

intervals substantially overlapped 0. Parents reported high program satisfaction (100% were either “satisfied” or “very satisfied”); however, concerns were raised regarding the program’s American context.

Conclusions: Results suggest that PTT may be an effective way to change weight-related behaviours among preschoolers; however, the program may need to be further tailored for the Canadian context.

P9.23

Childcare Educators’ Influence on Physical Activity and Eating Behaviours of Preschool Children: A Systematic Review

STEPHANIE WARD^{*1}, MATHIEU BÉLANGER^{1,3}, DENISE DONOVAN^{1,3}, NATALIE CARRIER²

¹ Université de Sherbrooke, Moncton, NB, Canada

² Université de Moncton, Moncton, NB, Canada

³ Centre de formation médicale du Nouveau-Brunswick, Moncton, NB, Canada

Background: Although familial influence on young children’s lifestyle habits is well documented, social influences within the childcare setting have been largely conjectural. This paper systematically reviews how educators influence preschool children’s diet and physical activity in childcare centres. Over half of children under the age of 5 attend childcare services in Canada, and many spend close to 30 hours per week with their educators. Since children learn by observing and imitating others, targeting childcare educators as role models could be an effective strategy for promoting healthy eating habits and physical activity in young children.

Methods/Design: Six international databases were searched for quantitative (intervention or observational) peer-reviewed, English or French primary studies which reported the impact of childcare educators’ practices or behaviours on preschool-aged children’s diet or physical activity habits. Risk of bias was assessed using the Quality Assessment Tool for Quantitative Studies.

Results: Twenty-three articles were included in this review: 13 measured physical activity levels, 7 assessed nutrition or nutrition-related behaviours, and 3 measured both physical activity and nutrition. When educators led education programs, children increased their physical activity levels, decreased their sedentary time, improved their gross motor skills or improved their nutrition-related behaviours or knowledge. However, influence of specific educator practices or behaviours remains unclear.

Discussion: Although educator-delivered programs seem to have a positive effect on children’s physical activity and nutrition-related habits, it is still relatively unclear what role educators play in the efficacy of these interventions and what specific practices influence children’s behaviours in the short and long term.

P9.24

Morbidly Obese Patients are Poor at Identifying their Obesity Status and Health Status

SEAN WHARTON^{*1}, KRISTIN SERODIO¹, ALISON CRAIK², NARDHANA SIVAPALAN², MARY-ANNE AARTS³

¹ Wharton Medical Clinic, Mississauga, ON, Canada

² University of Toronto, Toronto, ON, Canada

³ Toronto East General Hospital, Toronto, ON, Canada

Objective: To assess the awareness of patients with morbid obesity to self-identify their classification of obesity and how these patients perceive their overall health.

Methods: Eligible patients had a body mass index (BMI) greater than 40 kg/m², sample size = 75. Surveys were distributed at a community based weight management center.

Results: The sample included 61 female and 14 male patients. Respondents mean age was 45.3 plus or minus 11.4 years, mean BMIs 47.6 kg/m² plus or minus 5.7 kg/m² and 65.3 percent (%) of participants had 1 or more comorbidity. Overall, 51 (68.0%) of patients identified themselves as obese while 24 (32.0%) identified as being overweight. When asked to identify their health status, 25 (33%) of the patients identified themselves as being in ‘good/very good’ health, 38(51.0%) identified themselves as being in ‘average’ health and 12(16.0%) identified their health status as ‘poor or very poor’. In actuality, 26 (35%) of the patients were in ‘good’ health (0 comorbidities), 22 (29%) were of an ‘average’ health status (1 comorbidity) while 27 (36%) had a ‘poor or very poor’ health status (2 or more comorbidities).

Conclusions: One-third of morbidly obese individuals did not self-identify as being obese but merely as overweight and less than half of the participants that would be classified as having a ‘poor/very poor’ health status perceived themselves in this ‘poor’ health category. Thus, a large portion of morbidly obese patients and those in poor health do not recognize or acknowledge their health status.

P9.25

Morbidly Obese Patients Self Select Bariatric Surgery Regardless of EOSS Stage

SEAN WHARTON^{*†}, KRISTIN SERODIO, SARAH VANDERLELIE
Wharton Medical Clinic, Mississauga, ON, Canada

Objective: To determine if morbidly obese patients in higher levels of the Edmonton Obesity Staging System (EOSS) are more likely to pursue bariatric surgery.

Methods: A retrospective chart pull was performed from a community based weight management center. Eligible patients had a body mass index (BMI) greater than 40 kg/m², sample size (n) = 193. EOSS stages were determined using the highest stage risk factor for each patient based on definitions from previous publications. EOSS stage 0 (no obesity-related risk factors, n=8), stage 1 (presence of sub-clinical risk factors, n=22), stage 2 (prevalent obesity-related disease, n=143) and stage 3 (end-organ damage and/or significant impairment to well-being, n=20), stage 4 (end-stage, n=0).

Results: The sample included 130 female and 63 male patients. Patients with EOSS stages 0-3 had mean ages of 31, 41, 47 and 57 years of age, respectively. Furthermore, the BMIs of patients at each respective EOSS stages (0-3) were 46.6, 47.7, 47.8 and 51.0 kg/m². Patient interest in pursuing bariatric surgery was 25% (2) in stage 0, 32% (7) in stage 1, 29% (41) in stage 2 and 35% (7) in stage 3.

Conclusions: As EOSS stage increased so did the mean age and BMI of patients. The portion of patient interest in perusing bariatric surgery consistently ranged between one-quarter to one-third of patients throughout all stages of EOSS. Clinically, these findings may suggest the need for greater clinical counselling in regards to the benefits of bariatric surgery for patients with higher EOSS levels.

P10.01

Are Women Gaining the ‘Right’ Weight in Pregnancy? Findings from Provincial Healthy Pregnancy Weight Gain Project Evaluation

DOLLY BONDARIANZADEH^{*}, DAWN PHELPS^{*}, ANN MARIE MCINNIS, TERRI MILLER, MAUREEN DEVOLIN
Alberta Health Services, Calgary, AB, Canada

Objective: The Healthy Pregnancy Weight Gain (HPWG) project was developed within Alberta Health Services to promote healthy

weight management in pregnancy and postpartum among women across the province. The main objective of this project's evaluation was to examine changes in women's knowledge, attitudes and behaviours towards weight gain, physical activity and nutrition during pregnancy, before and 18 months following the dissemination of provincial HPWG resources based on Health Canada's gestational weight gain guidelines.

Methods: A cross-section of women up to 6 months postpartum was recruited during their 'Well Child' vaccination visits in Community Health Clinics and through Primary Care Networks across the province. Online and paper surveys including both quantitative and qualitative questions were launched in the Fall of 2012 at Time1 (T1) and in the Spring of 2014 at Time2 (T2). Quantitative data were analysed using IBM SPSS Version 19. Open-ended responses were coded and categorized to saturation using Microsoft Excel 2007.

Results: The evaluation examined changes between T1(n=737) and T2(n=997) in women's knowledge about healthy pregnancy weight gain, access to resources and discussion with their HCPs, as well as their attitudes and behaviours in terms of staying within the recommended weight range.

Conclusion: Findings will inform future strategies to address healthy weight management in pregnancy and postpartum by identifying more effective means to improve the health care providers' capacities to support women in this regard.

P10.02

The Healthy Pregnancy Strategy: Tackling Obesity As It Gestates

SARAH GOWER³, JENA BAKER³, REBECCA CARSON¹, LISETTE COLUMBUS², LYNN DENNY², TRINA FITTER², BARB WAGG³, AMY WAUGH³

¹ Family Midwifery Care of Guelph & Fergus, Fergus, ON, Canada

² Groves Memorial Community Hospital, Fergus, ON, Canada

³ Upper Grand Family Health Team, Fergus, ON, Canada

Objective: To decrease obesity in our community by decreasing prenatal obesity and excessive prenatal weight gain in our pregnant women.

Background: It is well documented that obesity in pregnancy and excessive prenatal weight gain lead to an increased risk of a wide variety of maternal and neonatal events. Babies of obese mothers go on to have higher rates of obesity as children and adults. Our group believes that pregnancy is an ideal time to intervene in unhealthy lifestyles and empower women to change themselves and their families. With supportive, non-shaming interventions that think outside the box, we can decrease local prenatal obesity and excessive prenatal weight gain. This in turn will decrease obesity in these women's babies, families, and future generations.

Methods:

1. Educate our local health care providers around healthy prenatal weight gain and early identification of women at higher risk

2. Establish a common, broad based set of prenatal information & resources that every pregnant woman in our area can easily access
3. Trial a monthly "Community Healthy Pregnancy Open House" (grant pending)
4. Work with our Public Health Unit on establishing a local pre-conception screening program

Evaluation and Outcomes: We will follow the weight gain and body mass indexes (BMIs) of our pregnant women and their birth outcomes, comparing women involved in our Healthy Pregnancy Strategy to women who are not. We will look for trends in adverse outcomes, in lasting lifestyle changes, and in the health of their families and future pregnancies. Our findings will then inform future interventions.

P10.03

Insight into Knowledge, Attitude and Behaviour Change of Healthcare Providers after the Adoption of Provincial Healthy Pregnancy Weight Gain Resources

TERRI MILLER^{*}, DOLLY BONDARIANZADEH, DAWN PHELPS, ANN MARIE MCINNIS, MAUREEN DEVOLIN
Alberta Health Services, Calgary, AB, Canada

Objective: The Healthy Pregnancy Weight Gain (HPWG) project was developed to increase healthcare providers (HCPs) and pregnant women's awareness of pregnancy guidelines related to gestational weight gain, as well as increase HCPs' capacity to support pregnant women in achieving healthy weight gain, healthy dietary intake and regular physical activity within Alberta. The evaluation compares the knowledge, attitude and behaviours of HCPs regarding HPWG before and 18 months following distribution of provincial resources.

Methods: HCPs were recruited to complete an online survey through a variety of methods including professional newsletters and provincial websites. The surveys included both quantitative and qualitative questions and were launched using Select Survey. NET in the Fall of 2012 at Time1 (T1) and in the Spring of 2014 at Time2 (T2). Paper surveys were also available at T1. Quantitative data were analysed using IBM SPSS Version 19. Open-ended responses were coded and categorized to saturation using Microsoft Excel 2007.

Results: One hundred and ninety-three HCPs completed the survey in T1 and 385 completed in T2. Independent samples of provincial HCPs including general practitioners, family physicians, midwives, nurses, obstetricians and gynecologists, dietitians and prenatal educators participated. The evaluation focused on the changes in resource familiarity, self-report practice changes in terms of having discussions and sharing resources with pregnant women and a self-assessment of capacity to support women to achieve a healthy gestational weight gain.

Conclusion: The results summarize the trends and perspectives of HCPs when addressing weight management during pregnancy. These findings will inform future HPWG strategies.