client centred approach to obesity care	<ul style="list-style-type: none"> • In terms of research, treatment, support of the bariatric population; inclusion of clients in these processes • Obesity across the lifespan • Personal Hygiene • Obese patients are deserving of care
To enable opportunities for advocacy/ accommodation of persons with obesity into the community	<ul style="list-style-type: none"> • Transition across social/home/healthcare systems e.g. patient transfers • Advocacy for more research and resources regarding dignified care • Access in the communities for the bariatric population • Clinical tests/urine/stool samples can be impossible to obtain for obese patients • Fire hazards/exists in buildings/obese patients cannot be transported/ obese patients could block exits and prevent evacuation of other patients • Public advocacy is important because the bariatric population will not advocate for itself • Re-integration of obese patients into society
To identify areas of priority for research, policy and clinical practice	<ul style="list-style-type: none"> • Is bariatrics a specialty or should it be generalized considering the prevalence? • Knowledge development and transfer to current health care workers • Is the issue accommodation or prevention of obesity? • Safety for staff and patients, family, community members, and students • Best practices protocols (interdisciplinary) • We don't have effective obesity treatments today
To take a multidisciplinary approach to addressing the issue of obesity	<ul style="list-style-type: none"> • Diversity in approaches • Hopeful nature of the Think Tank participants • Obesity is a complex issue, multidimensional issue involving social, psychological, and physical issues e.g. social isolation and stigma

The first activity of the day involved thematic discussions and brainstorming about gaps in rehabilitation practice knowledge, research, knowledge translation, and capacity. The content of these discussions are outlined below.

Practice Knowledge Gaps

Group 1 was asked to address the issue of Practice Knowledge Gaps by answering the following three questions:

- i. What are the knowledge gaps in rehabilitation services for bariatric patients?
- ii. What strengths do Capital Health and University of Alberta have in the area of bariatric rehabilitation research?
- iii. What is currently in place and could be built on?

The responses generated regarding knowledge gaps illustrated needs in both the patient and professional populations. It was suggested that patient programs need to address psychosocial issues in rehabilitation, physical activity options that include that appropriate infrastructure and equipment needs, as well as knowledge transfer into the obese population that provide information about available resources. The gaps identified for professionals involve the interdisciplinary transfer of knowledge as well as prevention and treatment plans across the lifespan. It was also recommended that more community programs be introduced to increase awareness and decrease stigma associated with obesity. These programs could be implemented in Post Secondary/Professional training programs, through the education system, in parenting programs, and in a family education setting.

The Strengths of Capital Health and the University of Alberta were attributed to the presence of the Weight Wise clinic for adults and the Pediatric Centre for Weight and Health (PCWH) for children as appropriate service delivery models. Group 1 also indicated that the resources currently available such as: the existence of multiple bariatric committees; Capital Health's master list of available bariatric equipment and the overall increase in equipment for bariatric care; the accessibility of new buildings; the two bariatric conferences that have taken place; the training video/manual produced by the Employee Wellness Initiative (EWI) for nurses; available equipment grants; and the telehealth program

are all contributing to the advocacy and accommodation of the obese population in Edmonton.

Suggestions concerning areas of improvement focused mainly on increasing the availability of resources through expanding the equipment loan program by lobbying to expand the Short Term Equipment Loan Program (STELP) and Alberta Aids to Daily Living (AADL) programs, building an interdisciplinary “Best Practices” protocol, and incorporating obesity topics in cross-disciplinary conferences. Responsibilities of bariatrics committees should be expanded to assist all treatment areas, and it was recommended that specialist referrals cross disciplines. The final suggestion made by the group focused on increasing patient advocacy by creating Patient Centres and support groups for family members. The largest gap identified was the absence of qualitative research that incorporated input from the obese population.

Research Gaps

Group 2 was asked to discuss Research Gaps and respond to the following questions:

- i. Where are the bariatric rehabilitation research gaps and opportunities?
- ii. What strengths do Capital Health and the University of Alberta have in the area of bariatric rehabilitation research?
- iii. What is currently in place and how could it be built on?
- iv. How significant could this research be for the University of Alberta? What impact could it have?

The group decided to combine their responses for questions 1 and 3. Issues emerged regarding the need to develop standard care protocols for primary, ambulatory, long-term and acute care. More attention was needed for supportive living practices and health promotion and wellness for the obese population. Research gaps identified areas where both qualitative and quantitative research needed to be increased.

Recommendations revolved around generating information about the physiological and sociological aspects of obesity and that the overall emphasis of the research would be participatory in nature. The Physiological aspects focused on: physiology of bariatric individuals and effort/effects of rehabilitation; the need to adapt common physiological tests such as VO₂ max testing to the obese population; and research and development of biomechanical devices to support rehabilitation (sit/stand lifts to increase leg strength and equipment to aid patient transfers), or to establish the potential to use existing equipment for rehabilitation in the bariatric population. The sociological aspects

pertained to increased practice and research capacity in communities; ascertaining appropriate rehabilitation goals; person centered care results; increasing transition of knowledge to the frontline (i.e. patients and staff); the needs of family members in rehabilitation process; “prehabilitation” research and its application to the community setting; sensitivity to psychosocial needs of patients in terms of respectful treatment; increasing patient care by developing more randomized control studies, and LOS and the impacts of morbid obesity.

Group 2 indicated that the strengths of Capital Health and the University of Alberta had a great deal to do with the existence of the Weight Wise program and the high standard in epidemiological research that has been produced. It was noted that there are multiple entry points into the bariatric rehabilitation system but it is not always clear where to go. The group indicated that practitioner’s perceived needs of rehabilitation differed from that of the patients’. The practitioners identified social isolation, appropriate rehabilitative environment, and the need to establish the practice of rehabilitation from qualitative research as areas for improvement but distinguished this from patient needs in terms of needs assessments and guidelines/protocols necessary for successful patient rehabilitation. As such, primary, secondary and tertiary care protocols would have to be elaborated upon.

It was determined that the significance of bariatric rehabilitation research lay in the potential to develop practice guidelines for mobility and a standardized database for research that would act to connect the various networks involved in bariatric rehabilitation. This link between practice and research would promote knowledge translation between experts in the field of bariatrics and would create resources for bariatric patients and their families e.g. a database of available resources. This network would have the capacity to produce an effective multidisciplinary model of care while engaging all interested parties and establishing the University of Alberta as a leader in bariatric rehabilitation.

Knowledge Exchange

Group 3 addressed questions concerning Knowledge Exchange:

- i. Where are the knowledge exchange (research and practice interactions) gaps?
- ii. What are research-practice links/opportunities between the University of Alberta, Capital Health and Industry?
- iii. How significant could this research-practice link be for the University of Alberta? What impact could it have?

Many of the practitioners in group 3 felt that there was a disconnect between patients needs, the needs of the practitioners and the development of bariatric rehabilitation products by industry. Regardless of the presence of an adequate support network and the expertise to produce the required resources, the lack of funding in this area makes it difficult to implement changes, such as re-design of facilities, as cost is a prohibitive factor. It was suggested that bariatrics should be incorporated into all clinical pathways, e.g. Cross-cancer Institute does not have the facilities to accommodate the needs of bariatric patients. It was suggested that the province create a centralized bariatric program for the entire region that could cater to each facility and provide protocol consistency, details such as staffing capabilities and the scope of issues to be addressed (i.e. ambulatory and inpatient care) by the centre would need to be determined. The necessity of having accurate data to describe bariatric needs was highlighted as the first step in producing a resource for objective and measurable standards for bariatric care. There was a desire from the group to see that all process were fully transparent.

Research-practice links focused on developing an interdisciplinary system to bariatric rehabilitation that is fully transparent; creating a post-graduate bariatric certificate in bariatric rehabilitation to train practitioners; producing an assessment program for the technologies currently in use that would start at the local level and then move to international assessments; and finally, that stakeholders be educated regarding infrastructure needs in order to increase investment sources.

Capacity Gaps

Group 4 addressed questions regarding Capacity Gaps:

- i. What are the capacity gaps in the area of bariatric rehabilitation on research, healthcare, and policy at the University of Alberta and Capital Health?
- ii. What is currently in place and could be built on?
- iii. How significant could this research be for the University of Alberta? What impact could it have?

The characterization of capacity included: people, funding, cross-disciplinary, and space/facilities. The gaps presented identified issues related to patient care in terms of waiting lists, inpatient care, and isolation within the community. Needs assessments were closely linked to building research capacity and generating funding. The group felt

that if focus groups or steering committees were formed they could be designated the task of defining research needs and then specific grants could be established to meet the needs identified. Examples of potential funding sources could be AHFMR team grants, industry money, and University support providing transition funds that can be used to attract experts to the field of obesity.

Resources that are currently addressing capacity gaps or could be expanded to address gaps in the area of obesity are Capital Health, the Glenrose Tertiary care, and the Canadian Obesity Network (CON). It was suggested that Capital health could be integrated with academia in order to expose a greater number of students to the bariatric field. Post secondary institutions could be encouraged to introduce PhD programs that focus on obesity in Rehabilitation Medicine, nursing, medicine, and engineering. And, a telehealth program could be implemented by CON in order to reach patients and families in remote areas. This would also act to expand the bariatric community and provide an online support system. The question "Is bariatric health a basic skill or a specialty?" arose from discussion and the option of introducing bariatric research into mainstream fields or creating a niche of its own came into question.

Bariatric research will provide many benefits University of Alberta, it will draw academic experts to Alberta bringing their research dollars and providing economic growth to the City/Province; a collaborative approach will build critical mass and provide partnership opportunities with industry; and, connecting obesity prevention with treatment and raising awareness about obesity will make the University of Alberta a leader in this field and will dually act to decrease the burden on the Alberta health care system. The bariatric population needs a voice and by offering academic program or introducing a certificate for specialization in this field, the University if not only facilitating the education of the community at the student level, but it is also providing the bariatric population with advocates.

Thematic Discussions

The next activity revolved around designing the ultimate bariatric rehabilitation research centre. Participants were asked to reorganize themselves into four new groups in order to address the following question: *How would you justify an “ask” to create a Bariatric Rehabilitation Research Centre?*

To focus the discussion, participants were asked to use the following four questions as a rough guide:

- 1. Why would you need such a centre?**
- 2. What would such a centre do?**
- 3. What would such a centre look like?**
- 4. What would the benefits for patients, Albertans, and the world be?**

There was consensus among all four groups that the existence of such a centre would greatly reduce health care costs related to obesity. Anecdotal evidence shows that obese patients, for example, are using long term care services at a disproportional rate because they cannot be discharged into their homes/communities due to lack of resources. A bariatric rehabilitation centre with dedicated resources would work towards improving the effectiveness and efficiencies of health care services (across the care continuum). A bariatric rehabilitation research centre would also increase the quality of life for many people within the bariatric population and would promote economic productivity while increasing quality of patient care. The presence of a centre of this caliber would speak to the issue of psychosocial health and address the social stigma surrounding obesity. It was also recommended that the research centre be used to attract research funding and experts in obesity to create the opportunity for it to evolve into a Centre of Excellence for Bariatric Rehabilitation Research.

The Centre would be tasked with integrating healthcare services across the healthcare continuum. It would incorporate a multidisciplinary approach to research, professional training and education, knowledge translation, research and design for bariatric equipment, simulation and training, statistical resources and epidemiology, data management, and clinical facilities. Participants were interested in seeing technological resources that would facilitate telehealth activities (e.g. webinars with virtual public access), and thought the centre could take on the responsibility of creating a Best Practices Protocol and producing/maintaining a database of all available bariatric resources.

The look of the Centre initiated a variety of ideas from all groups ranging from the presence of state of the art technology to fully equipped research and exercise labs. The facility would utilize bariatric friendly architecture and be located close to the University of Alberta. The Centre would need to employ transport infrastructure and suitable transportation for the bariatric population in order to increase accessibility.

Organizationally, participants wanted to have an administrative/governance network comprised of a research advisory board, a scientific Director, and an administrative director.

Benefits for patients of the centre were diverse. Having patients participate in clinical trials would result in improved care, enabling them to be full participants. The centre could provide them with educational and physical resources that catered to their ability to access the centre and wait times would be decreased. Patients would also be able to develop an extensive support structure through the experts and other patients helping to improve their overall psychosocial health and wellbeing. Alberta would see a rise in the number of tax payers and a decrease in the burden on the health care system. The influx of obesity experts into the city would bring an increase in funding dollars and students provided with clinical placements would contribute to the growth and quality of health care workers in the region. The productive synergy from a critical mass of experts combined with a world-class facility would make the bariatric rehabilitation research centre a world leader in battling obesity. Maintaining the capacity to generate technology, research, and funding opportunities in the area of obesity would enable the centre to inform national policy and influence health economic case development. On the international front, Canada could assist other countries to address their own obesity epidemics while drawing in international funding sources to support the growth of the centre.

The suggestions made by the groups about the development of a Bariatric Rehabilitation Research Centre provided insight into the meaning of the themes generated from the initial activity of the day. The reasons provided for attendance at the Think Tank focused on client centered care, advocacy/accommodation, policy/best practices, and instituting a multidisciplinary approach to obesity. These themes were personified through the multifaceted design of the bariatric rehabilitation research centre, and seemed to address the specific subjects the participants wanted to see addressed through the course of the days activities.

Defining Priorities

The final activity of the Think Tank was to define priority plans in detail. Mary engaged the participants to produce a list of 10 priorities that they wanted to see addressed, the list of items was as follows:

In order to narrow down the number of priorities, all participants were asked to indicate their top three choices by placing an indicator next to the priority, this resulted in a list of five priorities:

Again, the participants were asked to narrow down the list to the top three priorities by placing their indicator next to a single selection. The resulting priorities with the most votes were:

Develop standard for sustainable ergonomic model as a reference point (e.g. Anthropometric software program)	Develop sustainable method to connect researchers with similar interests	Develop sustainable method to connect researchers with similar interests
Develop sustainable method to connect researchers with similar interests	Develop sustainable method to connect researchers with similar interests	
Participate in the planning process for the Edmonton Clinic North to include bariatrics		
Centralize inventory of equipment of 'Best Practices' protocol and expertise	Centralize inventory of equipment of 'Best Practices' protocol and expertise	Centralize inventory of equipment of 'Best Practices' protocol and expertise
Create opportunities for inclusion of obese people in meetings and research		
Develop interdisciplinary curriculum in bariatrics		
Develop a post graduate bariatric certificate	Develop a post graduate bariatric certificate	Develop a post graduate bariatric certificate
Hands on preceptorship between researchers and/or practitioners and clients		
Partnering opportunities that facilitate researchers/ stakeholders/ practitioners/ industry collaborations	Partnering opportunities that facilitate researchers/ stakeholders/ practitioners/ industry collaborations	
Environmental Scan/Needs Assessment for a Bariatric Rehabilitation Research Institute involving cost analysis and a scan across the care continuum	Environmental Scan/Needs Assessment for a Bariatric Rehabilitation Research Institute involving cost analysis and a scan across the care continuum	Environmental Scan/Needs Assessment for a Bariatric Rehabilitation Research Institute involving cost analysis and a scan across the care continuum

Action Items/Outcomes

Solid commitments were to develop each of the top three priorities were made by volunteers from the pool of participants. Dr. Sharma offered CON's full support to anyone who wished to pursue any of alternative choices from the Top 10 priorities identified by the attendees of the Think Tank over and above the support that was formally planned for the Top 3 initiatives.

Commitments made to the Top 3 Priorities were:

- The Environmental Scan/ Needs Assessment would be carried out by the Department of Rehabilitation Medicine, Dr. Martin Ferguson-Pell as lead (Professor and Dean, Faculty of Rehabilitation Medicine at the University of Alberta)
- The development of a bariatric post graduate certificate will be undertaken by Dr. Martin Ferguson-Pell and Mary Forhan (PhD candidate School of Rehabilitation Medicine, McMaster University)
- A centralized inventory was to be created by Sandra Florian (Occupational Therapist, Capital Care, Capital Health), Patty Balance (Practice Rehabilitation Leader Services, Capital Health), and Giselle Tupper Professional Practice Leader, Supportive Living, Capital Health) with Hill-Rom representatives Ada Eady and Christine Brazil to provide data.

*It was later decided by the organization and Alberta Think Tank Advisory Committee that participation in the planning process of the Edmonton Clinic North, in order to include bariatrics, would be headed by David Dyer (Director of Nursing, Glenrose Hospital, Capital Health) and Dawn Hatanaka (Project Manager, Education, Canadian Obesity Network).

Bariatric Rehabilitation Research Think Tank Participant Evaluations

To conclude the day, participants were asked to complete an evaluation form for the Think Tank. The objectives for the Think Tank were cited from invitation.

Participants ranked the success of objectives on a scale from 1-7, one indicating 'Not at All' and seven being 'Completely'. The average rating for the day was 6.15.

Participants were then asked to comment on what they found most valuable about the day, all of the comments were positive. There were numerous comments regarding the final activity of the day and participants indicated that they appreciated the “Ability to identify and consolidate the top priorities to move forward” and “Dr. Sharma’s vision [and] awareness of real life impact of obesity”.

“Establishing connections with others in regards to this population group will be valued.”

“I thoroughly enjoyed the whole day. I felt my opinion was valued.”

When asked to list what they appreciated most about the Think Tank, the majority of participants chose to comment on the networking opportunities and multidisciplinary nature of the group, indicating that they appreciated “Networking [and] friendliness of group. [The] expertise in the room, [was] [d]ynamic, interactive. Interesting cross-section of attendants” and “It was wonderful to have experts from outside the medical realm”.

Very few comments were made about what participants felt they liked the least about the Think Tank, “I think it was unfortunate that there was no representation from the bariatric population”. This comment was made in response to the fact that the community member who was anticipated to attend fell ill and could not attend. Moreover, the community representative invited to the meeting would have not been able to access the meeting because the building was not bariatric accessible. This raised further awareness about the barriers to participation of people with obesity. Other observations concerned the participants themselves, indicating “I felt a bit intimidated by my personal

lack of research knowledge (e.g. funding sources, methodologies)” and “...I had another meeting in the middle!”

Of the additional comments, most people took the opportunity to thank the event sponsors. Two suggestions were made concerning items that could either be included in future think tanks or that they would have like to see as an outcome, such as “I’m sure participants would have posters and information about their research in this area that they could have shared with participants” and “I see the need of developing a plan or applying timelines to a plan to deal with the care options”.

PARTICIPANTS		COMPANY/PROGRAM/TITLE
1	Ada Eady	Hill Rom Representative
2	Angela Estey	Project Director, Health Services Planning and Information Capital Health
3	Arya Sharma	Professor of Medicine Chair for Obesity Research & Management University of Alberta Medical Director Weight Wise Scientific Director, Canadian Obesity Network
4	Barb Stoesz	Administrative Director - Adult Rehabilitation Division Capital Health
5	Barbara O'Brien	Manager, Therapeutic Services Grey Nuns Hospital Caritas Health Group
6	Brenda Corie	Physical Therapist – MSK Program, Capital Health
7	Connie Lunn	Project Administrative Assistant Community Care Services Information System Projects Community Care, Rehabilitation and Geriatrics
8	Cynthia Johnson	Professional Practice Leader Home Living, Capital Health
9	David Dyer	Director of Nursing, Glenrose Hospital Capital Health
10	Dawn Hatanaka	Project Manager, Education Canadian Obesity Network
11	Dennis Payne	Community Representative
12	Edgar Ramos Vieira	International Institute for Qualitative Methodology, University of Alberta
13	Francis Auyeung	Manager of Geriatrics & Adult Occupational Therapy Services Capital Health
14	Giselle Tupper	Professional Practice Leader, Supportive Living Capital Health
15	Helen Massie	Bariatric Committee University of Alberta Hospital
16	Ingrid Barlow	Occupational Therapist, Adult Wheelchair Seating Service Coordinator Glenrose Rehabilitation Hospital
17	Isabel Henderson	Senior Operating Officer Glenrose Hospital
18	Jerry Froehlich	Clinical Engineering Capital Health
19	Kaethe Gunther	Project Officer Canadian Obesity Network
20	Karen Penrice	Representing Ruth Marr: Physical Therapist David Thompson Health Region
21	Karen Robinson	Program Director, The Steadward Centre for Personal & Physical Achievement University of Alberta
22	Kevin Kwan	Kwantum Wellness
23	Lili Liu	Dept. of Rehabilitation Medicine, Acting Chair, Occupational Therapy, University of Alberta
24	Linda Miller	EWI Works (Ergonomics Company)

25	Liz Taylor	Associate Professor, University of Alberta President Elect of the Canadian Association of Occupational Therapists
26	Lyle Syroid	MEDiChair Edmonton
27	Lynne Mansell	Director of Planning, Community Care and Rehabilitation and Geriatrics Capital Health
28	Mark Haykowsky	Professor and CIHR New Investigator in the Faculty of Rehabilitation Medicine, University of Alberta
29	Martin Ferguson-Pell	Professor and Dean, Faculty of Rehabilitation Medicine, University of Alberta
30	Mary Forhan	PhD Candidate School of Rehabilitation Science McMaster University
31	Marylou Muir	Health Sciences Centre- Winnipeg
32	Mildred Masimira	Project Coordinator for John Spence University of Alberta
33	Mira Singh	Project Consultant Canadian Obesity Network
34	Nigel Ashworth	Medical Lead Adult Rehabilitation in the Capital Health Region
35	Normand Boulé	Faculty of Physical Education and Recreation, University of Alberta
36	Patti Balance	Practice Leader Rehabilitation Services CapitalCare
37	Queenie Choo	Home Living Capital Health
38	R.G. (Bob) Haennel	Professor and Chair Department of Physical Therapy, Faculty of Rehabilitation Medicine, University of Alberta
39	Ron Krawec	Professional Practice Lead Physical Therapy, Capital Health
40	Samer M. Adeeb	Assistant Professor Department of Civil & Environmental Engineering, University of Alberta
41	Sandra Florian	Occupational Therapist CapitalCare, Norwood, Capital Health
42	Sarah Schapansky	Senior Occupational Therapist for the Medicine Team University of Alberta Hospital Bariatric Committee
43	Shane Inkster	Representing Kim Sarsfield: Equipment, Vehicle and Supply Administrator Emergency Medical Services and Community Services
44	Sharla King	Research Manager Interprofessional Initiative
45	Sharon Jackson	Occupational Therapist Lacombe Hospital and Care Centre
46	Sherrill Conroy	Assistant Professor Faculty of Nursing, University of Alberta
47	Ximena Ramos Salas	Network Manager Canadian Obesity Network
48	Yagesh Bhambhani	Assistant Professor Faculty of Rehabilitation Medicine, University of Alberta
49	Yongsheng Ma	Assistant Professor Department of Mechanical Engineering, University of Alberta

+ 2 unrecorded people working with aboriginal population

For more information, to become a member of the Canadian Obesity Network or to view this report on-line visit www.obesitynetwork.ca or call (780) 735-6764.