

Q and A's from EIP Webinar – Grouped by Theme

Version March 21, 2018

The following questions¹ were asked during the Early Intervention Program (EIP) webinars hosted by the Childhood Obesity Foundation (COF) on:

1. January 10th, 2018 – for Health professionals
2. January 11th, 2018— for Recreation, Sport, Physical Activity and Education professionals

The purpose of the webinars was to:

- inform attendees about progress made in developing a new 'made in BC' early intervention program
- Receive stakeholder feedback on the draft program design framework

EIP Features

Program Elements

Q: I have a question about the "feature highlights": 26+ contact hours per what time frame? Year?

A: The 26+ hours of contact time with families will take place over a 10 week period. It will involve an in-person session once per week, likely on a weekday, as well as additional contact hours through weekend session opportunities and access to an online family portal. We have included a minimum of 26 hours of contact time because the literature review of effective family-based childhood obesity prevention interventions identified the most effective programs were those above a threshold of 26 contact hours with each family.

Q: Will members of the family be able to attend in-person sessions (i.e., family members from the same household, siblings, grandparents, aunts, uncles, cousins)?

A: The early intervention program is a family-based program. The early intervention program will be developed to reflect our Guiding Principles including caregiver involvement and social connectedness. The in-person sessions will be attended by the child and a caregiver. A caregiver could be a parent, grandparent, aunt, uncle, cousin, adult sibling, etc. We are exploring the possibility of having childminding available for siblings.

¹ Questions are presented by themes. Where participant questions were duplicated or very similar, the questions and corresponding responses are grouped. In most cases, the question wording is verbatim.

Q: Is group time for youth only, or families? If youth only how do you share info with the families.

A: The early intervention program will be developed to reflect our Guiding Principles including caregiver involvement and social connectedness. Parents and children will arrive together at the family-based program. They will then participate in a combination of parent-only sessions, children-only sessions and sessions where both attend together. Information will be shared during this contact time and through an online family portal.

Q: Will you be serving food at the program?

A: We are currently exploring this option.

Q: Is this intended to be a free program for families?

A: Yes, the early intervention program is free for families.

Q: Will all the resources and healthy lifestyle sessions that are included for families that don't meet criteria be free as well?

A: Yes, the one time healthy lifestyle intro session and all accompanying resources will be free for all families.

Q: What does the intro session look like? Will there be one intro session per cycle and will families be screened through to the early intervention program at that time?

A: The introductory healthy lifestyle session is under development. We believe it will be a one time session between 90 minutes and two hours and focus on healthy lifestyle messaging (aligned with Live 5-2-1-0), some lifestyle behavior change strategies and wayfinding to community resources. A screening process to determine if families are eligible for the 10 week early intervention program is still under development. Initial screening will likely take place through a centralized phone line. Screening will occur in advance of the introductory healthy lifestyle session which will be open to all families regardless of eligibility for the early intervention program.

Q: Is childcare available for families who are participating?

A: Childminding for siblings who are not participating in the program is currently being explored.

Q: When is the 10 week program and introductory healthy lifestyle session going to launch?

A: The aim is to run most of the programs in the Fall of 2018.

Online Family Portal

Q: What exactly is the family portal?

The family portal is an online resource that program participants will be able to access every week through a login access. Family portal materials are meant to augment the 10 week program for example, the portal will offer ideas for healthy eating and physical activities for families to engage in together during the week. Families that only participate in the introductory healthy lifestyle session will also have access to some of the information on the family portal through a separate 'stand-alone' access route.

Q: Will the family portal allow families to connect during and after completing the program. This was something that families requested throughout another program we lead.

A: There are plans to put maintenance materials on the family portal but we have not yet made plans yet about how it will be utilized going forward. We are working with the development team now and will explore this option.

Recruitment and Reach

Q: What is the anticipated approach for recruiting families to the program? Are there plans to strategically market the program to schools, communities, and family-focused organizations?

A: We know from past experience and from our partners in other jurisdictions that recruitment can be challenging for interventions of this nature. Recruitment activities will take place in communities hosting the programs in combination with centralized support from Childhood Obesity Foundation and its partners. Recruitment will comprise of a multi-pronged, multi-sectoral approach, including marketing through various organizations and networks, targeted communication to specific sectors as well as social media. The recruitment activities that will be employed will be informed by an internal evaluation Childhood Obesity Foundation undertook to examine our past recruitment activities. The evaluation provided significant insights about recruiting for a family-based program in BC.

Q: What strategies will you use to reach "hard to engage and/or low income" families, who are often at the highest risk for childhood obesity?

A: The program will be developed to reflect our Guiding Principles and be specifically designed to ensure inclusive practices (gender, abilities, multicultural/intercultural, Indigenous and limited income). During this demonstration stage, we are specifically looking to test whether the intervention is effective, and feasible, and whether there is potential for program scale-up. Although hard to engage families and/or low income families are not being specifically targeted during the demonstration stage, evidence from previous years' experience with childhood healthy weights programming indicated that we were able to reach a broad demographic of families.

Referrals, Screening and Eligibility Criteria

Q: How do participants get into the program?

A: We are currently working on the recruitment and screening process for the program. We are hoping to have a centralized phone number and screening process to determine eligibility and then connect participants with the program that best suits their needs.

Q: How would schools be involved - can they refer?

A: While the early intervention is not a school-based program, we will reach out to partners in the education sector to support our recruitment efforts. This will likely include: providing information for school newsletters, presentations to PAC's, posters in public areas and recommending the program to school counsellors, etc.

Q: Who will be referring to this program?

A: Families can self-refer to the early intervention program, or they may be referred by a physician or other health care provider or parents may be recommended to the program by an allied health or educational professional in the community.

Q: What does the [in-person] screening process entail to determine if a child is eligible with respect to their BMI?

A: A health focused approach will be employed during screening. Children will undergo a growth check, where height and weight is measured and lifestyle behaviours will be asked about and discussed. Weight will be addressed in a sensitive, non-judgmental manner. Our literature review shows that measuring height and weight in the context of growth and health is a more ideal approach.

Q: How would you know a child's weight trajectory from a one-time BMI measurement over the 85th percentile? Is this a one time over 85th percentile or a deviation from a trajectory?

A: Technically you cannot know a child's weight trajectory from a one-time BMI measurement. A child's weight trajectory can only be known through routine growth monitoring of the child by a health professional. It is estimated that in Canada only 11% of community paediatricians and 7% of family physicians routinely assess children and youth patients for healthy growth using any method.

We will use the one-time BMI measure as plotted on the World Health Organization (WHO) growth charts to determine whether the child's BMI-for-age is above the WHO recommended cut-off for overweight. This is a BMI-for-age greater than the 85th percentile. BMI is considered a good proxy measure of adiposity in children and youth. Two recent studies have used a single point BMI and shown it was associated with metabolic syndrome, and approximately half of children with elevated BMI had elevated blood pressures, lipids and markers of insulin resistance.

The program will target school-aged children (8-12) who have a BMI-for-age greater than the 85th percentile. As funding is allocated specifically for early intervention, we are prioritizing these children to change any unhealthy lifestyle behaviours in order to prevent the serious health risks associated with the increased adiposity of obesity. The goal is to either slow or stop weight gain, allowing them to grow into their healthiest weight.

Q: Will you be considering family history and parent BMI in the program criteria?

A: No, we do not plan to use family history or parent BMI as program criteria during the early intervention program demonstration stage.

Q: Some dietitians raised concerns regarding the potential of having the program run by Registered Holistic Nutritionists (RHNs).

A: We are working with the Ministry of Health to determine the desired qualifications for training and program delivery staff. We will be working with program sites to ensure hired program staff meet the minimal qualifications. This is a lifestyle intervention program and the scope of practice of the program leaders will align with the curriculum content.

The healthy eating modules will be designed and reviewed by registered dietitians. A registered dietitian will train the program leaders on the healthy eating content and local dietitians can apply to be program leaders. We hope to include a registered dietitian for select lessons in regions where there is capacity. A system of support from registered dietitians will be developed for the program leaders to refer any questions or issues of a therapeutic nutrition nature that are beyond their scope of practice. Ideally this will be a combination of local dietitians and a centralized resource such as HealthLink BC Dietitian Services.

Evaluation and Outcomes Measurement

Q: Any consideration to looking at fruit and vegetable consumption pre and post program versus weight; this is a MOH mandate so it would align nicely.

A: We are in the process of determining what healthy lifestyle related indicators will be measured pre- and post. Fruit and vegetable consumption is an indicator we have measured with past initiatives and will be likely be a priority once again. We are working with the Ministry of Health to ensure the program aligns with the provincial context and mandate and focuses on some common indicators across other programs being delivered in BC that serve target populations and settings along BC's Continuum for Healthy Weights.

Q: What outcomes beside weight will you be tracking?

The early intervention program will be evidence based. We will be tracking outcomes under the guidance of the program's Academic Advisory. We have applied to the University of Victoria and University of British Columbia Ethics Boards for approval of our program procedures.

Although we are in the planning phase, we are considering pre-post outcome measures that include: healthy eating; physical activity; mental health; parenting practices around food and physical activity; sleep; and, BMI.

Curriculum

Topics

Q: Who designed the Healthy Eating module? Will there be any attention placed on developing eating competence? Sometimes 'healthy eating' is a code word for 'dieting' language.

A: The healthy eating content in the early intervention program will be designed by and reviewed by registered dietitians. Attention will be placed on developing eating competence and other behavioral skills. The focus will be on building a family's healthy lifestyle practices in order to support the child's health behaviours. There will be no focus on dieting, good vs bad foods or weight loss.

Q: Does the program design consider best practices for health education, especially for children - i.e. no preachy messages or dichotomizing of food, supporting food skill development, supporting positive body image, providing skills to counter weight bias/stigma (internal and external) so that harm is not done, or there isn't the encouragement of disordered eating/dieting behaviours?

A: The focus of this program is on the promotion of healthy lifestyle practices in a sensitive manner, without doing harm. The program is designed to be interactive and to focus on behavioral skills and competencies rather than didactic learning strategies. The new early intervention program will be evidence-informed and designed by drawing on several key sources. These include: feedback from stakeholders, evidence from the literature and leading experts, and evaluation findings from five years of implementing a family-based childhood healthy weights program in BC. Where possible, we will adapt existing healthy education curriculum and activities from other BC programs such as Shapedown BC and the HealthLinkBC Eating and Activity Program for Kids that are within the scope of practice of the program leaders.

Q: Will the healthy eating component include food skills? I think everyone knows about HE but face challenges with actual meal planning and prep including recipes.

A: The specific details of the program components have yet to be developed. Meal planning and preparation, including recipes plus food skills are topics under consideration. Where possible, we will adapt existing curriculum from other BC programs such as Shapedown BC and the HealthLinkBC Eating and Activity Program for Kids.

Q: Is there a mindfulness and an eating competence component in this program - learning to respond properly to hunger cues?

A: Mindfulness and eating competencies are topics under consideration because of recommendations from the stakeholders and emerging evidence of its importance. Where possible, we will adapt existing curriculum from other BC programs such as Shapedown BC and the HealthLinkBC Eating and Activity Program for Kids which include information about responding appropriately to hunger cues.

Q: Do the activities include cooking as a family? Research shows that kids who are involved in meal preparation are more likely to eat what they make?

A: Family meal preparation is an activity that is under consideration. Where possible, we will adapt existing curriculum from other BC programs such as Shapedown BC and the HealthLinkBC Eating and Activity Program for Kids.

Q: Can you speak to what the physical activity component will look like? Is it weekly? What kinds of activities, age considerations, is it inclusive etc.?

A: Physical activity will be incorporated into each of the weekly 90 minute sessions. Some of the additional core contact sessions on weekends will also be physical activity-based. The early intervention program will be developed to reflect our Guiding Principles including inclusion (gender, abilities, multicultural/intercultural, Indigenous and limited income). As the physical activity component is being developed, we are looking at it through the lens of inclusivity and age appropriateness to ensure the activities will be appropriate for the skill levels and abilities of the participants.

Q: For physical activity will the focus be on physical literacy development?

A: The physical activities are designed to contribute to physical literacy development. The content of the physical activity components will be physical literacy informed, in that every session will be aimed at increasing competence and confidence as well as be fun and engaging so children are motivated to incorporate regular physical activity into their lives. The additional core contacts (weekend session opportunities) will offer flexible physical activity choices and introduce families to the resources available in their community. As part of our consultation we recently had an opportunity to present the draft program design framework to the Viasport BC Physical Literacy Advisory Group and received member feedback at that time.

Mental Health

Q: As you mentioned that depression and childhood obesity are bidirectional, what kind of mental health support is being offered? What does the mental health curriculum look like? How are you addressing body image expectations of both parents and children and how this might be integrated into the intervention?

A: The specific details of the program curriculum are yet to be developed and will be appropriate for the scope of practice of the program leaders. We will have the opportunity to

adapt content from Shapedown BC and the HealthLinkBC Eating and Activity Program for Kids for the new early intervention program curriculum. COF has contracted a mental health expert and an eating disorders expert to support curriculum development and training.

Vulnerable Populations and Food Security

Q: I anticipate that some demographics are more affected by unhealthy weights in childhood. I'm thinking specifically of those in lower SES brackets who may face challenges in healthy eating relating to food security. I'd be interested to hear more about how the educational content has been tailored to address challenges faced by specific groups.

A: The early intervention program will be developed to reflect our Guiding Principles including inclusion (gender, abilities, multicultural/intercultural, Indigenous and limited income). The specific details of the program curriculum have yet to be developed. It is recognized that food security is an issue that needs to be taken into consideration. The 'made in BC' approach adopted by the early intervention program will be appropriate to the BC context and has the flexibility to modify program content in order to address challenges that may arise, including food security.

Q: Wondering more about the vulnerable populations...often people who are lower income have higher risk for obesity simply because of cost of food. As you are using gamification, there's an underlying assumption that families will have access to smart phones and data plans. Is there another plan for vulnerable populations, both in recruitment and process?

A: The early intervention program will be developed to reflect our Guiding Principles including inclusion (gender, abilities, multicultural/intercultural, Indigenous and limited income). The program is free for families and we aim to develop a program that is accessible to families of all socioeconomic status. Currently over three quarters of the population has access to smart phones and data plans. For those families that don't have smart phones 'loaner' IPADS will be available. In addition, the gamification program allows participants to download the app while on WIFI.

Weight Stigma and Weight Bias

Q: What consideration has been given to the research regarding weight stigma in children and youth? Will you be looking at the program from a weight stigma lens to ensure that it is not perpetuating weight stigma and weight bias?

A: The new early intervention program will be evidence-informed and designed by drawing on several key sources with regard to issues such as weight stigma and weight bias. With our partners, we did an extensive review of the weight bias and weight stigma literature. The evidence review found that there were no studies that directly examined the connection between weight stigma and lifestyle intervention programs. Researchers provided recommendations to reduce the potential of weight stigma which we will take into account. These were: how an intervention is framed; a focus on lifestyle behaviours; and address weight in a sensitive, non-judgmental manner. We will also consider feedback from stakeholders,

advice from leading experts, and evaluation findings from five years of implementing a family-based childhood healthy weights program in BC.

Q: In previous programs we heard from parents that they did not want to label their children as above a healthy weight, therefore would not enroll their child into a program. How do you propose to address this concern for parents?

We know from research across Canada and globally that weight stigma has been identified as a barrier to enrolling in a lifestyle intervention program. For this reason, it is important that we help parents understand that the early intervention program is a lifestyles intervention program. The program will be developed to reflect our Guiding Principles including caregiver involvement and positive parenting embedded. The focus of this program is on the promotion of healthy lifestyle behaviours. A key objective is to teach parents how to talk about lifestyle and how to promote it in their own families in a sensitive non-judgmental manner, without doing harm. We are looking for input on resources and key messaging we can include in the program.

Q: Will physical measurements be a part of this program? Will there be pre / post BMI measurements? Is there any concern about weighing and measuring children and the potential impact on their mental health? For example a preoccupation on weight and dieting?

A: Height and weight will be the only physical measurements taken as part of a healthy growth check to determine BMI-for-age. These measurements will be taken at the first and last sessions of the program. Weight will be addressed in a sensitive, non-judgmental manner. Our literature review shows that measuring height and weight in the context of growth and health is a more ideal approach. We are planning on using an exit BMI as an outcome measure in the efficacy trial in addition to the outcome measures of mental health/quality of life, health behavior and other family healthy living practices. Having outcome measures enhances the likelihood of scale-up and acceptance of the program by primary care providers. Measures used during the demonstration phase may be dealt with differently in the program scale up phase; depending on psycho-social indicators results as well as feedback and input from the delivery agents.

Concerns Regarding Disordered Eating

Q: Was there any consideration for the impact that this may have on the screening/onset of eating disorders? Will there be any screening for eating disorders prior to admission? Have you involved input by professionals from eating disorders programs?

A: Children will be screened to determine whether they meet the early intervention program entry criteria of BMI-for-age greater than the 85th percentile and whether they have unhealthy lifestyle behaviours. There will be no screening for eating disorders prior to admission into the program. Program delivery staff will receive training from mental health and dietetic professionals on what steps to take if they suspect a child has disordered eating (e.g. referral pathway). A Ministry of Children and Family Development registered dietitian and eating

disorder expert will review the curriculum and provide program recommendations using an eating disorder lens. Input from a range of provincial and community organizations, coalitions and networks from the health and education sectors with an interest in childhood healthy weights have been and continue to be consulted during the design, development and demonstration phases.

Q: Will there be a consideration for children who are underweight but show disordered eating?

A: No. The new early intervention program will target school-aged children and youth who have a BMI-for-age greater than the 85th percentile. Best practices show that family-based lifestyle interventions such as the early intervention program are more beneficial when all participants are of the same weight status. If families with underweight children are identified they will be referred to programs better able to meet their needs.

Cultural and Language Considerations

Q: What is the plan for ensuring the materials are culturally safe and appropriate for province wide distribution? How multicultural will this program be to include ethnic backgrounds? Not just adaptation of resources.

A: The early intervention program will be developed to reflect our Guiding Principles with a focus on ensuring inclusive practices during delivery of the program (gender, abilities, multicultural/intercultural, Indigenous and limited income). We welcome suggestions regarding culturally safe materials that explore options to develop a program that is accessible to families of all cultural backgrounds.

Q: Will this program be available in other languages?

A: We are developing the program at this time. The early intervention program will only be offered to English speakers during the demonstration phase.

Groups/Target Audience

Q: Why are you waiting until 8 years of age to begin the program? Would a greater impact not be achieved if started at a much earlier age, perhaps ages 5 to 7?

A: We have identified two target age groups (8-12 and 13 -17) and we welcome feedback on the appropriateness of these age groupings as part of our consultation. There are several universal prevention programs underway right now in BC focusing on schools and childcare settings that address the early years, such as Appetite to Play.

Program Facilitation and Facilitator Training

Q: How many staff would facilitate the program?

A. We are currently exploring how many staff will facilitate the program.

Q: Who will [be] delivering the training and facilitating the EIP sessions? What type of qualifications are needed? Will it be health professionals?

A: The trainers will be qualified and experienced professionals e.g., registered dietitians and physical activity experts. The early intervention program will be delivered by professionals with backgrounds in health promotion, kinesiology, nutrition, physical activity, recreation, etc., and will have experience in delivering programs in a community setting.

Q: You mentioned that the facilitators will have a background in health promotion, will they have a background in mental health given that they will be teaching mental health topics.

A: A qualified and experienced mental health professional will be engaged to help deliver staff training on the curriculum once it has been determined, as well as a registered dietitian and physical activity/recreation professionals who have experience in delivering programs in a community setting. Staff will deliver the program only within their scope of practice.

Q: There has been provincial training for the Appetite to Play initiative. Would there be an opportunity to utilize the Master Trainers and/or Regional Trainers for this new initiative.

A: It may be possible to utilize the Appetite to Play Master Trainers and/or Regional Trainers for this new initiative. We would have to consider the trainer's qualifications and if the trainer is situated in communities where programs are occurring.

Q: Will training include taking Balanced View online course?

A: We are currently looking at what to include in the facilitator training. We welcome your suggestions and are exploring curriculum content

Q: Food is an intimate part of family life. Has there been consideration how to address cultural competency and cultural safety with training staff? Will they be practicing with a trauma-informed approach?

A: The early intervention program will be developed to reflect our Guiding Principles including inclusion (gender, abilities, multicultural/intercultural, Indigenous and limited income). We welcome suggestions regarding cultural competency and safety training materials, as well as resources regarding a trauma-informed approach.

Q: How would a facilitator address a child/family with other medical conditions, for example Type 1 diabetes?

A qualified and experienced mental health professional, a registered dietitian and physical activity/recreation professionals will be engaged to help deliver staff training on the curriculum

once it has been determined. Staff will deliver the program only within their scope of practice. A process will be developed for site staff to seek guidance if they become aware of concerns and require support.

Q: Can the program trainers refer to Health Care Professionals (HCP's) if necessary?

A: Yes.

Alignment and Engagement with Other Childhood Healthy Weights Programs

Shapedown BC

Q: This program sounds very similar to Shapedown with some slight variances. Can you discuss how it is different?

A: Shapedown BC provides a free, multi-disciplinary approach for families with children/teens ages 6-17 years old who have a BMI greater than the 97th percentile or between the 85th and 97th percentile if comorbidities are present, and requires physician referral. By contrast, the new early intervention program will be a community-based health education program for families with school-aged children (8-12) and youth (13-17) who have a BMI-for-age greater than the 85th percentile. It is a self-referral program that is aimed at developing skills for families to adopt a healthy lifestyle. The new early intervention program will be aligned with and adapt content from Shapedown BC, the HealthLinkBC Eating and Activity Program for Kids as well as other resources. Staff from these childhood healthy weights programs will work collaboratively to help families find a program that is suited to their respective needs.

Q: In smaller communities we have found that having both MEND and Shapedown is a challenge as both programs are then competing for referrals. Will this be taken into consideration for where this program will be delivered?

A: Yes, we will consider community size in determining where to offer the early intervention program. We do not wish to create a situation where programs are competing for participants, or where having two programs causes confusion for families or our partners.

Other Programs

Q: Any thoughts to connecting with the provincial healthy eating programs? Such as food skills for families and farmers' market nutrition coupon program?

A: The program's on-line family portal will provided a number of activities to link families to healthy eating programs and resources in their community – for example families may choose to walk to their local farmer's market.

Q: The goals of this project are directly aligned with viaSport BC's Regional Alliance to improve physical activity and literacy levels across the province (that includes all the sport centres across the province). Is there a multi-sectoral dialogue happening between health / rec / sport? To avoid redundancies? The sport sector is engaged with Appetite to Play, BC Healthy Schools etc. and other ECE training initiatives. We have a significant core of kinesiologists, dietitians, exercise psychologists, educators, and physical literacy specialists in each centre.

A: A range of provincial and community organizations, coalitions and networks with an interest in childhood healthy weights are being consulted on the program design framework. As part of our consultation process we recently had an opportunity to share the draft program design framework with the Viasport BC Physical Literacy Advisory Group and received member feedback. Please email Karen Strange, Project Director for the Early Intervention Project at karen@childhoodobesityfoundation.ca if your organization would like to engage further in the consultation process.

MEND

Q: Is this EIP similar to MEND? How does this program differ from MEND? What was learned from MEND that is informing changes to the development of this program? How are you going to implement this differently than MEND was implemented?

A: Similar to MEND the new early intervention program will use a lifestyle behavior approach for promoting healthy weights in children and youth in a community setting. Our past experiences and program evaluations have identified areas where a different approach is needed such as the importance of having flexibility to modify program content in a timely manner and offering choice for both the families and the delivery staff. In addition, it is important to ensure the content and language is appropriate for the BC context. Some changes include sessions once per week, a web based portal with parent articles and family activities to support sessions and a maintenance phase offering interactive sessions for graduates. Two evaluation reports document the findings for the Implementation of MEND in BC (2013 – 2016) can be accessed on the COF website (<http://childhoodobesityfoundation.ca/articles-reports/>).

Q: In my community, only 33 individuals participated in MEND from Jan 2016 - July 2017 - how do you plan to broaden population-wide impact?

A: We know from past experience and from our partners in other jurisdictions that recruitment can be challenging for interventions of this nature. Recruitment activities will take place in communities hosting the programs in combination with centralized support from COF and its partners. Recruitment will comprise of a multi-pronged, multi-sectoral approach, including marketing through various organizations and networks, targeted communication to specific sectors as well as social media. The recruitment activities that will be employed will also be informed by an evaluation we undertook to examine our recruitment activities.

Regional Consultation Tables

Note: Consultation Tables were completed in February 2018.

Q: How do we sign up for the regional round tables?

A: Please email Karen Strange, who is Project Director for the early intervention program at karen@childhoodobesityfoundation.ca.

Q: Who are you bringing to the table at the community consultation opportunities?

A: We are hoping to have a range of participants at the regional consultation tables, including health, recreation, sport, physical activity and education professionals. We aim to ensure a diverse range of perspectives and feedback on the draft program design framework as well as input on what local contextual factors need to be accounted for in order to ensure program success. We also encourage communities and individuals who have experience with implementing Childhood Healthy Weights programming to attend.

Q: Kootenay consultations?

A: The Interior Health Regional Consultation Table will take place in Vernon on January 29th, 2018. We are currently looking at setting up a teleconferencing option for this event. For more information, please email Karen Strange, Project Director for the Early Intervention Project at karen@childhoodobesityfoundation.ca.

Demonstration Programs

Q: What are you using to determine the locations of the demonstration sites? Where will the demonstration programs be happening? Is the program going to be available for small remote communities or is it only for larger communities?

A: Demonstration program communities/sites have not yet been identified. We are in process of finalizing the criteria and beginning to identify some potential sites. Because this is a demonstration phase, one of the criteria is for a community to have experience with both recruitment and delivery of an early intervention program. A second criteria is for a community to have a sufficient population size to ensure recruiting success. If you think your community might want to be involved in delivering the program during the next year, please email Karen Strange at karen@childhoodobesityfoundation.ca.

Q: As the Health Promoting Schools Coordinator I am very interested in this program for my community. What steps do I follow to see if I qualify in my community?

A: Please email Karen Strange at karen@childhoodobesityfoundation.ca if your community might be interested in running a demonstration program.

Q: What supports other than training will be available for Community rec centres decide to participate? Like funding!

A: The Ministry of Health has provided grant funding to the Childhood Obesity Foundation to develop and implement the new early intervention program in a demonstration phase. Participating demonstration sites will receive funding and central support to implement the various aspects of the program, including recruitment support, training, and materials.

Miscellaneous

Q: Could you send a copy of the presentation slides?

A: Yes, the presentation slides will be posted on the COF website.

Q: Will you be resending this recording?

A: Yes, a recording of this webinar has been posted on the Childhood Obesity Foundation website <http://childhoodobesityfoundation.ca/early-intervention-program-2/>

Q: Can that literature review and evidence be made public? I would like to see it.

A: Yes, a literature review was undertaken to inform the development of the draft program design framework. The literature review has been posted on the Childhood Obesity Foundation website <http://childhoodobesityfoundation.ca/wp-content/uploads/2018/01/COF-Family-Intervention-Lit-Review-Summary-Report-2017-07-01.pdf>

Q: Will the Childhood Obesity Foundation name be on program materials or advertising?

A: We aim to design a program where families feel comfortable attending, and recognize that the term obesity can make some people uncomfortable. At the same time, we at the Childhood Obesity Foundation are proud of our work and that of our partners in childhood healthy weights. We will aim to strike a balance in meeting the needs of different audiences as we develop our program materials.