



Annual Report

**20
25**

Table of contents

A message from our Executive Director	3
Building the foundation for greater impact	5
Shifting Systems	10
Advancing Care	15
Reshaping Narratives	23
2025 Financials	29
Acknowledgements	33



A message from our Executive Director

In 2025, we worked with greater clarity and alignment

and accomplished important foundational work to define who we are, what we're here to do, and where we're going next. We refreshed our mission, strengthened our strategic plan, and invested the foundation needed for growth. We also sharpened the story we want Canada to hear about obesity, care, and the people affected by this chronic disease.

For many years, Obesity Canada's mission was framed as improving the lives of people living with obesity. That commitment still lives at the heart of our work. But in 2025, we took an important step forward by naming our role more directly:

Changing how Canada sees, supports, and understands people affected by obesity.

That shift reflects how we see the work ahead. Better outcomes require more than awareness. They depend on changing the systems that shape access to care, equipping healthcare professionals and decision-makers with better evidence and tools, and challenging the assumptions that still shape how obesity is understood in this country.

That is why our refreshed strategic plan is organized around three strategic drivers:

Shifting systems. Advancing care. Reshaping narratives.

That alignment began to show in tangible ways. We saw it in policy engagement, stronger evidence, better tools to support respectful, evidence-informed care, and a stronger public voice through storytelling, media, events, and partnerships.

There is still much more work ahead. Weight bias and stigma continue to shape healthcare, policy, and everyday experience in harmful and unfair ways. But I believe more strongly than ever that change is possible, and that Obesity Canada has an important role to play in leading it.

As Obesity Canada continues to grow, so does our responsibility—to lead with evidence, amplify lived experience, and drive meaningful change across policy, practice, and public understanding.

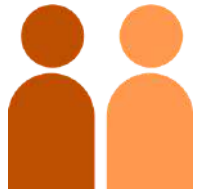
The progress reflected in this report is not an endpoint. It is a foundation for what comes next - and for the work we will continue to advance together.



Lisa Schaffer
Executive Director

A year of impact, at a glance

Throughout the year, our work expanded its reach across care, policy, public understanding, and the foundation needed to support all three.



approx.

136.7k

patients reached through Calibre graduates



1M+

Basics & Bias video views



23.4k

Pediatric Obesity CPG downloads from CMAJ



1

 province

recognized obesity as a chronic disease



7

 countries

adapted the Canadian Adult Obesity CPGs



251

Certified Bariatric Educators in Canada



5

new education courses launched



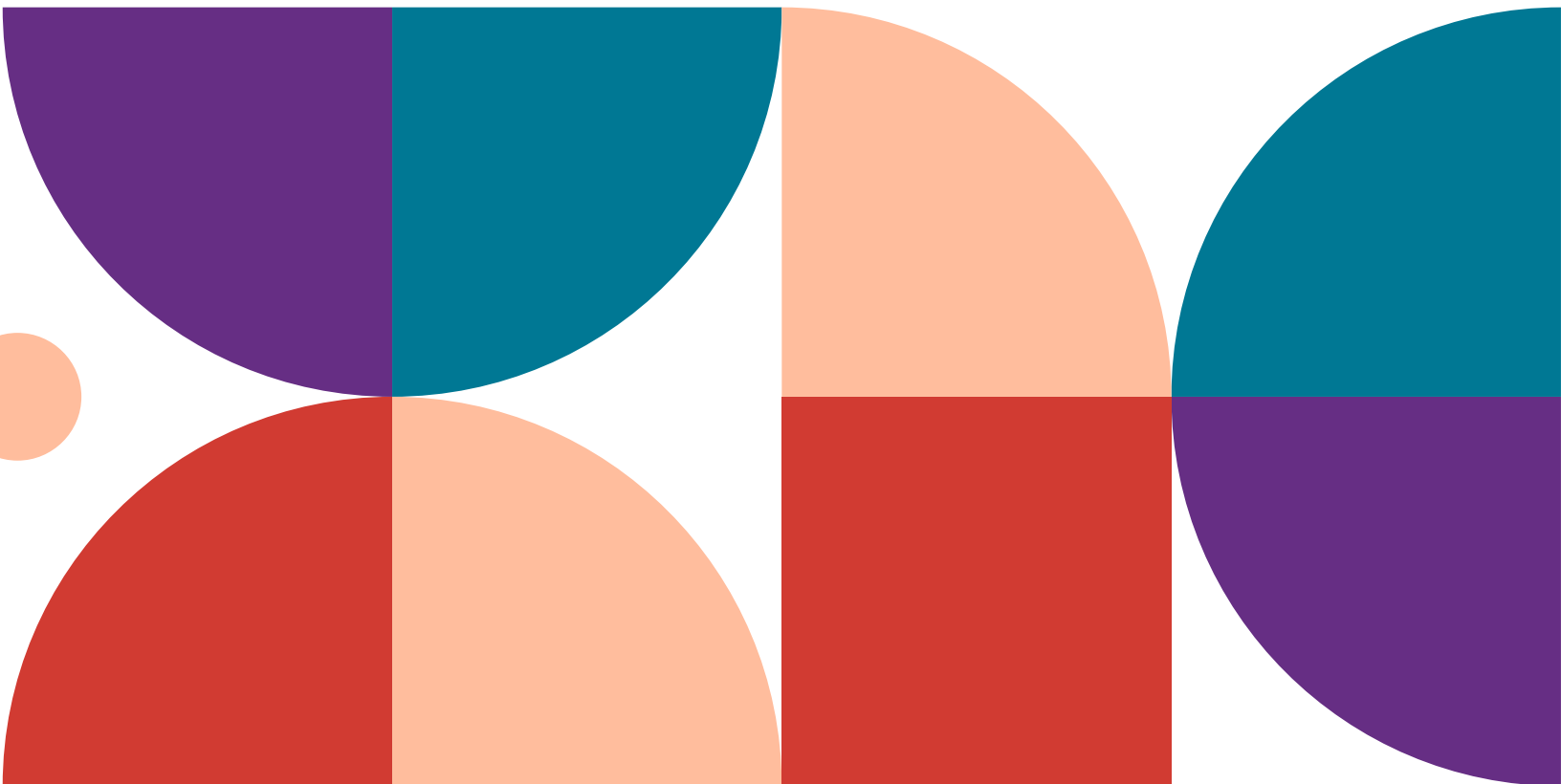
9k

podcast streams

Building the foundation for greater impact

Much of the work people experience is built on a foundation they never see. In 2025, Obesity Canada invested in the clarity, structure, and capacity needed to support a growing organization with a bigger role to play.

This was a year of building from the inside out, creating stronger alignment, greater readiness, broader reach, and a more solid platform for the work ahead.

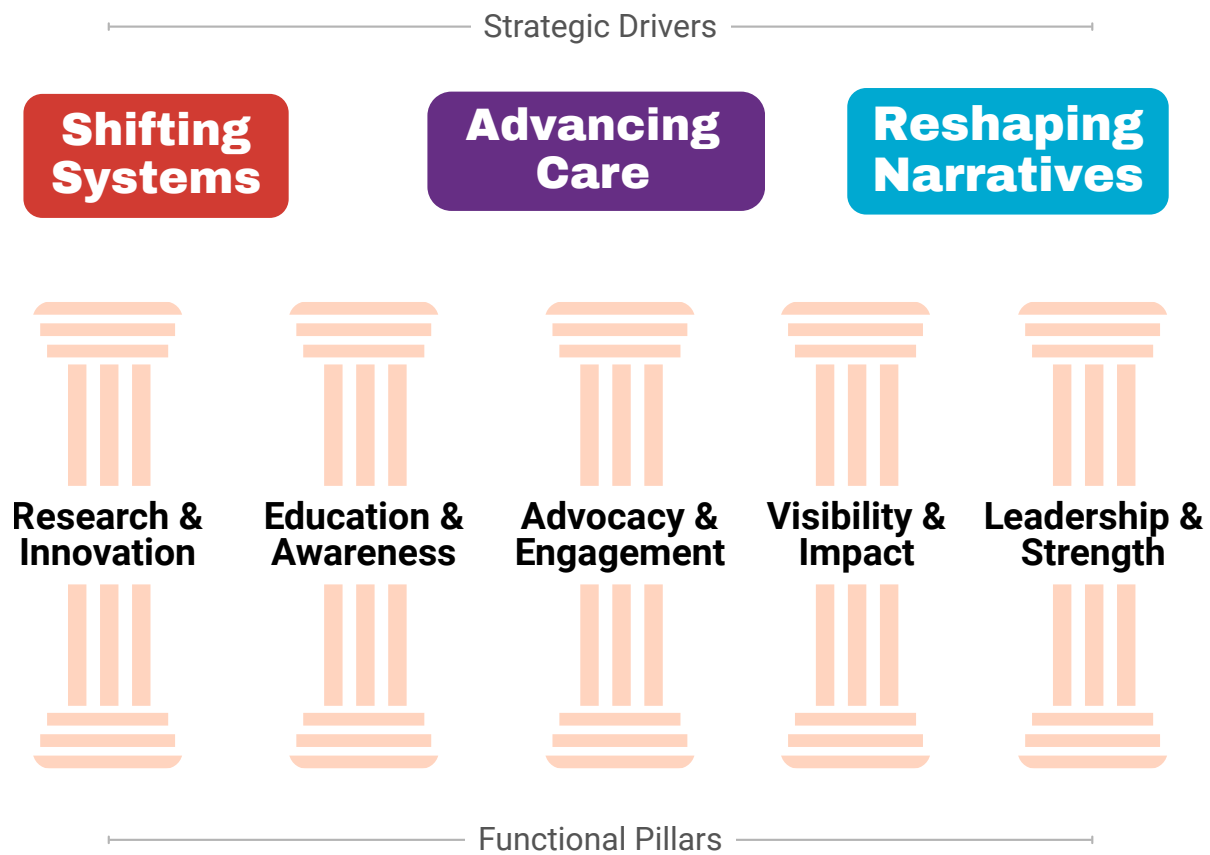


Clarifying our direction

This year, Obesity Canada refined its mission to better reflect the change we're here to create. Our refreshed strategic plan gave the organization a clearer operating model and stronger shared focus across teams, helping connect day-to-day work to a more defined set of strategic outcomes.

It is organized around three strategic drivers that define where the organization is focused on creating change.

Supporting them is a set of functional pillars that reflect the organization's core strengths that make the strategy actionable across the organization.



This strategic work created a clearer sense of how we contribute to systems change, better care, and a stronger public understanding of obesity.



Expanding leadership and capacity

A stronger foundation also meant strengthening leadership capacity to support a broader, more ambitious scope of work and impact.




Dr. Sanjeev Sockalingam extended his term as Scientific Director, bringing continuity, credibility, and steady scientific leadership at a time of significant growth and momentum for the organization. His guidance will help ensure that Obesity Canada's work remains grounded in evidence as its reach and influence continues to expand.



Talia Wiebe joined as Director of Marketing & Communications in December 2024, helping strengthen how Obesity Canada tells its story, reaches new audiences, and builds a stronger public-facing platform for education, engagement, and fundraising.

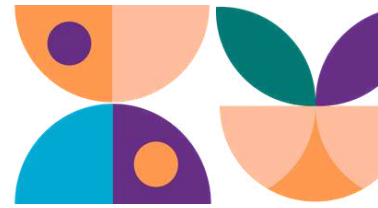


Jennifer Brown, MSc, RD, CBE joined as Director of Program Innovation, bringing deep experience in obesity education and care to evolving programs, and supporting how ideas move into practice.



These leadership additions strengthened Obesity Canada's ability to communicate more clearly, innovate more intentionally, and support the next stage of growth through stronger alignment across science, programs, and public engagement.

Building the brand behind our work

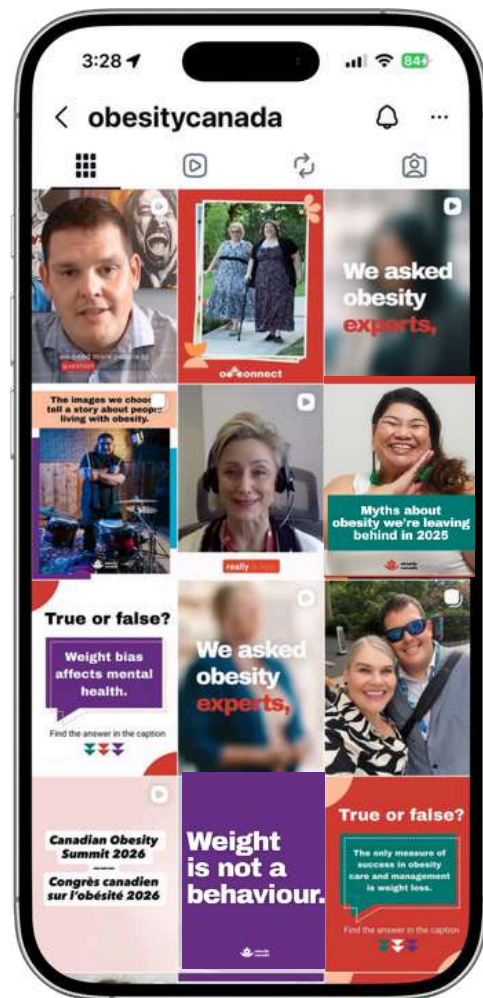
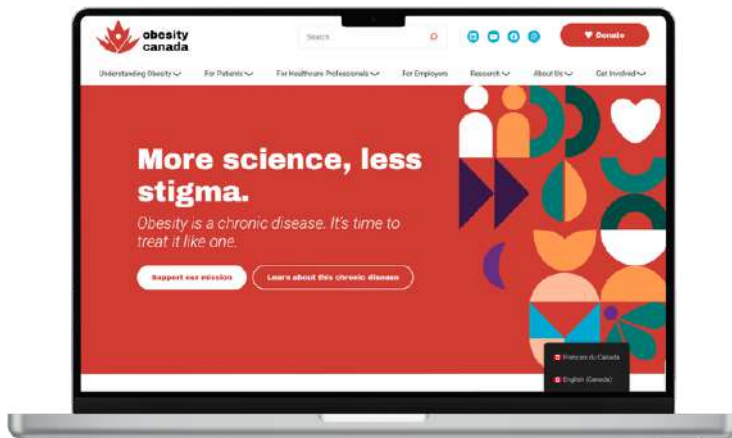


In 2025, Obesity Canada reshaped how the organization shows up in the places people encounter it.

The refreshed brand created a clearer, more human, and more consistent way to communicate Obesity Canada’s work, grounded in science, lived experience, and a stronger public voice. It gave the organization’s campaigns, education, advocacy, fundraising, and public engagement a more recognizable identity.



In February 2025, the website relaunch turned that shift into something people could use: a more cohesive digital home for learning, storytelling, engagement, and giving. New French-language content expanded access, and updated donation tools made it easier for supporters to take part.



A stronger platform for giving

As part of the website relaunch, a new donation platform was introduced that made it easier for supporters to give and helped strengthen the organization’s fundraising foundation. It also reduced payment processing costs so donations can go further.

Strengthening the research pathway

“ We created a clearer pathway for research collaboration with Obesity Canada – one that made support easier to understand and partnership easier to navigate. *Jennifer Brown, Director of Program Innovation* ”



Obesity Canada gave researchers a clearer way to engage with the organization from the start.

Research requests that had often been informal and case-by-case were brought into a clearer, more consistent process. A standardized intake and pre-grant review pathway, new submission form, updated web pages, and clearer research engagement menu made collaboration easier to navigate.

Researchers had a better sense of how to engage and what support was available. Internally, Obesity Canada gained a stronger way to assess fit, document requests, and align opportunities with strategic priorities and capacity.

18

submissions received between August and December 31, 2025

\$19.5M

in potential funding applications represented through those submissions

nearly
\$3M

secured by researchers at year-end for projects supported through this new process

A stronger research pathway also meant making research easier to understand outside academic settings.

New research impact stories on the website translated supported research into clearer public language and connected studies to the people and questions behind them.

Shifting Systems

How Obesity Canada helped change the systems that shape obesity care and access in Canada

Systems do not change on their own. They change upstream, where policy is shaped, standards are set, and decisions about care and access are made. They change when evidence is harder to ignore, expectations for care become clearer, and decision-makers are pushed to respond.

In 2025, Obesity Canada had a stronger hand in shaping the policies, standards, and decisions that influence obesity care.



The Cost of Inaction got harder to ignore

In 2024, *The Cost of Inaction* shifted the conversation by showing that untreated obesity is not only a health issue, but an economic one.



At the CPRS ACE Awards in Toronto, May 2025

In 2025, peer-reviewed publication in *BMC Public Health* gave the report added authority and reach.

A broader communications effort, including media outreach, sponsored content, webinars, stakeholder briefings, and ongoing social content extended that evidence to policymakers, payors, healthcare professionals, and the public. That evidence helped sharpen the case and open conversations with

government for better policy, better care, and action that reflects the reality of obesity as a chronic disease.

27M+ total campaign reach across 2024-25

70+

Total pieces of media coverage
(Earned + paid)

22M+

Total media impressions
(Earned + paid)

1K+

Total events attendees
(Virtual + in-person)

The campaign earned national recognition

The Cost of Inaction received Silver at the Canadian Public Relations Society (CPRS) ACE Awards in Toronto and Silver at the CPRS National Awards of Excellence in Banff, recognizing the campaign's strength in healthcare communications.



At the CPRS National Awards of Excellence in Banff, May 2025



Obesity Canada helped gain chronic disease recognition in Alberta

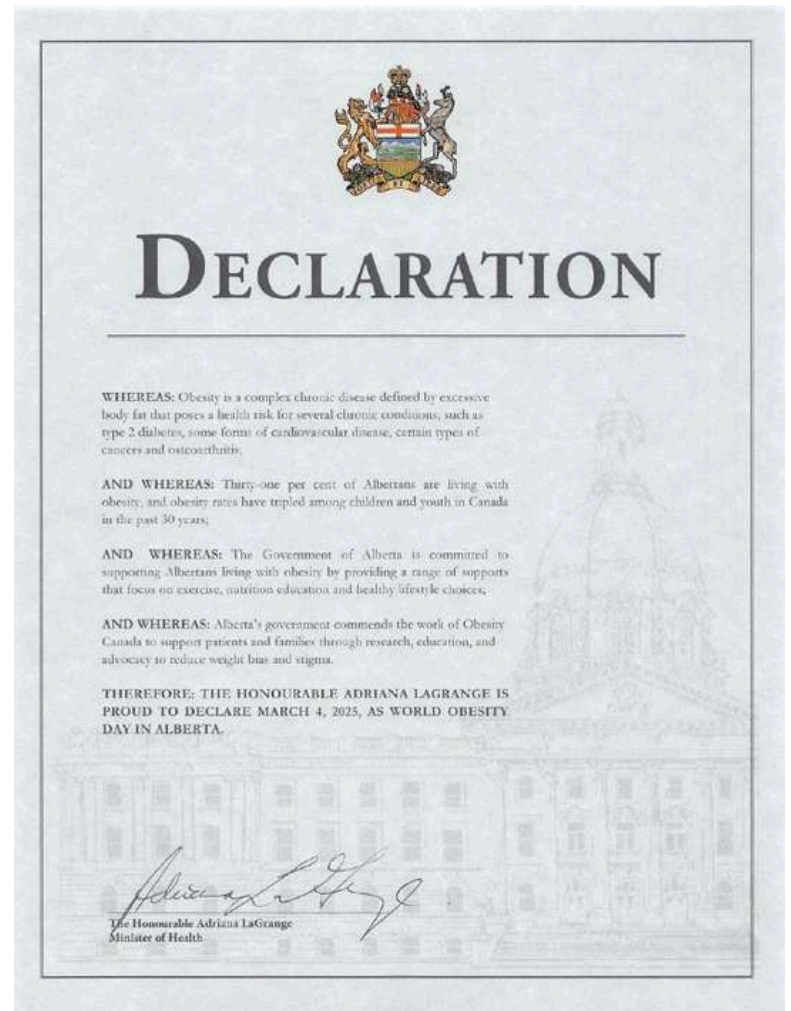
On World Obesity Day, March 4, 2025, Alberta became the first province to formally recognize obesity as a chronic disease.

Recognition changes the terms of the conversation.

It helps move obesity out of the language of personal responsibility and into the realm of health policy, where decisions about care, access to treatment, and social accountability are made.

This was a significant advocacy win for Obesity Canada and a clear example of what systems change can look like in practice.

Recognition alone is not enough, but it creates an opening for better policy, better care, access to treatment, and action that reflects the reality of obesity as a chronic disease in Alberta and across Canada.



The State of Obesity Care in Canada made systemic gaps harder to ignore

The State of Obesity Care in Canada, a national benchmark report, made systemic gaps in obesity care impossible to ignore:

obesity care is inconsistent, difficult to measure, and too often invisible.

Provinces and Territories lack benchmark indicators for obesity. The report identified five national stories that Canada can no longer afford to ignore:

- 1 We don't measure what matters
- 2 Access to a provider \neq access to obesity care
- 3 Surgical access is inconsistent and underreported
- 4 Medication use is rising; coverage is not
- 5 Psychological obesity care is essential but invisible

System gaps that are not tracked are easier to dismiss.

This report gives Obesity Canada a stronger foundation for advocacy, policy engagement, and future accountability by showing where Canada and its provinces must act next.

Rethinking what success should mean in obesity care

Historically, obesity care has leaned heavily on one success measure: percent weight loss.

In 2025, Obesity Canada continued its work with international collaborators on Treat to Target, helping push the field toward a broader view of progress.

The aim is to move beyond weight loss alone and toward outcomes that better reflect health, daily function, quality of life, and the goals people set with their healthcare professionals.



International collaborators on the Treat to Target project in Toronto

As part of this work, a scoping review was published that examined how percent weight loss targets are used in adult obesity research.

It found that many studies relied on similar targets drawn from the same small group of landmark studies, even when those targets were not always feasible, sustainable, or aligned with what people living with obesity value most.

This work is helping change what counts as progress in clinical care, research, and health systems.

When success is defined too narrowly, care can be too.

Broader outcome measures can help shift research priorities, strengthen quality improvement, and give policymakers a fuller picture of what effective obesity care should aim to improve. They create a stronger foundation for care that's more responsive to Canadians' real needs.

Obesity Canada also contributed to an international ICHOM effort to develop a core patient-centred outcome set for adults living with obesity. The work brought together a 29-member group from 21 countries, including patients, clinicians, and researchers, with Dr. Sanjeev Sockalingam and Dr. Ian Patton among the authors.

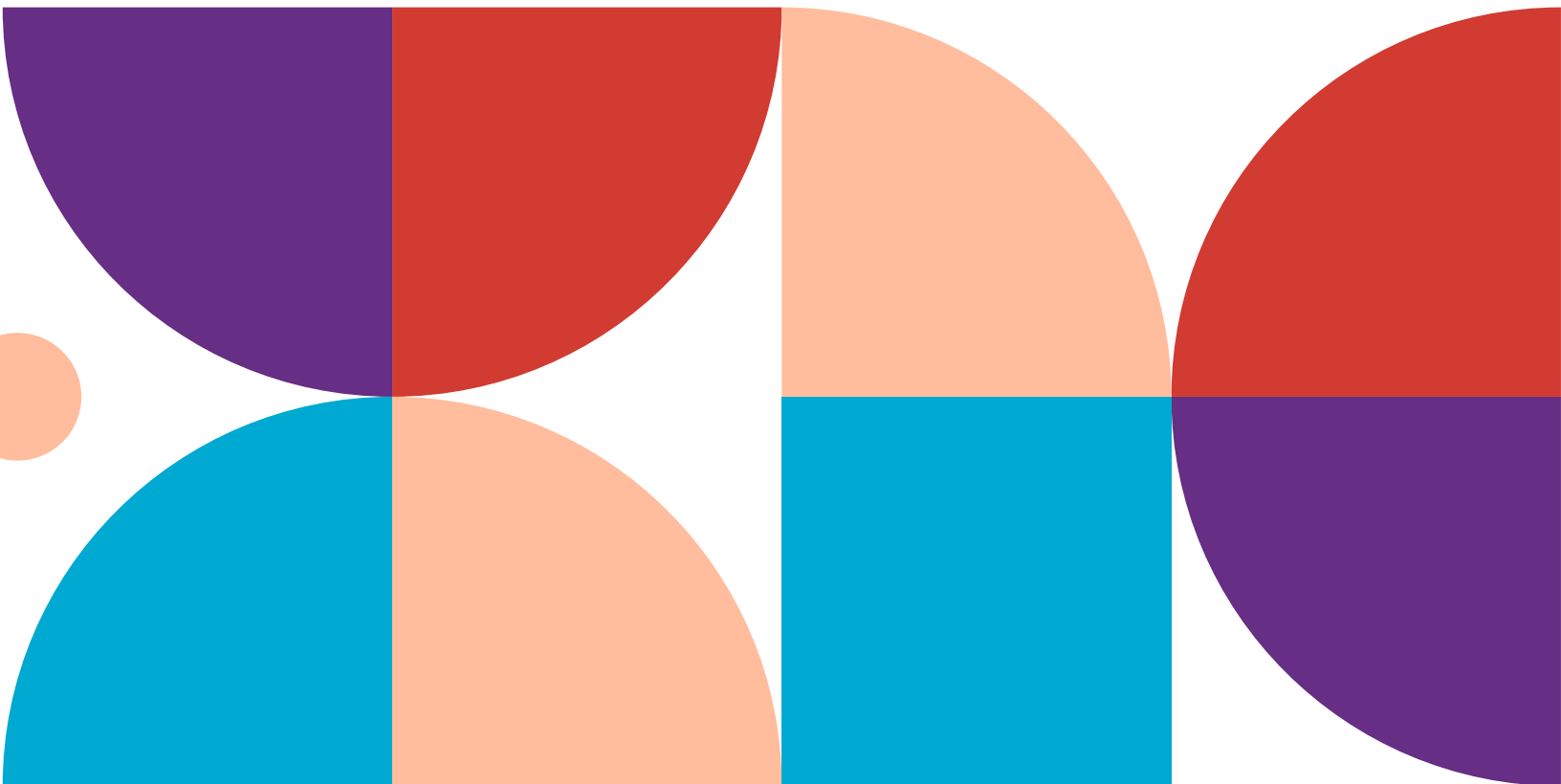
The outcome set moves beyond weight and BMI, giving patients and health systems a better way to track progress across health, well-being, body function, and adverse outcomes.

Advancing Care

How Obesity Canada helped clinicians, researchers, and healthcare systems deliver better obesity care in Canada

Better obesity care takes more than awareness. It needs evidence that can be applied, education that reflects the realities of practice, and tools that help healthcare professionals deliver care that is respectful, evidence-informed, and centred on the person, not just the number on a scale.

In 2025, Obesity Canada helped move that work forward by strengthening the knowledge, resources, and connections that support better obesity care across Canada.



More clinicians had more education & tools to deliver better care

Healthcare professionals are often expected to support people living with obesity without enough training, enough time, or enough practical guidance. In 2025, Obesity Canada continued to close that gap.

Growth was supported by more than one program. Five new and two refreshed courses, practical implementation tools, the Basics & Bias video series, podcast content, and the Clinician Partnerships program, which ran throughout 2025, all helped create more entry points into evidence-informed care.

251

Certified Bariatric Educators

The CBE® designation, earned by passing an exam, recognizes healthcare professionals with advanced, evidence-based expertise in obesity care. The exam was updated in 2025 to reflect updates to the Adult and Pediatric Clinical Practice Guidelines.

137

Calibre graduates

Calibre is an accredited course designed to strengthen practical skills in obesity management. Its 137 graduates represent an estimated indirect impact on approximately

136,699 patients
within their collective care.



Pharmacist and CBE®, Aqeel Askari, featured in [Canadian Healthcare Network](#) in October 2025

More clinicians had more education & tools to deliver better care

Basics & Bias brought obesity education to a broader clinical audience



Obesity Basics & Bias

Obesity Management Across the Lifespan

with Dr. Tasneem Sajwani



1M+ views
of Basics & Bias video content

Through 15 short videos, the Basics & Bias video series helped healthcare professionals engage with the basics of obesity as a chronic disease and better recognize how weight bias shows up in care.

With more than 1 million views, it extended Obesity Canada's reach to clinicians across new channels with minimal advertising investment.

A new format for practical obesity care learning

Launched in 2025, Scale Up Your Practice podcast brought current evidence, practical insight, and lived experience into a new accessible format for healthcare professionals.

Season 1 built strong organic traction:

9,080 streams & downloads
1,723 listening hours



**scale up
your practice
podcast**
by obesity canada

with *Dr. Roshan Abraham*
and *Michelle McMillan*



73%
of podcast listeners are
located in Canada

A clearer standard for pediatric obesity care

The Canadian Pediatric Obesity Clinical Practice Guideline gave clinicians, healthcare systems, and families stronger guidance in an area of care that had gone too long without it.

Managing Obesity in Children: A Clinical Practice Guideline

published in CMAJ, brought evidence-based guidance to a part of care that has too often been shaped by inconsistency, stigma, and uncertainty.

For children and families, that gap has real consequences. Without clear guidance, care can depend too heavily on individual provider knowledge, local practice patterns, or outdated assumptions about weight and health.

The guideline offers a more consistent foundation for care that reflects physical health, mental well-being, and quality of life.



Canadian Pediatric Obesity Clinical Practice
Guideline

#2

Most-read article in
CMAJ in 2025

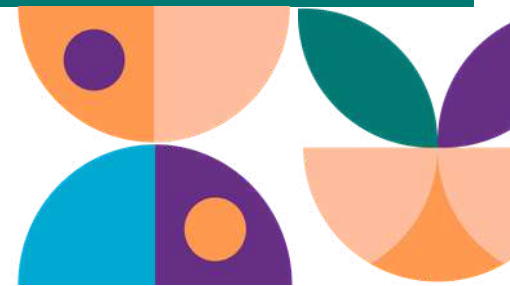
Moving evidence into clinical practice

Obesity Canada did not stop at guideline publication. Shortly after the release of the guideline, Obesity Canada launched a free Introduction to Pediatric Obesity online course. On launch day alone, 40 learners enrolled, and 353 learners were enrolled by the end of 2025.

Through the course, digital resources, media outreach, and related education efforts, the work also began moving into practice, helping healthcare professionals build the knowledge and confidence to use the guideline in real care settings.

The Canadian Pediatric Obesity Clinical Practice Guideline was made possible by volunteer hours of 53 authors including healthcare professionals, researchers, caregivers, people living with obesity and their families.

The pediatric guideline landed far beyond the journal



The launch of the pediatric guideline reached families, healthcare professionals, and the broader public through national media, owned channels, and educational follow-up.

That wider visibility helped the guideline do more than sit on a website or in a journal. It entered public conversation and gave people a new language for talking about pediatric obesity and the care children deserve.

That reach helped carry the guideline's core messages into public view: that pediatric obesity is not a personal failing, that care needs to address stigma and mental health, and that children and families deserve support rooted in evidence rather than judgment.

Media coverage helped carry the guideline's core messages into public conversation across Canada

51

Media mentions

23.4k

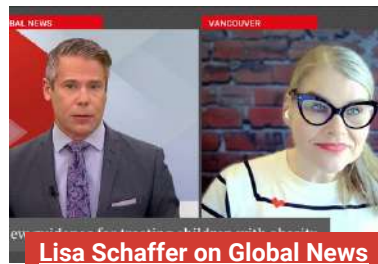
downloads on CMAJ

18.5k

Owned social impressions



Lisa Schaffer on CTV Morning Live Vancouver



Lisa Schaffer on Global News



Dr. Tasneem Sajwani on CTV Morning Live Edmonton



Brendon Goodman, Dr. Sanjeev Sockalingam, & Dr. Jill Hamiton on CBC News



Ian Patton on CTV News Toronto



AI Martin & Dr. Stasia Hadjiyannakis on CBC's The Current

Updated pharmacotherapy guidance gave clinicians stronger tools for care

In August 2025, Obesity Canada updated the pharmacotherapy chapter of the Adult Obesity Clinical Practice Guidelines to reflect one of the fastest-moving areas in obesity care. Published in CMAJ, Obesity Canada was able to release this updated chapter within months of new medications being approved for use in Canada, and also reiterates and strongly recommends a shift away from solely using BMI.

Moving evidence into clinical practice

As treatment options continue to evolve, clinicians need guidance that is current, practical, and easy to use in real-world care settings.

Alongside the chapter update, a Pharmacotherapy Decision Tool and Table were developed to help translate the evidence into clearer treatment decisions at the point of care.

The update was also the foundation for accredited pharmacotherapy education offerings in both English and French, extending its value beyond the guideline itself and into broader learning and implementation. A podcast episode outlining what was included in the guideline, with lead author Dr. Sue Pedersen, was released days after Guideline publication.

#3

Most-read article in
CMAJ in 2025

2962

Chapter PDF
downloads

7069

Chapter webpage
views



**scale up
your practice
podcast**

by obesity canada

with guest

**Sue D. Pedersen,
MD, FRCPC, ABOM**
Specialist in Endocrinology & Metabolism



obesity
canada



Joint replacement recommendations challenged BMI-based barriers to care

Obesity Canada collaborated with the Canadian Orthopaedic Association (COA) on recommendations for knee and hip replacement surgery for people living with obesity.

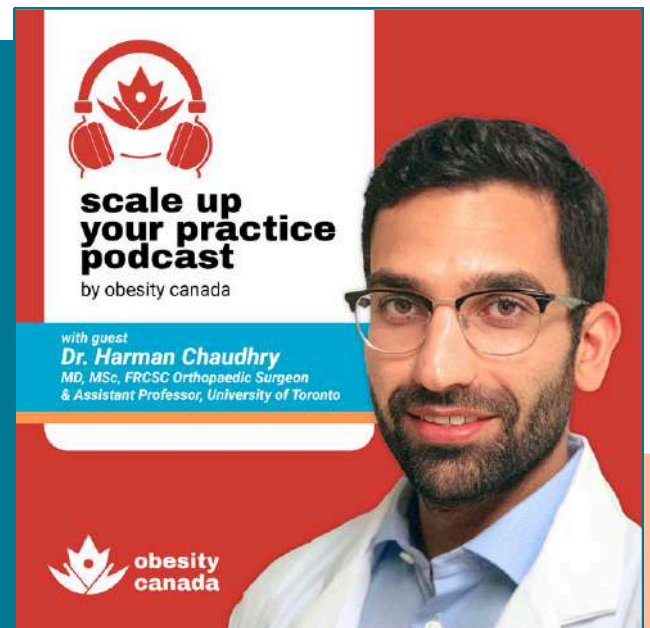
People living with obesity have often faced delays or outright denial of joint replacement surgery based on BMI alone, even when pain, mobility, and quality of life are being significantly affected. That kind of gatekeeping treats body size as a proxy for surgical readiness, and leaves many people without access to care that could meaningfully improve their health and daily function.

These recommendations gave clinicians and systems a stronger, evidence-informed basis for decision-making. They also reinforced that access to joint replacement surgery should be guided by clinical need and individual assessment, not body size alone.

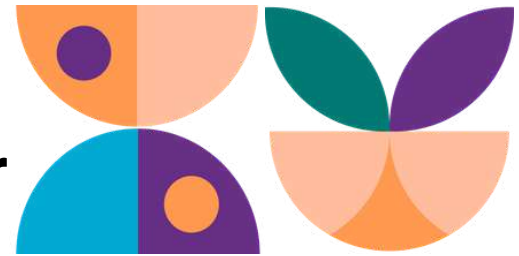
For Obesity Canada, this was an important example of advancing care through partnership. It brought obesity expertise into another area of medicine, challenged a common point of bias in clinical decision-making, and helped support a more fair and individualized approach to treatment.

A Scale Up Your Practice episode with COA Steering Committee member, Dr. Harman Chaudhry,

helped bring these recommendations into clinical conversation, focusing on how BMI-based barriers have shaped access to surgery and how a more individualized, evidence-informed approach can improve care.



NCOU created space for better care to take shape



In March 2025, Obesity Canada hosted our first National Clinical Obesity Update in Montreal, bringing healthcare professionals together around a central challenge in obesity care: how to translate growing evidence into care that is useful, respectful, and workable in real clinical settings.

Obesity care is evolving quickly, and clinicians are navigating time pressures, uneven training, and systems that do not always support obesity care in practice. NCOU offered practical rather than passive learning. It gave attendees a place to examine the evidence, hear from peers, and work through what better care looks like when it meets the realities of everyday practice.

This conference was part of a broader effort to support not only knowledge, but application. It helped move the conversation beyond what the evidence says and closer to what clinicians need in order to use it well.



sold out!
302
Attendees



15
Sponsors



11
Exhibitors



31
Speakers



25
Presentations



Reshaping Narratives

How Obesity Canada helped Canadians think differently about obesity and the people affected by it.

Public understanding of obesity is shaped over time: through language, media, cultural assumptions, and the stories people hear about health, blame, and belonging. Changing that takes more than awareness. It takes a stronger public voice, clearer evidence, and stories that make room for nuance and complexity instead of reinforcing stigma.

Throughout 2025, Obesity Canada showed up more clearly and more often in the places where that understanding is formed.



Empowered with Meg Ryan brought the mission into public view

Obesity Canada partnered with Empowered with Meg Ryan, a documentary-style project that helped more people see the work through the lives it is meant to serve.



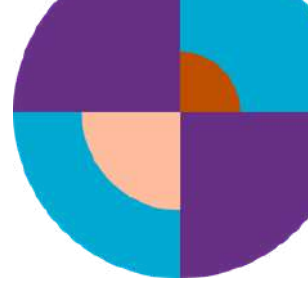
The film brought together lived experience, clinical care, leadership, and advocacy to show what sits behind the revised mission and strategic plan:

stigma, barriers to care, and the need for a more informed understanding of obesity as a chronic disease.

It also gave the organization a more public, and more human way to be understood, grounded in people's experiences rather than policy language alone.

Content from the film helped strengthen the storytelling behind our strategic plan launch and Giving Tuesday campaign

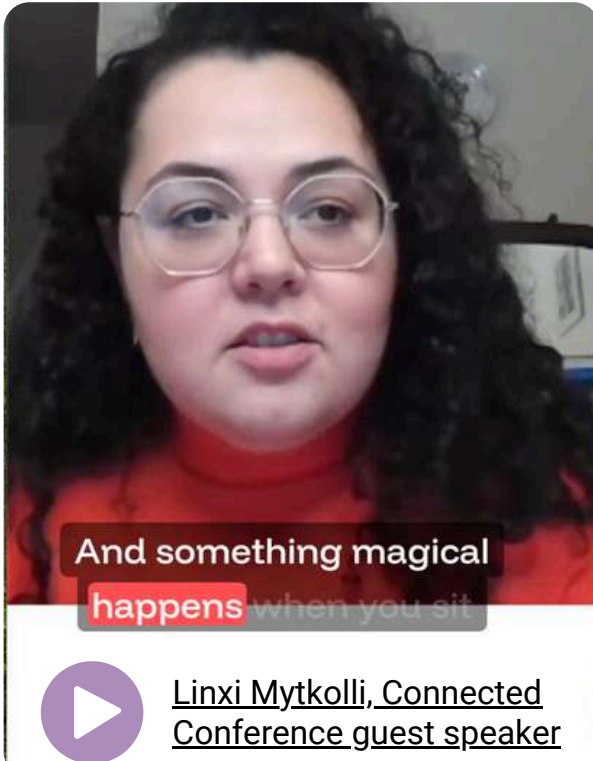




Connected Conference made room for a bigger conversation

Connected Conference 2025 invited patients and the broader public into a different kind of conversation around obesity.

Held around World Obesity Day in March, the event was designed to be accessible, relevant, and easy to enter for people outside professional or academic settings.



Each session explored obesity through its relationship with other chronic diseases, helping people place it in a wider health context rather than seeing it in isolation.

That shift in framing was important. It made room for a fuller picture of obesity: one that reflected complexity instead of simplification, connection instead of separation, and health realities that many people already know firsthand.

For people living with obesity, for those supporting someone they care about, and for those trying to better understand obesity, the conference offered a more recognizable and more useful way into the conversation.

+118%

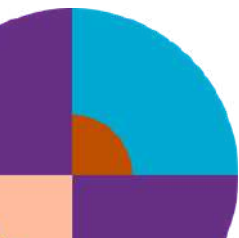
increase in registrations compared to 2024

+38%

increase in YouTube watch time compared to 2024

Public narratives begin to shift when the story becomes more recognizable.

Connected Conference helped people see obesity in a wider health context, connected to conditions and experiences they already know are part of real life.





Shaping conversations that shape the narrative

Some of the year's most important narrative work happened far from public view.

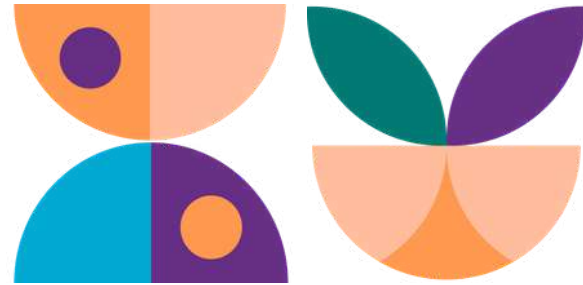
Obesity Canada brought evidence-based, stigma-informed education into settings where future decisions about obesity are often shaped long before they reach the public: university classrooms, industry workshops, professional forums, and healthcare-facing training spaces.



Dr. Ian Patton and Dr. Angela Alberga with students at McGill University after a weight bias training workshop

Trainings and workshops included weight bias workshops at McGill University, educational sessions with industry partners, and related work designed to orient people entering or influencing the obesity space.





Bringing Obesity Canada's voice to global conversations

Obesity Canada carried its work into international forums where the future of obesity care is being discussed across borders and systems.

At ECO 2025, the United Nations General Assembly, and other global gatherings, members of the team spoke about obesity as a chronic disease, the effects of weight bias, and implementing care informed by both science and lived experience. These forums created openings to share work developed in Canada with audiences involved in research, policy, healthcare, and advocacy elsewhere.

As those ideas travelled, they reached people working in different contexts but facing many of the same challenges: stigma, inconsistent care, and systems that still do not reflect the complexity of obesity.

What Obesity Canada has been building is now part of a broader international conversation about what needs to change.



Lisa Schaffer on a panel at the UNGA 2025



Ian Patton at the UNGA 2025



Nicole Pearce presenting at ECO 2025 in Malaga, Spain

Defining Canada's obesity research priorities through lived experience

Obesity Canada helped lead a national James Lind Alliance process to identify the top unanswered questions in adult obesity care. This was a first-of-its-kind, community-driven roadmap for the future of obesity research in Canada.

What came into view through that work was not only a list of research priorities, but a different starting point for research itself. Over 18 months, people living with obesity, caregivers, and healthcare professionals took part in surveys, workshops, and roundtable discussions to identify the questions they felt still needed answers.

The priorities that emerged reflected concerns that are often underrepresented in research agendas: mental health and stigma, access and equity, care beyond BMI, treatment personalization, and the support healthcare professionals need to provide better care.

That process brought a clearer picture of what people are still navigating, what care is still missing, and where future research could be more responsive to lived reality.

“
This project wasn't about speaking for people living with obesity—it was about listening to them.
”





2025

Financials

Summary Financial Statements

Fiscal year-end, December 31, 2025.

Full reports available on the [CRA website](#).

		2025	2024*
Revenue			
	Funding	\$1.77M	\$798K
	Event income	\$892K	\$535K
	Fees for services	\$128K	\$2k
	Investment & other income	\$63K	\$48K
		\$2.86M	\$1.38M
Expenses			
	Personnel	\$879K	\$449K
	Programs & Projects	\$1.15M	\$1.02M
	Operations	\$420K	\$420K
		\$2.45M	\$1.89M

**In 2024, Obesity Canada changed its fiscal year end from March 31 to December 31, resulting in a 9-month fiscal year instead of 12.*

Every contribution helps move our mission forward

Thank you to every donor and partner who chose to invest in change that matters. Your financial support is helping shift systems, advance care, and reshape the narrative of obesity in Canada.

\$100,000+

Boehringer Ingelheim Canada
 Boehringer Ingelheim International
 Eli Lilly Canada
 Novo Nordisk Canada
 Novo Nordisk Global

\$50,000-\$99,999

Desjardins

\$20,000-\$49,999

Amgen, Inc.
 Hoffman La-Roche Limited
 Shoppers Drug Mart

\$5,000-\$19,999

Johnson & Johnson
 McGill University
 Ottawa Community Foundation
 Pfizer Canada
 Regeneron
 University of Alberta

\$1,000-\$4,999

Alberta Obesity Care	Sanjeev Sockalingam
Andrew Ginn	Stasia Hadjiyannakis
Eisai Limited	Sylvain Iceta
InBody Canada	Tourism Montreal
Kristine Godziuk	Vicki Mooney
Philip Sherman	

\$250-\$999

Alberta Blue Cross
 Bariatric Technologies
 Cheryl Denomy
 Evan Legate
 University Health Network

Every contribution helps move our mission forward

Thank you to every donor and partner who chose to invest in change that matters. Your financial support is helping shift systems, advance care, and reshape the narrative of obesity in Canada.

\$249 and under

Brandi Pearce	Penelope Konrad
Carol Tapanila	Rena Tallis
Coreen Saikaley	Ryan McGuire
J. Peter Haberl	Sandie Schaffer
Jane Player	Talia Wiebe
Janice Forsythe	Tesia Bennett
JCHylands Consulting Inc.	Gary Cavanagh
Jennifer Brown	Donations through PayPal Giving Fund
Jennifer Wallace	Donations through United Way
Lisa Schaffer	Donations through NewMode
Nicanor Pantino	
Omid R. Bahadoran	

Thank you to our volunteers

To our volunteers, Action Teams, and Board members – thank you for showing up with heart, vision, and commitment every step of the way. Your contributions are helping us make a meaningful impact for people affected by obesity.

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(*Scientific Director*)

Aaron Noga
(*Board Chair*)

Jacob Shelley
(*Vice-Chair & Secretary*)

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Navin Malik

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Cheryl Denomy

Lindsay White-O'Neill

Theresa Howland

Dr. David Wiljer

Margaret McCuaig-Boyd

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