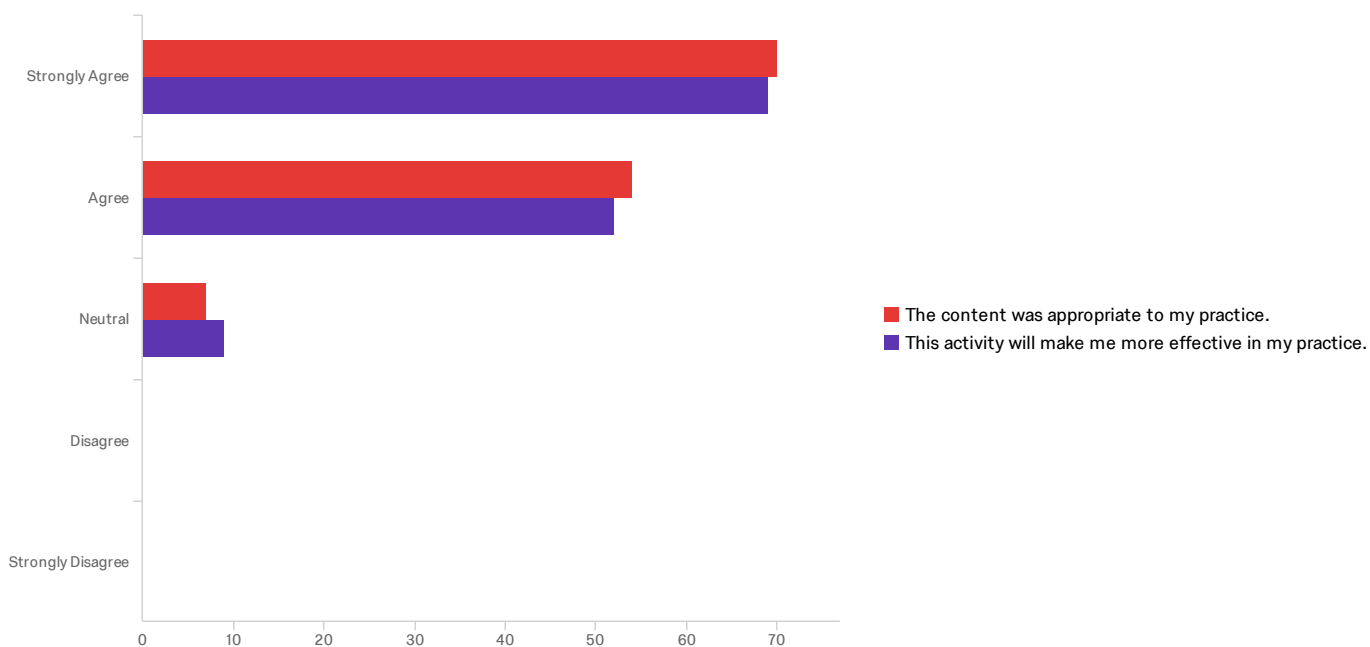


Default Report

Iowa Diabetes Summit - 2019

December 10, 2019 1:50 PM MST

Q2 - Please indicate the extent to which you agree with the following statements:

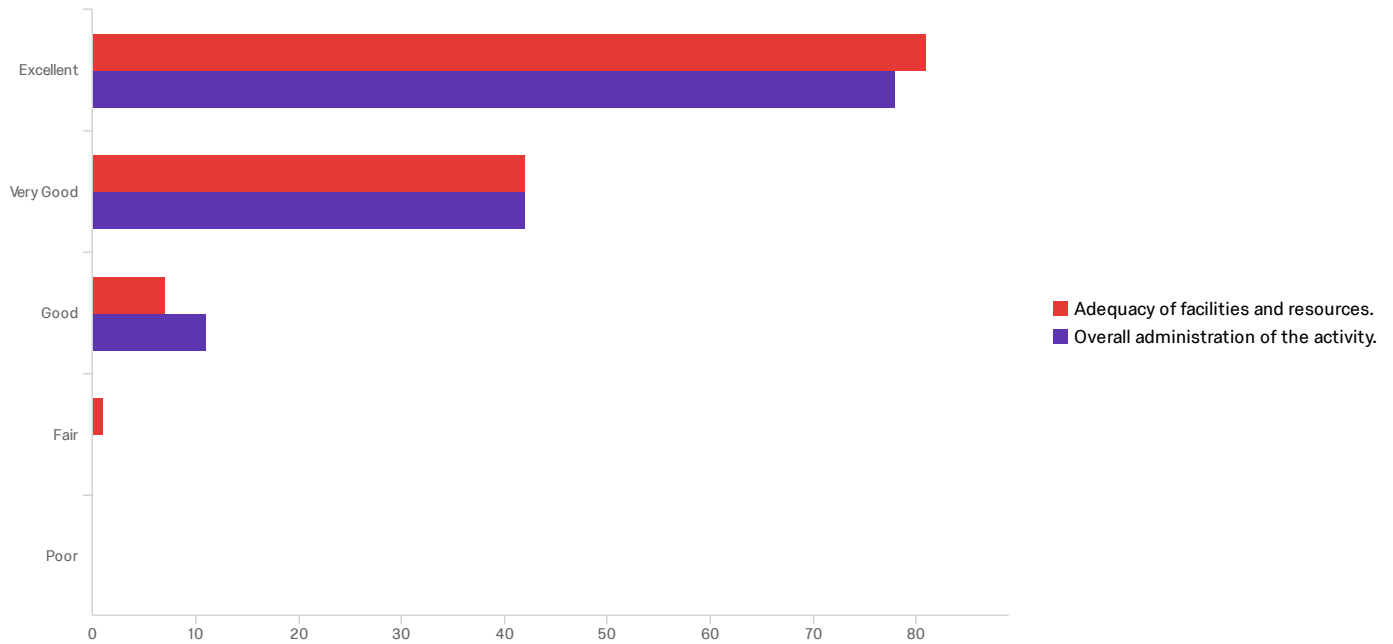


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The content was appropriate to my practice.	1.00	3.00	1.52	0.60	0.36	131
2	This activity will make me more effective in my practice.	1.00	3.00	1.54	0.62	0.39	130

#	Field	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	The content was appropriate to my practice.	53.44% 70	41.22% 54	5.34% 7	0.00% 0	0.00% 0	131
2	This activity will make me more effective in my practice.	53.08% 69	40.00% 52	6.92% 9	0.00% 0	0.00% 0	130

Showing rows 1 - 2 of 2

Q3 - Please rate the following:

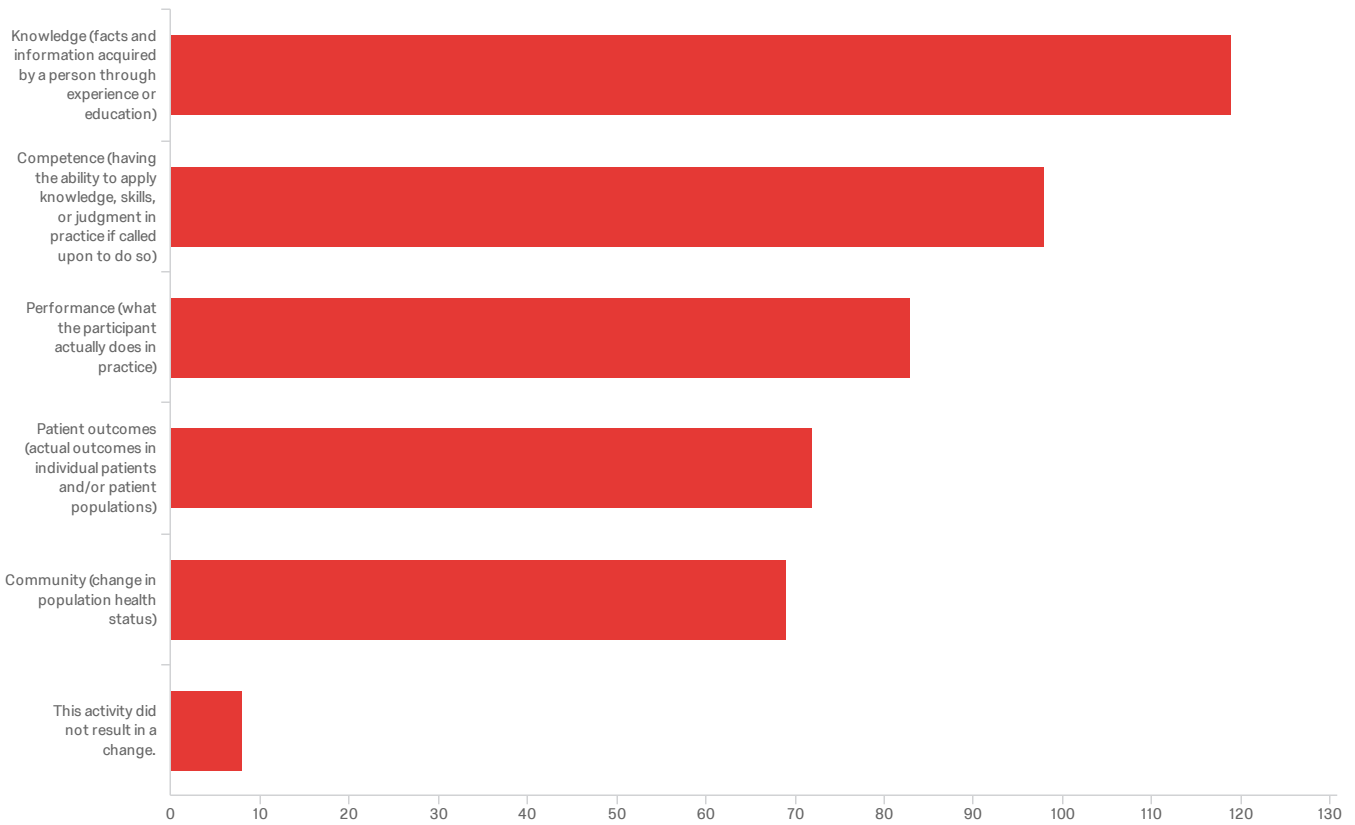


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Adequacy of facilities and resources.	1.00	4.00	1.45	0.63	0.40	131
2	Overall administration of the activity.	1.00	3.00	1.49	0.65	0.42	131

#	Field	Excellent	Very Good	Good	Fair	Poor	Total
1	Adequacy of facilities and resources.	61.83% 81	32.06% 42	5.34% 7	0.76% 1	0.00% 0	131
2	Overall administration of the activity.	59.54% 78	32.06% 42	8.40% 11	0.00% 0	0.00% 0	131

Showing rows 1 - 2 of 2

Q4 - Overall, this educational activity will result in a change in my: (Mark all that apply)



#	Field	Choice Count
1	Knowledge (facts and information acquired by a person through experience or education)	26.50% 119
2	Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)	21.83% 98
3	Performance (what the participant actually does in practice)	18.49% 83
4	Patient outcomes (actual outcomes in individual patients and/or patient populations)	16.04% 72
5	Community (change in population health status)	15.37% 69
6	This activity did not result in a change.	1.78% 8

449

Showing rows 1 - 7 of 7

Q5 - Please describe any 'pearls' or takeaway messages.

Please describe any 'pearls' or takeaway messages.

I work mainly in pre-diabetes. So, thinking about what diabetes patients experience really encouraged me in the work we are doing to prevent patients from getting diabetes in the first place.

To focus on the factors affecting a person's behaviors in relationship to their disease state

The psychology and reality that we face treating the diabetes patient

Patient engagement strategies were helpful

The presenters I went to were so motivating. I liked the idea obesity is not the dx it is the sx. We need to dig much deeper! I have always thought that however this made me feel ok in thinking this!!!

Liked the session about talking to patients in depth about the reason behind taking medication..

If you can help one person you help make a change. Patients are not ours we belong to there care team!

Bilingual nurses are very helpful when dealing with patients.

Empathy with patients

Loved the Health at Every Size presentation!

Dr. Polonsky was great! The facility was nice. Maybe a bigger stage for main room.

Polansky's entire discussion and approach with individuals

importance of identifying the obstacles to self care

I loved the idea of the report card for patient's to describe where they feel they are at. I think this tool will become part of my everyday care.

n/a

Unconscious shaming of patients for their behaviors that lead to unhealthy outcomes.

ask "what is one thing about diabetes that is really hard?"

Enjoyed the discussion about health at every size

Emotional issues related to dealing with DM

asking diabetic patients how they feel about their diabetes, what are they struggling with

The use of "safe" and "unsafe" instead any other negative statements we may make about patient control and compliance. Use of a scorecard with pts and having them mark safe or unsafe based on their results.

Please describe any 'pearls' or takeaway messages.

Do not blame or shame those with Diabetes

NA

I really enjoyed Dr. Polonsky's presentation and enjoyed the weight neutral session.

Although almost all patients with diabetes want to get better, there are many obstacles in their way.

Everyone is different.

controlled diabetes does not cause complications. All sizes can be healthy, stop measuring health as "skinny".

The approaches to the patient's engagement to diabetes. I loved all of Bill Polonsky's info.

Seeing the possibilities for people living with diabetes by using charts to display outcomes. Like the wording of safe vs unsafe

..

There may be benefits to considering obesity a symptom.

Resources provided to have in our own facility.

Education needs to be on the patient's agenda, not my agenda. What are THEY struggling with.

Taxonomy of Burden was insightful

Importance of keeping patients engaged in their own healthcare

Appreciated the fact that so much of this showcased Iowa's capacity to affect diabetes care and prevention!

Pacific Islanders value their community, health education involving the whole community is more effective than individually

empathy is a gift we give our clients that greatly impacts their care

Patient first, loved Dr. Polonsky's talk

The examples of how to guide a conversation vs answer all the questions give me improved confidence in my ability to respond to patients. The testimonials of people with diabetes really struck me to see patients as people vs numbers.

The scorecards was the #1 take away that allows patients to see where they are with their numbers.

They are not your patient, you are their health care team

There were so many practical and useful tools shared in the presentations. I feel like a lot of conferences give information that you have to interpret yourself and figure out ways to incorporate it into your clinic. But I feel I got so much value and useful, use-able tools and tips out of this conference.

Please describe any 'pearls' or takeaway messages.

The presentation with Dr. Polasky- the "good dr/bad dr, good pt,/bad pt video was impactful. Allison St. Germain's talk on Weight Stigma- others discussing her topic, I don't think even realize they are in the bubble of exactly what she is talking about. I had not had breakfast on the day of the conference and enjoyed some of the yogurt, fruit and granola. The acquaintances I was chatting with immediately had something negative to say about yogurt, these were the same people that later were not "getting " Allison's message.. On a daily basis if I eat lunch with different groups of people, they majority of people talk non stop about dieting, negativity toward food, (even healthy food), negative body talk etc.

safe/unsafe vs in range/out of range; how to help patients be more compliant with taking medications

The importance of our approach with our patients is often more important than the approach or our expertise.

addressing blind people directly rather than their carers; Diabetes Feedback Track tool

Keynote speaker had many to list here. Very good!

Particularly enjoyed DR. Polonsky's presentation. Very beneficial!

Each session I attended stressed the importance of engaging the individual in participating in their care or activity. Showed the overall thread of how to impact outcomes positively for individuals and communities. It was also a great networking atmosphere.

Ways to facilitate behavioral changes

Poodle video, websites from Polinsky

All of Dr. Polansky's presentation was wonderful and I have already shared information with people in our clinic

Really appreciated hearing about the Johnson County/Iowa City Free clinic project

Changing my terminology to "safe/unsafe" instead of good or bad.

Presenting diabetes information to patients in a way that they come to the decision something needs to be done about their healthcare vs. us telling them what they need to do.

not everyone's treatment is the same, should be individualized

Weight bias was not so helpful. She did not present distilled thoughts grounded in evidence based information. Her thoughts were opinions and part of her own working out of her personal issues. Not applicable to practice. The Strategies of weight control should have involved lifestyle management from an RD in addition to the ARNP and PharmD.

Using evidence based HOPE! Focus on behavior, not the outcome. Depression and Diabetes Distress are not the same.

Loved the message on weight stigmas and looking at obesity as a symptom. Also loved that Dr. Polonsky showed the differences of controlled and uncontrolled diabetics and how we should view that

The common theme was listening to patient and truly hearing what they have to say about their diagnosis and anything surrounding it.

Take time to listen to the patient; what drives them crazy when it comes to diabetes

That we shame diabetic patients. I always did for Type 2.

I LOVED Polonsky. He is amazing. I want to work with him on a daily basis. I loved the point he pushed of managed diabetes causes nothing.

Please describe any 'pearls' or takeaway messages.

Key note speaker was amazing. It was all very good!

To change my approach with education. I really liked the safe or unsafe direction when talking about their health..

Safe/unsafe, weight bias, oral health matters

Power of words; start with small steps and build on that

I really liked a quote from the Diabetes and disability break out: "Diversity is being invited to the party. Inclusion is being asked to dance." Great session.

Having a better understanding of the physical and emotional burden PWD face and a reminder to show empathy to them.

Ask patients what they struggle the most with in regard to treating their diabetes.

Making sure that we really listen to our patients and practicing empathy can improve patient outcomes.

To live a long life, have a chronic disease and manage it well.

Q6 - Please note any changes or improvements in the care of your patients that you plan to make as a result of attending this educational activity. If no changes are identified, please explain why (program format, content not appropriate, nothing learned, etc.).

Please note any changes or improvements in the care of your patients that y...

NA

Some information was not directly applicable as our program focuses on pre-diabetes.

How to attract other individuals to the DPP program outside of our typical referral system

More patience and more empathetic and active listening

Implementing the 'safe/unsafe' chart

We all need that push to not blame, I really did not think I did however listening and reflecting on the opening we do. I am going to be very careful not to. I am also not going to let the patient blame self!

Empathetic listening and responding to their barriers to self care.

Eating habits and weight loss with diabetes

too many break out sessions to pick from - limit to 2

content from keynote speaker

More options for different nutrition needs.

Content covered things we are actively doing in our practice

We plan to start asking clients some of the suggestions from Polansky's talk.

better understanding of the struggles and challenges of our Pacific Island population

I

content not relevant to what I currently do

less general "education" and more listening for specific needs

more mindful of language used

Will try to implement the clinical scorecard using the Safe, Unsafe rating scored by patient.

Please note any changes or improvements in the care of your patients that y...

Cold in rooms Format was great, enjoyed the entire conference

As noted above in "pearls". Bringing info back to our clinic to see how info gained at the conference can be assimilated into our practice.

Encouraging the Patient to strive for decrease A1C to decrease long term comp.

NA

changing the language I use with patients regarding weight.

I will be sharing this information with co-workers so that we can all work better for our community.

ways of communicating to patients, different ways to explain their diabetes.

More aware of the plight of anxiety and frustration with Chronic Disease management

Use documents to help patients see improvement in management

It may change the discussion with some people

Rebooted my mind set to show empathy towards patients

There were some battling opinions on obesity in diabetes. The obesity talk in the first breakaway session, I did not find appropriate for diabetes education.

Loved the breakout session format. Also, LOVED the keynote speaker. I would love more information on How to teach intuitive eating with patients who struggle with diet mentality.

I will be more aware of Diabetes Distress and questions to ask to help determine burden of diabetes that the patient feels.

INVESTAGATE INTUTIVE EATING MOER

Thank you for another great Summit seminar for Diabetes, as it grows each year and the needs change, it helps to have conferences for just Diabetes. Happy Holidays to you all, and thank you for all the hard work the committee puts in to make it great.

Start using terms "safe and unsafe" when discussing diabetes, blood pressure, and cholesterol control

I do not deliver direct patient care. However, I am a trainer and will incorporate best practices into my presentations. Great updated statistics from Dr. Polonsky

Working on starting out Diabetic Prevention Class

I plan to respond to weight bias in the work place

use of a score card with clients marking their results

Will be working to monitor my language when caring for someone with diabetes.

I have already used the knowledge from the 2nd session choice on dental care.

Please note any changes or improvements in the care of your patients that y...

Shorter break times to have an earlier lunch and more variety of food. Having one specific food choice for a group that big is not the best, especially when we paid for the course. I know a few people that ended up leaving for lunch because of only one specific food option.

Engaged The Med Talk, will help me target pt's glucose monitoring and expectations of when meds work

I'll change the way I ask questions, work their medications, and push more for people to follow up regularly.

Diving deeper into current challenges for pts.

using a lab value scorecard; having patients test BG at peak medication times for 3 days before starting meds so they can see how the meds affect their BG

Have tech, microphones, clicker, slides ready ahead of time.

The trialing technique (med compliance) and the score card (Dr Polonsky)

Change verbiage to avoid negative aspect and engage patient to own their treatment plan

My attitude, and plan of care R/T "being able to see my patient's stand point" more clearly now.

The sessions helped reinforce for me that I have always been "on the right track" in my approach to patient involvement in their own care. And reinforced my own feeling that the patient always knows best what "solutions are best " for him or her. I don't know that it was planned but Dr. Polonsky's presentation set up Megan Muñoz's presentation perfectly. She was able to bring concrete examples of how to implement everything he emphasized. That was a fantastic connection for the participants

Helping people with behavioral changes

Adding a presentation or breakout on gestational diabetes.

I will be doing diabetes distress scale, trying to refer more to dental, "trialing" medications, and I will also be doing a scorecard with patient to help them better manage their care.

Asking diabetics for one thing that is challenging them in maintaining their diabetes.

Less focus on weight and more on learning to be healthier.

Evaluating putting additional regarding plan of care in patients hands and considering remodeling new diagnosis conversation in PCP space

Focusing on obesity as a symptom vs a problem will be helpful in the Healthy U classes that we hold for our patient's 2x per year. A lot of the content from "Legalizing Eating with Diabetes: a neutral approach" will be helpful as a health coach as well.

I liked the statement what is one thing you find crazy about your diabetes right now. And trying to get them to focus on one

I plan to discuss with management ways we can make our services more cost effective so people with diabetes can afford to be educated. Also, just slowing down a bit, hearing what they want to learn and trying not to overload them on things they don't want to learn.

be more flexible in addressing patient concerns; more aware of behavioral health needs and outreach to resources in place

I will use the information to help other providers improve care-hopefully

Please note any changes or improvements in the care of your patients that y...

I would like to implement the Diabetes Score card as presented to my patients for enagement.

Good take aways from Megan Munoz

Less empasis on weight loss and move more to making healthy eating changes.

Better emphasis on oral health

implementing a Prediabetes prevention program

If nothing else, empathize. Ask patient open-ended questions...learn from them.

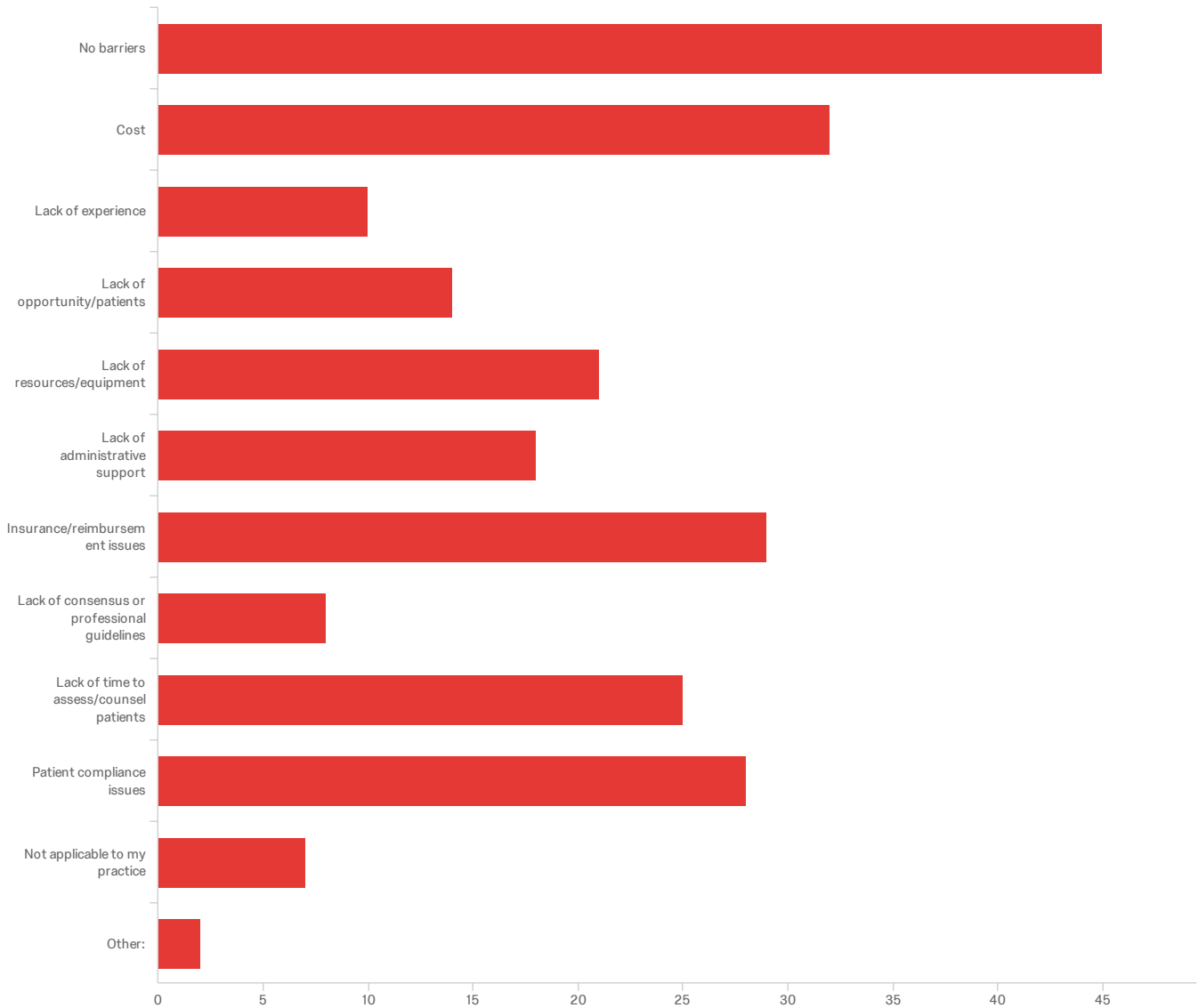
Ask open ended questions about what struggles with their diabetes they are dealing with.

Don't assume that it is easy for patients to follow their treatment plan--real life challenges are common.

Really listening to our patients!

Focus empathy on patient - listen and understand

Q7 - Please identify any barriers that you perceive in implementing these changes. Mark all that apply.



#	Field	Choice Count
1	No barriers	18.83% 45
2	Cost	13.39% 32
3	Lack of experience	4.18% 10
4	Lack of opportunity/patients	5.86% 14
5	Lack of resources/equipment	8.79% 21
6	Lack of administrative support	7.53% 18

#	Field	Choice Count
7	Insurance/reimbursement issues	12.13% 29
8	Lack of consensus or professional guidelines	3.35% 8
9	Lack of time to assess/counsel patients	10.46% 25
10	Patient compliance issues	11.72% 28
11	Not applicable to my practice	2.93% 7
12	Other:	0.84% 2

239

Showing rows 1 - 13 of 13

Q7_12_TEXT - Other:

Other:

Our focus is on pre diabetes and prevention

language barriers

Q8 - How will you address these barriers in order to implement these changes in your practice?

How will you address these barriers in order to implement these changes in...

NA

Grant funding

We live in such a rural area. There is no transportation that is affordable! I am really stumped on how this can be taken care of in our community. Everyone acknowledges it however no one with the authority to push ohter with the financial reaources are willing to start the ball rolling. We do have a new CNO and she seemed concerned. I am going to keep reinforcing the issue.

Involve pharmacists and the primary care provider, diabetes support groups to reinforce better self care.

Be an Advocate and Conduit

none

Educate staff on non-diet approaches and non-weight focused approaches

this will need to be done on an individual basis

continue to market our program for referrals

To my manager to pass on in the next provider meeting

n/a

continue to spend time with patients as possible, consider non-office ways to connect

train-the-trainer approach

teaching, coaching and follow ups with patients

grants, free resources, proposal

n/a

Will not have barriers

NA

set aside specific time to set up DPP classes, work with providers in the area to refer their prediabetic patients to the class, educate a local events

mindfulness and reflection

How will you address these barriers in order to implement these changes in...

I do not work in a clinical setting.

Continue working with providers

n/a

Continue personal education and share with administration

New approaches

continue to work with insurance companies (complete PA to get coverage for needed services for patients).

wORK ON IT IN MY FREE TIME

Trial and error

N/A

Very small practice in a rural area

Try to work with patients as far as cost goes and engaging them to be more compliant.

unsure

n/a

Unsure yet.

Trying to implement a DPP at this time.

I volunteer at a Free Clinic so I will be able to implement most activities there. We do have 2 Diabetes Educators who volunteer To cover 2 days a month. I will be making more of an effort to make sure clients get scheduled with the educators before they leave from the current visit.

unknown

Set aside more time for conversations. Lobby for bilingual staff.

To be determined as content is being developed

Advocate, present resources, discuss in meetings, continue to discuss.

Cost is not much we can do we have implemented everything for being FQA clinic. Pt compliance I think will be utilizing health coach and getting the pts more education

One of our plans is to sell ourselves to administration and physicians. We will take our show on the road, so to speak, to let them see our success rates not only in our A1C data, but also with patient experiences.

per Medicare, private insurance and ADA guidelines - limited hours or time to do more on an individual basis with a patient who has serious issues - social and medical

How will you address these barriers in order to implement these changes in...

Persuasion

Senior staff and leadership discussion.

One step at a time

Research alternative funding.

Network with successful program coordinators

Be patient....be persistent.

Listening, asking how the patient what barriers they face and ways we can help them. Asking what frustrates them most

One step at a time

More education on motivational interviewing, patient teachback

Q9 - Do you have any unanswered questions or additional comments?

Do you have any unanswered questions or additional comments?

NA

I'd like to see more breakout sessions/presenters address the impact of lifestyle, fitness, and nutrition changes to preventing diabetes

no

No

Would be helpful to have a breakout session on diabetes + mental health as it is often difficult to manage both at the same time.

There are not enough dollars for TV advertising on healthy lifestyle, but that would be ideal

no

the size of the rooms for breakout sessions were inadequate for the the size of audience

NO

Ending the summit earlier for those who have to travel back home would be nice

I heard from a few individuals they appreciated the dental information at the event this year.

no

No

No

None

None

NA

no

No

great conference, can't wait for next year!

no

No

Do you have any unanswered questions or additional comments?

n/a

I was not as impressed as previous years. I did not learn much new in the care of diabetes.

no.

No

No

I was really disappointed in the disability class. Only the man gave useful info.

No

no

No additional questions

Dr. Polonsky did such a great job of providing ways to improve patient care and coaching us on how to make changes in our care. It was a treat to attend his seminar!

no

I would have liked to have more time for the session on the impact of weight bias on patients/non-diet weight neutral approaches specific to PWD

Thank you for a wonderful event!

No.

Would recommend the summit to my peers.

No

Great conference

none

I was hoping for more healthy lunch options since it was a diabetic conference.

Information on microbiome and lifestyle management.

None

None at this time

bring in a speaker that can address behavioral health issues as we will see more and more patients having these needs

No

Do you have any unanswered questions or additional comments?

I don't know if this is appropriate to add on this but I wanted to make a comment. I signed up for this summit and was excited. The email said if there was any nutritional questions/requests or what not to email someone (I think it was an Andrew but I cannot remember at this point without looking). So I emailed him stating that I was gluten free and his response to me was basically then to bring my own lunch because they are having tacos. Now, to me this was silly. A simple question to the people bringing the food (now known by me to be HyVee) would have been worthwhile, right? Is the taco seasoning gluten free, yes or no. Easy. But that was not done. Then yesterday I asked some people and no one had any idea. I did bring my lunch. But this could have easily been accommodated and it may have already been accommodated but I have no way of knowing. I do know they handed out gluten free cookies in the afternoon, that was a big plus. So it made me wonder if the taco seasoning was gluten free too or not. I know, not a big deal, but something worth mentioning. The summit was great otherwise and I will return.

None

Wonderful program

None

No

Not at this time

Q10 - Given the scope of your practice, what educational needs do you have?

Given the scope of your practice, what educational needs do you have?

NA

Physical therapy

none

Communication is key every day...why don't they teach this in health provider credential programs???

How other very rural communities have provided affordable transportation to Dr apts. Grant information and writing skills or where to obtain this information to help people get the resources they need to get the care.

Any non drug company studies on diabetes and its affect on heart disease, CAD or CHF.

helping patients make changes

Dietitian and Certified Diabetes educator.

Information on type diabetes around the 18-22 age range and how to deal with the transition from parent to adulthood

technology update ... CGM, pumps, apps for diabetes management

I am always researching patient centered approaches.

education in diabetes

it was helpful to have presentations by real-life people with diabetes to better understand their lives

CEUs specific to DM are needed to provide DSME classes

patient & provider information

N/A

CGM, where are we going with this

NA

accessing services and resources for uninsured and homeless individuals

I work in public health, not a clinical practice

would love all the power point slides

I really really enjoyed Bill Polonskys piece and I think we need to be reminded of the things he talked about.

Given the scope of your practice, what educational needs do you have?

updates/CEU's and new ideas to help patients improve diabetes management

..

Education on encouraging behavior change to better manage diabetes.

CONTINUING ED FOR CDES

Continue with Diabetes education, heart disease and the impact on good blood sugar control.

More medication specific information

More of what was presented. Successful models and innovations.

I would like to know more about diabetes and mindful eating.

learn more about exercise and physical activity to help patients

No additional needs

DSMT insurance reimbursement / by carrier, for coverage in Iowa

I can always learn about all things diabetes related.

We are seeing more younger patients with type 2- what the research/experts say should be different with this population.

None at this time.

I always have educational needs in all fields working in public health. You can never stop learning as a health care provider in any field.

Always appreciate any information/education on finding funding sources for setting up low cost or free patient education that can meet the needs of disadvantaged individuals.

I need diabetes CEU's to maintain my CDE

Loved hearing the successes of other projects.

I'm glad there was a lot covered on diabetes and dental, but I would like to see more on diabetes and heart disease next year.

Diabetes management and how it relates to chronic disease management strategies

As an RN/BSN, and Clinical Health Coach - educational needs are to continue to learn the newest evidence based practice to best suit patient needs that result in positive outcomes

helping pts with their goals for their diabetic care

We are working to start a DPP at our site, we would like more information on how to get that up and running successfully.

Given the scope of your practice, what educational needs do you have?

more CEUs that are free; have limited funds to attend national meetings for CEUs

Correctional Care

Type 2 diabetes in pregnancy, not only GDM

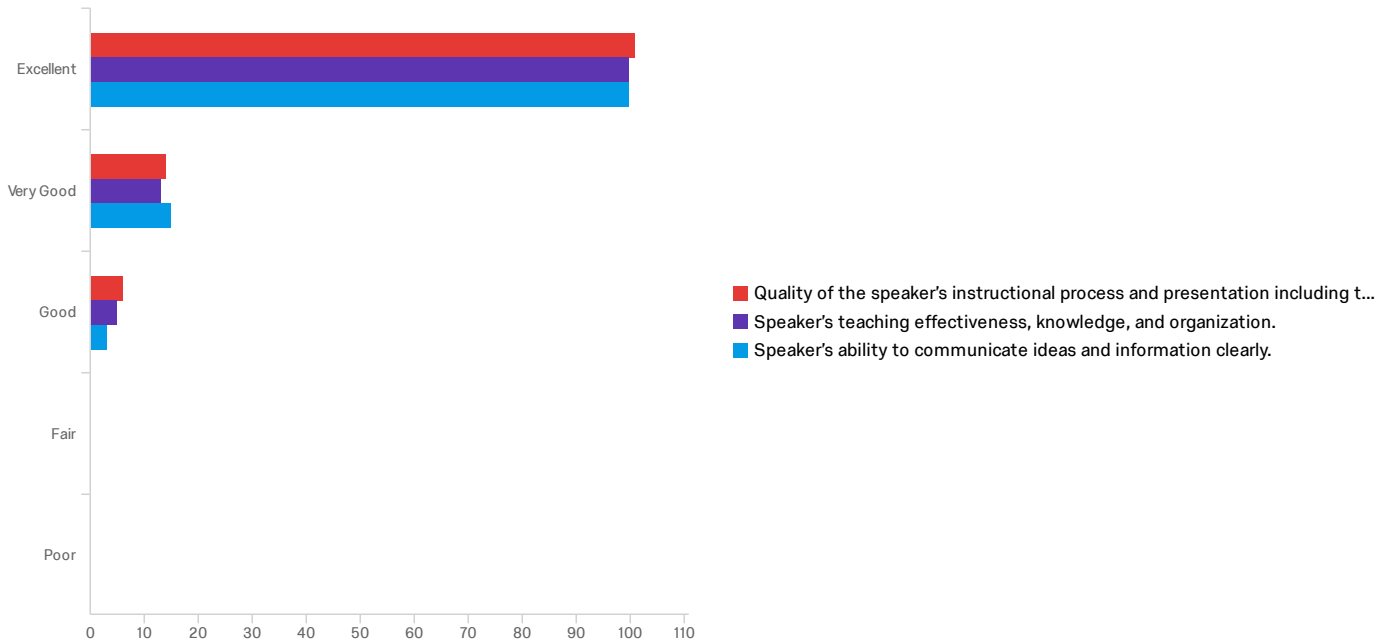
Like the wellness connection

on going information about effective treatment, new medications, and better management of chronic disease

Motivational interviewing

Q4#1 - Engaging the Disengaged: Strategies to Promote Behavior Change in Diabetes

William Polonsky, PhD,... - Q4#1

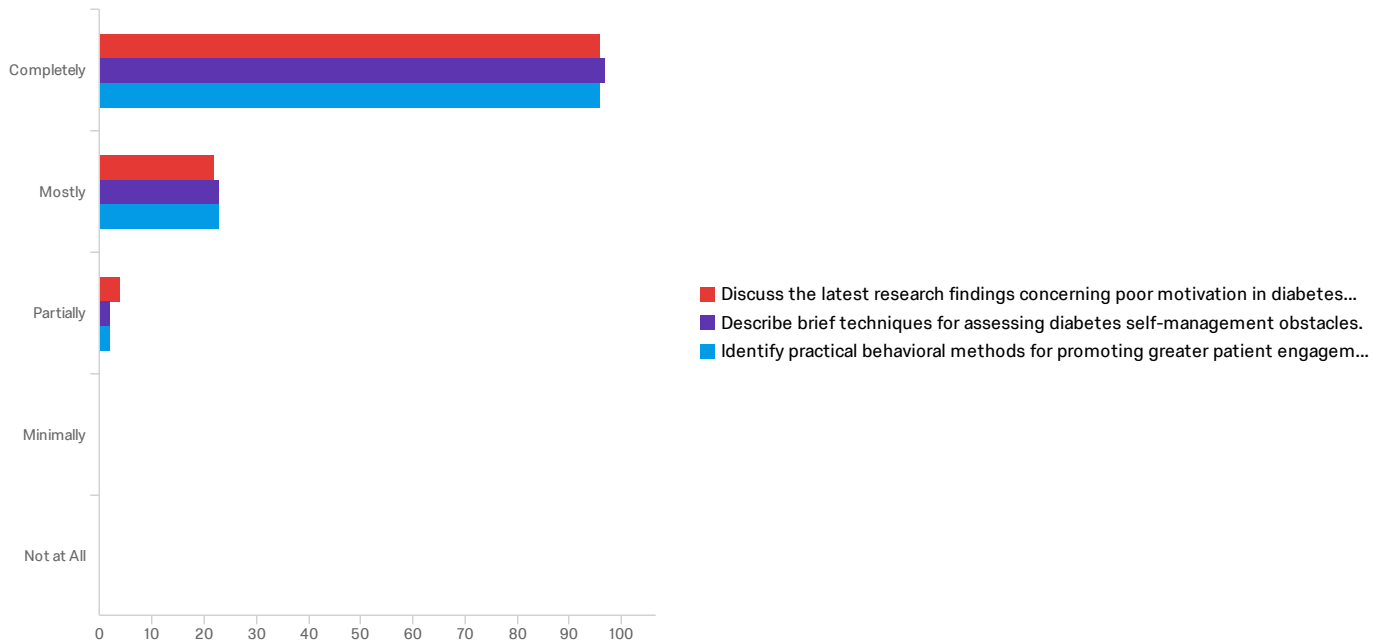


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	1.00	3.00	1.21	0.52	0.27	121
2	Speaker's teaching effectiveness, knowledge, and organization.	1.00	3.00	1.19	0.49	0.24	118
3	Speaker's ability to communicate ideas and information clearly.	1.00	3.00	1.18	0.44	0.20	118

#	Field	Excellent	Very Good	Good	Fair	Poor	Total
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	83.47% 101	11.57% 14	4.96% 6	0.00% 0	0.00% 0	121
2	Speaker's teaching effectiveness, knowledge, and organization.	84.75% 100	11.02% 13	4.24% 5	0.00% 0	0.00% 0	118
3	Speaker's ability to communicate ideas and information clearly.	84.75% 100	12.71% 15	2.54% 3	0.00% 0	0.00% 0	118

Showing rows 1 - 3 of 3

Q12 - Did the activity meet your expectations in accomplishing the stated objectives?

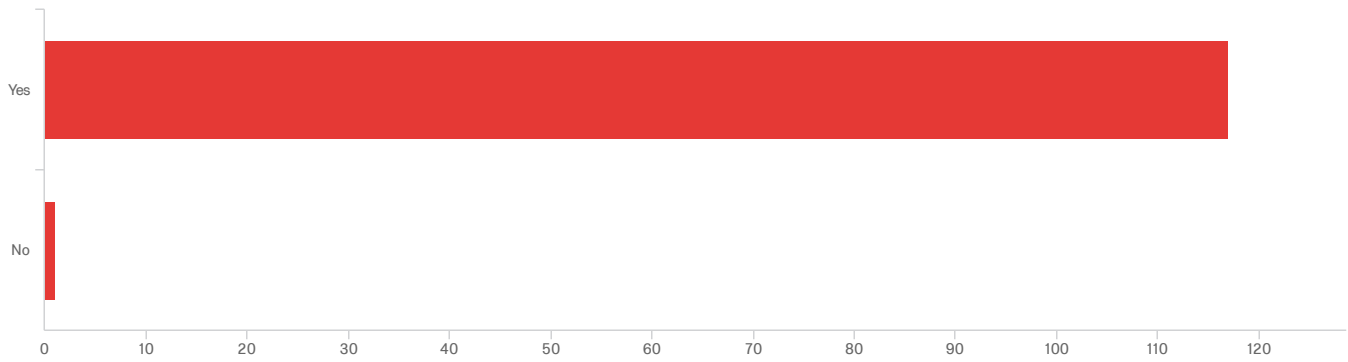


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Discuss the latest research findings concerning poor motivation in diabetes and how psychosocial factors influence adherence to diabetes self-care behaviors.	1.00	3.00	1.25	0.50	0.25	122
2	Describe brief techniques for assessing diabetes self-management obstacles.	1.00	3.00	1.22	0.45	0.21	122
3	Identify practical behavioral methods for promoting greater patient engagement and encouraging more effective self-care in diabetes clinical practice.	1.00	3.00	1.22	0.45	0.21	121

#	Field	Completely	Mostly	Partially	Minimally	Not at All	Total
1	Discuss the latest research findings concerning poor motivation in diabetes and how psychosocial factors influence adherence to diabetes self-care behaviors.	78.69% 96	18.03% 22	3.28% 4	0.00% 0	0.00% 0	122
2	Describe brief techniques for assessing diabetes self-management obstacles.	79.51% 97	18.85% 23	1.64% 2	0.00% 0	0.00% 0	122
3	Identify practical behavioral methods for promoting greater patient engagement and encouraging more effective self-care in diabetes clinical practice.	79.34% 96	19.01% 23	1.65% 2	0.00% 0	0.00% 0	121

Showing rows 1 - 3 of 3

Q13 - Was this presentation balanced and free of commercial bias?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Was this presentation balanced and free of commercial bias?	1.00	2.00	1.01	0.09	0.01	118

#	Field	Choice Count
1	Yes	99.15% 117
2	No	0.85% 1

118

Showing rows 1 - 3 of 3

Q14 - Describe:

Describe:

NA

It appeared he was pushing pharmaceuticals more than necessary.

Have heard him speak at IDC.

Awesome. Great, practical tips for engaging patients.

NA

0..

It was fantastic! So many great tools that I'm going to start implementing in our clinic next week.

I really enjoyed Dr. Polonsky's presentation

Presentation was very well balanced and all opinions were Dr. Polonsky's and were based on his own experience and some medical studies.

Dr. Polonsky is always so good; depth of practical experience with patients

HE IS MY HERO!!!!!!!!!!

Q15 - Comments regarding this presentation.

Comments regarding this presentation.

NA

All were excellent. The pre diabetes was also very good however if we do not have that resource it was not rally helpful.

Enjoy this presenter

Very engaging. Change in perceptions and approach will be beneficial.

Very inspiring! Great presentation!

Great presenter

Awesome

NA

He was an excellent presenter, would have listened to him all day

I thought the presentation was fantastic.

great presentation

The presentation inspires one to think about the approach.

..

Great presenter and information. Definitely a highlight of the conference. Have good information on how to make changes to practice.

Wonderful speaker. Would like to hear more specific coaching strategies to empower patients and build hope.

have followed for 30 plus years. Love the 5 most impactful ideas.

Did get a little bit long, was surprised that it was not kept shorter but overall very good.

one of my favorites of the day

He is a great presenter! Really did a great job teaching us the material and coaching us on how to provide better care.

Wonderful presenter and content!

I really enjoyed Dr. Polonsky's presentation

Excellent! A different, yet incredibly important way to look at diabetes management.

Comments regarding this presentation.

I loved it.

Excellent!!

Very good and reasonably priced program.

So good. I had a hard time hearing him during part of it because I was next to the shared wall with the other conference and they were quite loud at break. I look forward to going through his slides again now that I am back at the office.

By the end it was hard to pay attention because we had been sitting so long.

Great presentation!!!

Fabulous!! What a treat!

Good affirmation for what we are currently doing.

Would love to work with him!

excellent as always - have heard him speak a number of times

I want to follow him and watch him speak all over.

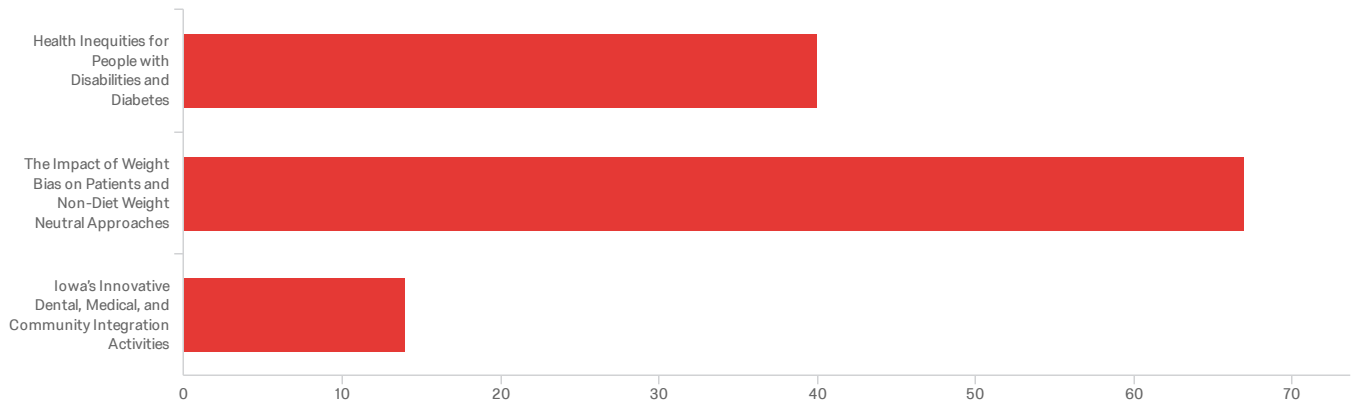
Very informative

Great presentation.

A really great perspective on diabetes management. Have many take-a-ways.

Excellent - interaction with audience

Q16 - Breakout Session 1, 11:30 am – 12:30 pm (Select the session you attended):



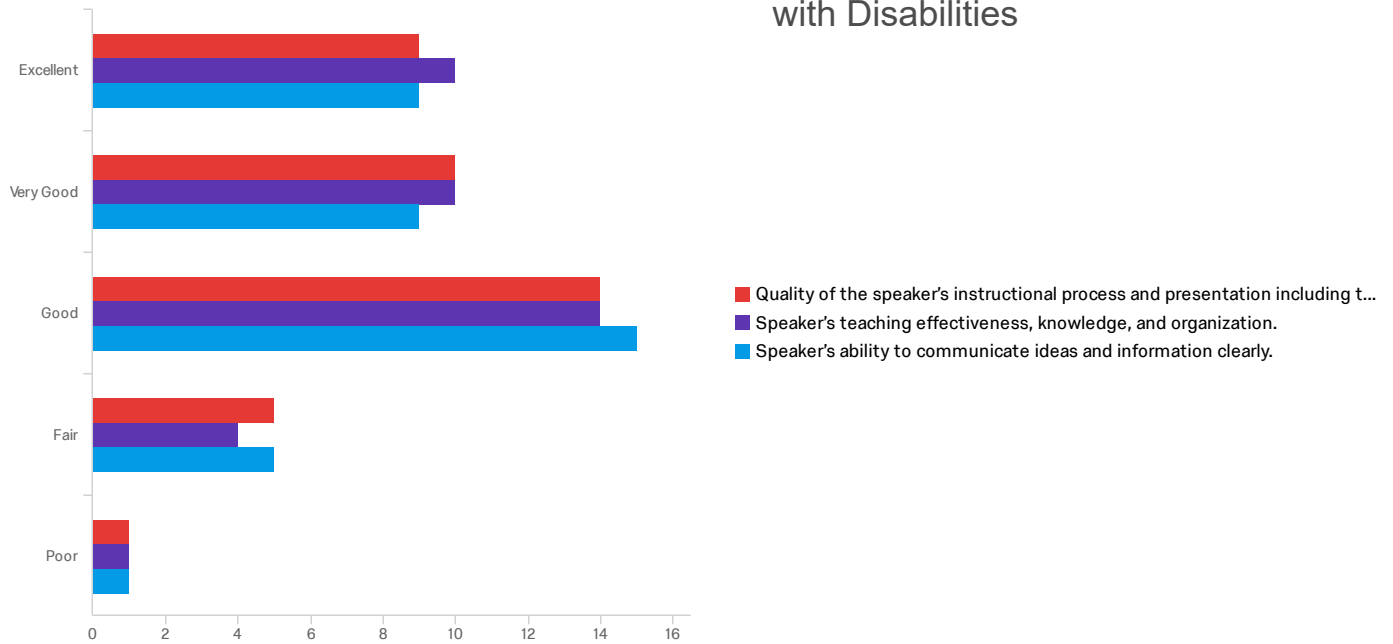
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Breakout Session 1, 11:30 am – 12:30 pm (Select the session you attended):	1.00	3.00	1.79	0.63	0.40	121

#	Field	Choice Count
1	Health Inequities for People with Disabilities and Diabetes	33.06% 40
2	The Impact of Weight Bias on Patients and Non-Diet Weight Neutral Approaches	55.37% 67
3	Iowa's Innovative Dental, Medical, and Community Integration Activities	11.57% 14
		121

Showing rows 1 - 4 of 4

Q17 - Please rate the following:

For Health Inequities for People with Disabilities



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	1.00	5.00	2.46	1.06	1.12	39
2	Speaker's teaching effectiveness, knowledge, and organization.	1.00	5.00	2.38	1.05	1.11	39
3	Speaker's ability to communicate ideas and information clearly.	1.00	5.00	2.49	1.06	1.12	39

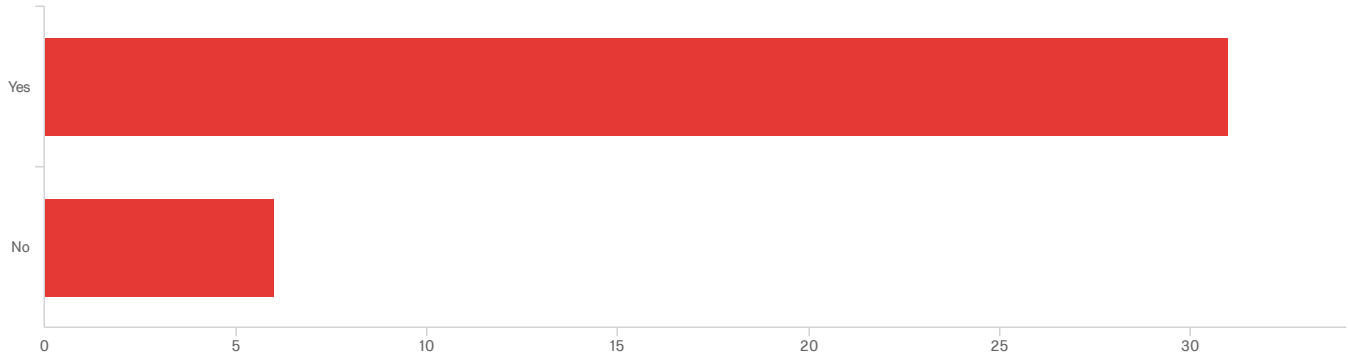
#	Field	Excellent	Very Good	Good	Fair	Poor	Total
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	23.08% 9	25.64% 10	35.90% 14	12.82% 5	2.56% 1	39
2	Speaker's teaching effectiveness, knowledge, and organization.	25.64% 10	25.64% 10	35.90% 14	10.26% 4	2.56% 1	39
3	Speaker's ability to communicate ideas and information clearly.	23.08% 9	23.08% 9	38.46% 15	12.82% 5	2.56% 1	39

Showing rows 1 - 3 of 3

Q18 - Did the breakout session meet your expectations in accomplishing the stated

objectives?

For Health Inequities for People with Disabilities



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Did the breakout session meet your expectations in accomplishing the stated objectives?	1.00	2.00	1.16	0.37	0.14	37

#	Field	Choice Count
1	Yes	83.78% 31
2	No	16.22% 6

37

Showing rows 1 - 3 of 3

Q19 - Comments:

For Health Inequities for People with Disabilities

Comments:

NA

guest speaker that has a disability was great.

Very little relevance specifically to diabetes.

they should have let the man talk the whole time. they gave no new info.

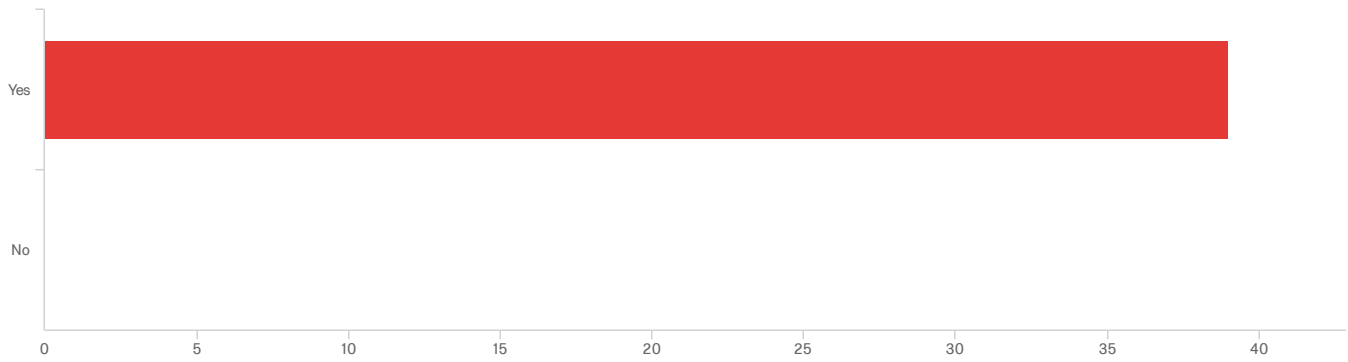
Enjoyed Mike Hoenig's presentation.

I gained knowledge from this, however it was a very dry presentation. I did enjoy listening to the person with diabetes and a disability share his thoughts and experiences.

I unfortunately was disappointed in this session. I could have read the slides on my own.

I would have benefitted from more information on the assessment of the patient and perhaps a few personal stories as an example of how these challenges were met .

Q20 - Was this presentation balanced and free of commercial bias? For Health Inequities for People with Disabilities



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Was this presentation balanced and free of commercial bias?	1.00	1.00	1.00	0.00	0.00	39

#	Field	Choice Count
1	Yes	100.00% 39
2	No	0.00% 0

39

Showing rows 1 - 3 of 3

Q21 - Describe:

Describe:

NA

Again this presentation was from personal experience.

Q22 - Comments regarding the breakout session.

Comments regarding the breakout session.

NA

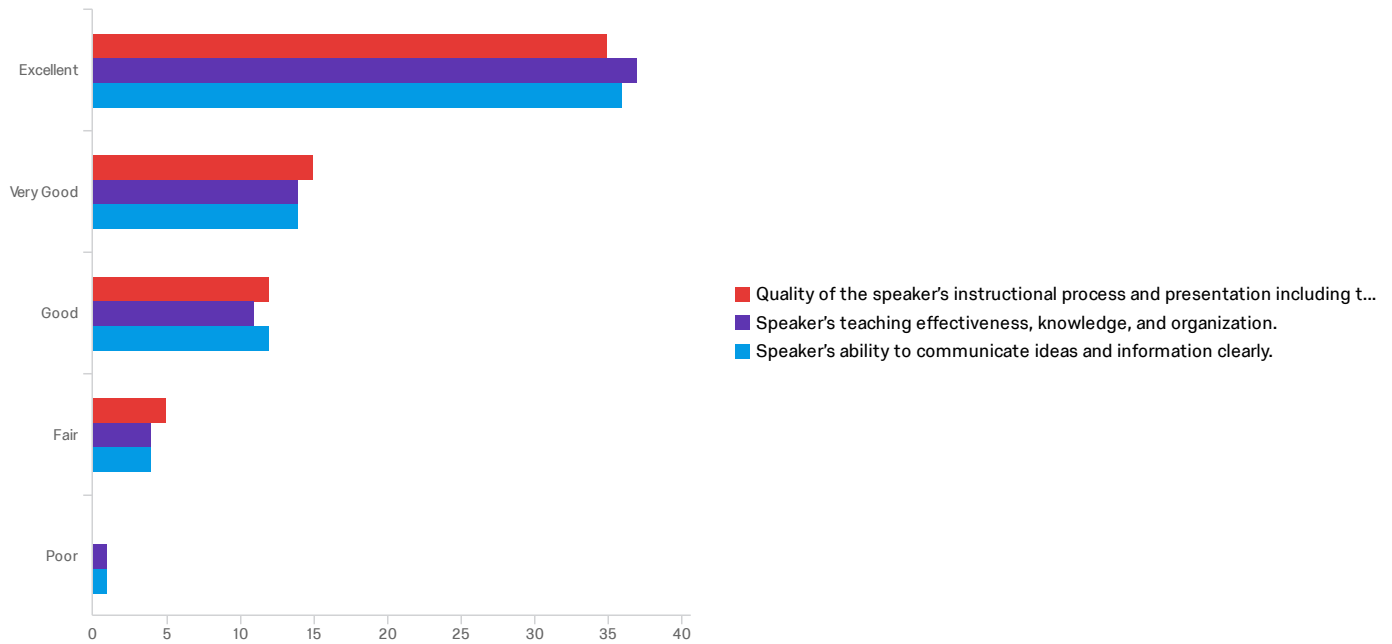
Microphone issues sometimes made it difficult to hear the speakers in all sessions.

I needed reminding about interacting with blind people. This was a good-wake up call. ll

Loved learning from the gentleman who was blind.

Q23 - Please rate the following:

The Impact of Weight Bias on Patience and Non-Deit Weight Neutral Approaches



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	1.00	4.00	1.81	0.98	0.96	67
2	Speaker's teaching effectiveness, knowledge, and organization.	1.00	5.00	1.78	1.02	1.04	67
3	Speaker's ability to communicate ideas and information clearly.	1.00	5.00	1.81	1.03	1.05	67

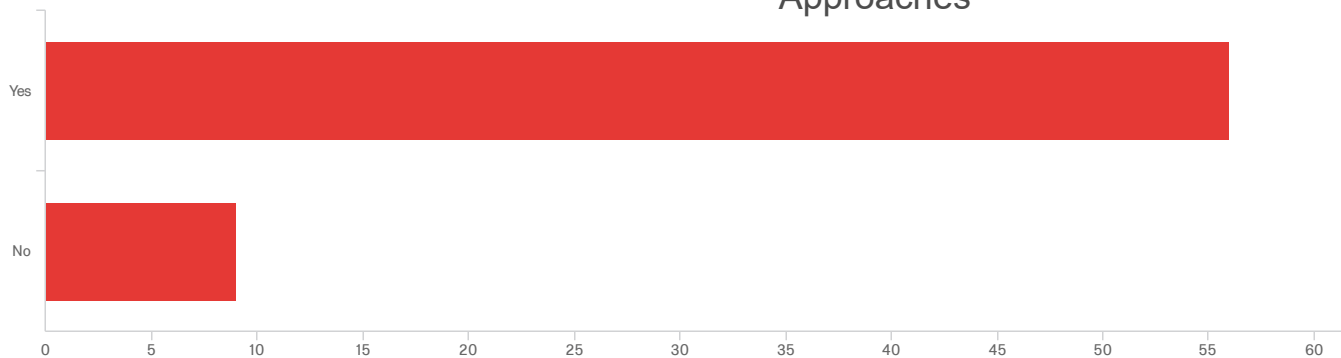
#	Field	Excellent	Very Good	Good	Fair	Poor	Total
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	52.24% 35	22.39% 15	17.91% 12	7.46% 5	0.00% 0	67
2	Speaker's teaching effectiveness, knowledge, and organization.	55.22% 37	20.90% 14	16.42% 11	5.97% 4	1.49% 1	67
3	Speaker's ability to communicate ideas and information clearly.	53.73% 36	20.90% 14	17.91% 12	5.97% 4	1.49% 1	67

Showing rows 1 - 3 of 3

Q24 - Did the breakout session meet your expectations in accomplishing the stated

objectives?

The Impact of Weight Bias on Patience and Non-Diet Weight Neutral Approaches



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Did the breakout session meet your expectations in accomplishing the stated objectives?	1.00	2.00	1.14	0.35	0.12	65

#	Field	Choice Count
1	Yes	86.15% 56
2	No	13.85% 9
		65

Showing rows 1 - 3 of 3

Q25 - Comments:

The Impact of Weight Bias on Patience and Non-Deit Weight Neutral Approaches

Comments:

The only take away I have from this is to be sensitive when speaking about weight and weight loss, which I feel like I already tried to be. Pretty hard to apply the information in this session when our programs are based on weight loss outcomes.

Full of very useful information and ways to open the discussion!!!

too opinionated vs factual

Excellent!!!

Alison was a great speaker. She did well explaining her stance on weight bias, and providing examples of what can be construed as weight bias without realizing it

Excellent presenter and presentation. Would love to see more break out sessions regarding nutrition

Much of what we do is based to weight loss, to improve care of Diabetes

LOVED this breakout session, wish it was longer.

To say that weight has no effect on someone's health and diabetes is simply not true. She shared much about her personal opinion and not scientific facts. Weight does impact diabetes as clearly seen through MDPP.

I would like to learn more about how to actually implement/teach intuitive eating to patients.

excellent speaker

Wish I could of heard speaker longer

She was very energetic- just had too much information and probably needed to determine which was most important for the audience to hear.

felt rushed, jumped back and forth in ideas, hard to read slides.

Unusual and hew approach, very interesting presentation.

She knew she had too much information for the time allotted. I wished she had just ended 15 minutes early so that she could allow for the many questions that people had. It was really great, and a refreshing approach to helping people who are overweight.

Appreciate her message but am unsure about the concept of not motivating diabetes patients to lose weight as seems like this contradicts all we know about diabetes pathophysiology

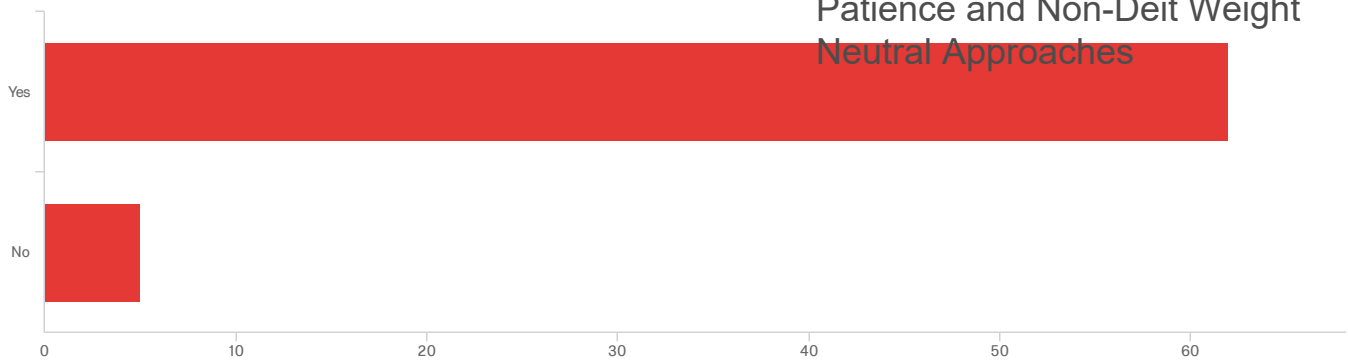
Not evidenced based, based on speakers own opinions and a way she is still working out her own issues. A good reminder to use weight neutral language but otherwise not applicable to practice.

Perhaps it was the presentation style but some ideas were more personal based than evidenced based

SUPER!!!! THANK YOU.

Q26 - Was this presentation balanced and free of commercial bias?

The Impact of Weight Bias on
Patience and Non-Deit Weight
Neutral Approaches



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Was this presentation balanced and free of commercial bias?	1.00	2.00	1.07	0.26	0.07	67

#	Field	Choice Count
1	Yes	92.54% 62
2	No	7.46% 5

67

Showing rows 1 - 3 of 3

Q27 - Describe:

Describe:

I actually didn't mind learning about this- enjoyed it in fact. But she was discussing a particular program- so not sure if this means she was "biased". I think it makes sense.

It was a unique perspective on obesity, but I think it was a little one-sided and not addressing times when weight loss would be useful.

I agree with what she is saying about how we approach weight but felt some was personal opinion versus research based.

The presenter is pushing an idea that is not mainstream but very intriguing.

Q28 - Comments regarding the breakout session

The Impact of Weight Bias on Patience and Non-Diet Weight Neutral Approaches

Comments regarding the breakout session.

While I appreciate the reminder to be sensitive and non-bias when discussing weight, I don't feel like this was the most appropriate topic for a Diabetes conference, considering many of our outcomes revolve around weight loss goals.

Would have loved to have a longer time and more information, she was very good!

Good topic for general knowledge.

she needed more time. Liked her approach to thinking differently about obesity.

Great ideas, but it will require some retraining of myself and co-workers to implement new thoughts on weight

This was such an engaging presentation. It is wonderful to hear new perspectives. Great presentation and information that I will be taking back to my practice and implementing. My plan is getting a certification in Intuitive eating and looking more at a mindful eating approach to weight loss.

MDPP, and Type2 care is based on weight loss, not to stress was difficult for me

Thank you for the tools and resources!

good materials that I have looked at, would have liked handout in advance.

She is a great presenter; interesting material and great personality. Things that could be improved: Slides/talk be a little more organized and focus a bit more on the diabetes population.

I would have like to have more time for this session

Appreciate her message and agree there is definitely stigma inside and outside of healthcare but am unsure about the concept of not motivating diabetes patients to lose weight as seems like this contradicts what we know about diabetes pathophysiology.

Not as professional as I had hoped

Great presentation

At last, we are accepting of people

I think she is right to say that having a "normal" BMI is not healthy for some people.

Q66 - Comments regarding the breakout session.

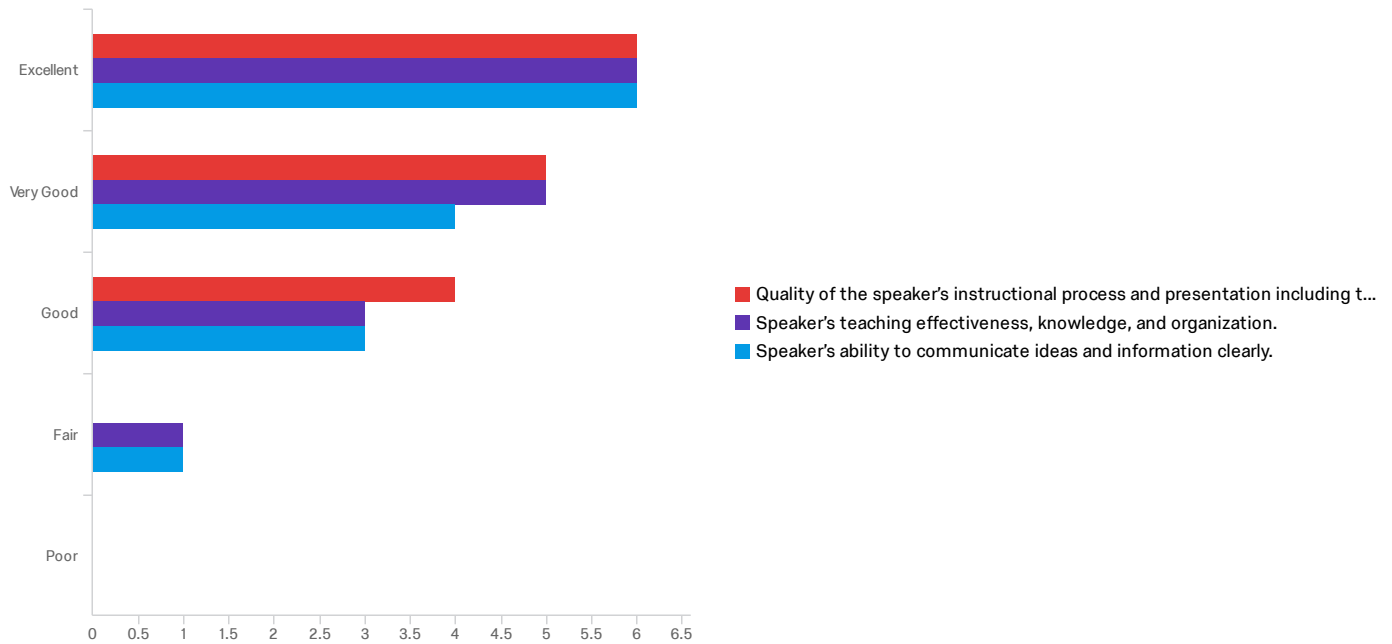
Increased Access and Patient Success in a DPP Through Innovative Community Partners

Comments regarding the breakout session.

I recommend the speakers learn how to reference persons with diabetes and not call them diabetics. It was not Emily, but the other speaker and at this time I don't recall her name.

Q67 - Please rate the following:

Reducing Health Disparities in the Pacific Island Culture



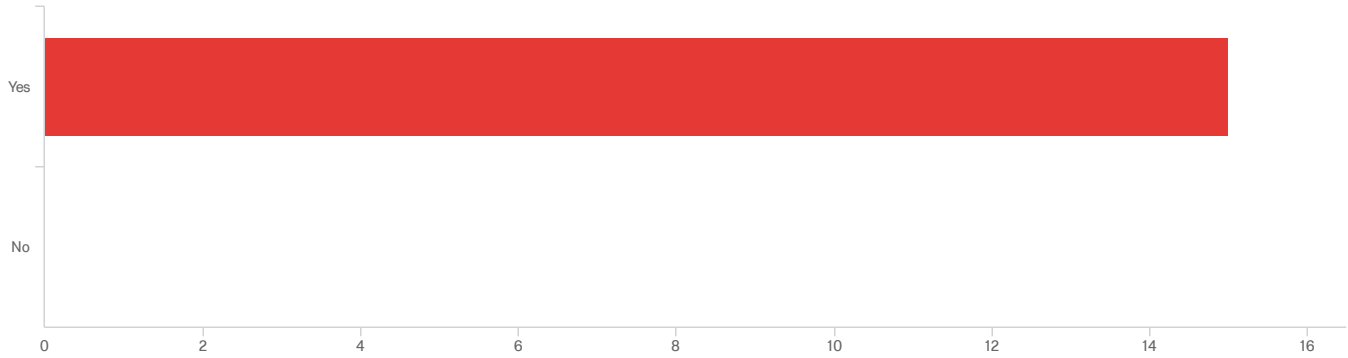
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	1.00	3.00	1.87	0.81	0.65	15
2	Speaker's teaching effectiveness, knowledge, and organization.	1.00	4.00	1.93	0.93	0.86	15
3	Speaker's ability to communicate ideas and information clearly.	1.00	4.00	1.93	0.96	0.92	14

#	Field	Excellent	Very Good	Good	Fair	Poor	Total
1	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	40.00% 6	33.33% 5	26.67% 4	0.00% 0	0.00% 0	15
2	Speaker's teaching effectiveness, knowledge, and organization.	40.00% 6	33.33% 5	20.00% 3	6.67% 1	0.00% 0	15
3	Speaker's ability to communicate ideas and information clearly.	42.86% 6	28.57% 4	21.43% 3	7.14% 1	0.00% 0	14

Showing rows 1 - 3 of 3

Reducing Health Disparities in the Pacific Island Culture

Q68 - Did the breakout session meet your expectations in accomplishing the stated objectives?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Did the breakout session meet your expectations in accomplishing the stated objectives?	1.00	1.00	1.00	0.00	0.00	15

#	Field	Choice Count
1	Yes	100.00% 15
2	No	0.00% 0

15

Showing rows 1 - 3 of 3

Q69 - Comments:

Reducing Health Disparities in the Pacific Island Culture

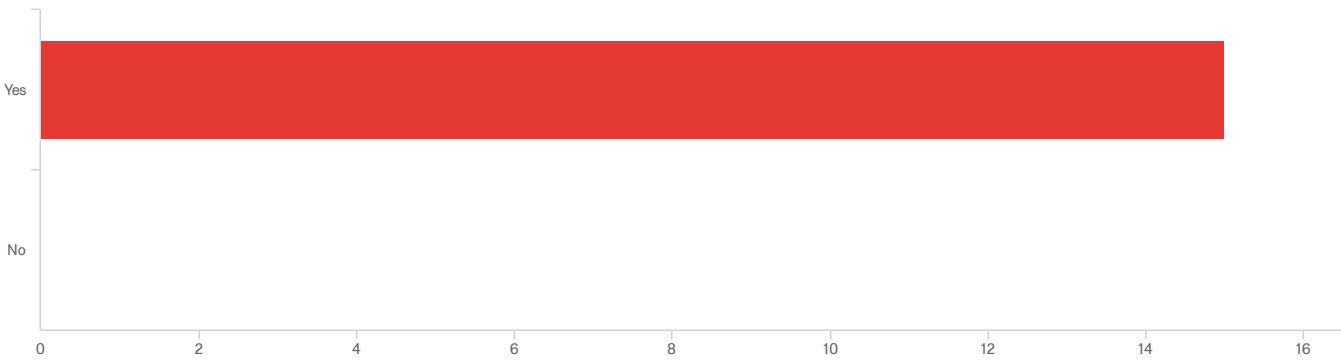
Comments:

So helpful with this special and precious population

Objectives were not clear.

Reducing Health Disparities in the Pacific Island Culture

Q70 - Was this presentation balanced and free of commercial bias?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Was this presentation balanced and free of commercial bias?	1.00	1.00	1.00	0.00	0.00	15

#	Field	Choice Count
1	Yes	100.00% 15
2	No	0.00% 0

15

Showing rows 1 - 3 of 3

Q71 - Describe:

Describe:

I attended this program mainly for this presentation. we have a large percentage of this population in our area.

Q72 - Comments regarding the breakout session.

Comments regarding the breakout session.

This presentation provided great information and insight into the challenges Pacific Islanders face in our area. This will help me work more effectively with this group to improve health.

Presenters demonstrated a very compassionate commitment to their care of this population.

I would have liked to hear more about the foods and beverages they consume

Wish there was more material on this culture. Health perception was not presented in detail, it was superficial.

Would have liked to learn more about the culture as a whole, spirituality, beliefs, practices etc...or have heard about this from the population they serve and their testimony about their cultural norms

Very helpful. Speakers had good experience

End of Report