

The **H**ealth **P**romotion **E**xchange

An Idea Whose Time Has Come: 5th Year of the Health Promotion Exchange

This issue marks the fifth year of the Health Promotion Exchange. Congratulations and thank you to the newsletter's Organizing Committee, the many contributors and sponsors.

We hope this publication, with a focus on health promotion leadership, serves as a

forum to exchange ideas on how health promotion activities can improve and enhance the health of people and communities. Many contributors from outside our region and from other countries keep us in touch with different perspectives.

This year marks the first session on hos-

pital health promotion at the 77th Annual Ontario Hospital Association Convention. The Honourable Marc Lalonde will revisit "A New Perspective on the Health of Canadians". Also, the Health Promoting Hospital Network will present the new video on hospital health promotion.

Opportunities for Leadership in Health Promotion

*"To lead people, walk beside them...
As for the best leaders, the people do not notice their existence.
The next best, the people honor and praise.
The next, the people fear; and the next, the people hate...
When the best leader's work is done the people say,
'We did it ourselves!'"*
- Lao-tsu

Opportunities for leadership exist in all aspects of our lives. In health promotion we have become accustomed to looking for guidance from experts such as health care practitioners, policy makers, and researchers. As appropriate and necessary as these sources are, there are other sources of leadership in health promotion. Health promotion leadership is within the reach of every individual and in everyday activity. We only need to become sensitive to how our actions and beliefs affect those around us, to realize our individual potential for leadership. We need to have the courage to make our convictions about taking responsibility for health publicly visible.

Leaders are not only those individuals who have been given the label by way of their position in society or organizations. The potential for leadership exists in even the unassuming person, whose actions rather than words inspire others to act. As illustrated in the quote, the best leaders are those whose presence is only noted when groups that they belong to succeed. Truly influential leaders are visionaries who have no need to ask others to share their vision. They are enthusiastic and passionate about their beliefs, are unafraid to take risks, and learn from their mistakes.

Education, health care, planning, and policy development organizations, at the federal, provincial and local levels, have committees and task forces that discuss the health promotion needs of their constituents. Improving literacy, supporting health-screening programs, ensuring adequate housing, providing job opportunities, civilizing traffic patterns, and protecting public safety are all noble and necessary endeavours. But we should not become reliant on only these groups for developing and promoting health promotion initiatives. Health promotion is most powerful

when individuals become the agents of change. Certainly no single individual can be expected to improve the well being of an entire community. However, a single individual can affect the well being of another individual who in turn can influence another. If you think back to who has had the greatest influence on your health behaviour, it is probable that was

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Health Promotion in Hospitals

- Getting Attention by Showing Leaders the Benefits!

Health promotion is the process of enabling people to increase control over, and thereby improve their health.

Whose business is it anyway to design and deliver health promotion activities? Who has it crafted right there in their mandate- in their core values? Who is supposed to be paying attention, being the advocate, the responsible one?

Well, those are the issues. Is it the role of public health, physicians, caregivers, support groups, community agencies, hospitals or the individual themselves? It is all of the above. It is the interdependency of all the players that maximize the likelihood of the impact and sustainability of the concepts and outcomes of health promotion. Each player can bring to the table unique roles, skills and capabilities; however, it is the mutual accountability that is the glue that achieves the best results.

What gets in the way of hospitals giving health promotion their time and commitment?

Leaders of hospitals have a lot of issues consuming their time. There are budget deficits to face, quality challenges, recruitment and retention crises, overcrowded emergency departments and grieving relatives facing losses. There are contentious board meetings, competition externally for roles, new breakthroughs and constant conflicts involving patients, families and between staff. Managers talk about spending 50 to 80 percent of their time in conflict resolution activities. How exhausting that is! There is something happening all the time that consumes the space either by its high positive appeal or its negative charge. There is a lot of clutter out there distracting leaders and front line staff from health promotion.

People inside are lobbying for their specific projects and competing for limited resources. Senior leaders are constantly changing as organizations combine and reorganize. In addition, complexity

intrigues leaders as it activates the intellect and stimulates problem-solving capabilities with the opportunity to impact in the near future. The appeal of new information and shiny things, enchants and excites, draws staff and leaders away from those things that are more mundane like health promotion.

Hospitals rarely have the time to look at the relative impact of the dollars spent on expensive technology and programs compared to health promotion. In fact, isn't technology an enabler to health promotion by providing needed information? The hospital decision makers would have to slow down to take a good look at the basics and make more deliberate choices.

Isn't that part of the problem? The basics are just that – basic. Where's the innovation, the sparkle that differentiates us from others and draws in research and foundational dollars? In plain language- *how do we honour the mundane and give it the recognition in relative terms that it truly deserves?*

To see the benefits, the leaders need to slow down, pause long enough and then pull back, pull way back, to see the whole continuum of care from health promotion through treatment and rehabilitation and maintenance to palliation.

This requires a view beyond the walls and scope of the individual hospital to the whole person and their environment.

What is Compelling about Health Promotion?

A large percentage of illnesses are affected by lifestyle choices of clients where awareness is often the first step that provides the motivation for changes in behaviour.

Why should hospital leaders be committed to health promotion?

Because it is part of being a good corporate citizen. As large health players in the community, hospitals need to be aware and sensitive to the determinants of

health and their impact on services and programs. Hospitals and their people have an organized voice and influence in their communities. They are listened to.

Hospital staff have both the facilities and knowledge to share and reinforce the information. The staff have multiple contacts and therefore opportunities to reinforce the principles and basics of health promotion in their daily practice. They can make a real impact.

Community leaders sit on boards and committees and are well known and respected in their fields. They are in an ideal situation to network and connect decision makers in the continuum of care.

And hospitals are a major employer in their community having the staff and their families' well being to consider.

What are the benefits that you as a hospital leader or staff member will discover?

Hospitals derive a lot of benefits by turning their attention to supporting and engaging in health promotion activities.

For Staff:

An organizational culture of health promotion supports a more balanced and healthier group of staff, physicians, volunteers and leaders. A healthier work environment with a realistic work pace can attract and retain staffs that have multiple choices of employers.

As such, health-promoting hospitals have the opportunity to be a role model for their community of a health promoting working environment.

Research studies report that organizations that provide health promotion programs benefit from lowered absenteeism rates, staff turnover and reduction in employee medical cost usage. All of these benefit the financial bottom line in addition to the culture of the organization. (May/June 2001 Health Promotion Journal www.healthpromotionjournal.com)

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Health Promotion in Hospitals

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With Neighbours:

Hospitals working together as a team on health promotion strategies experience:

- Opportunities to support and recognize the hard work of individuals and community care givers in the cause of health promotion and its overall potential impact.
- Opportunities to concentrate and bolster the resources of areas like nutrition that often fall between groups and receive little recognition in the fight against illness.
- Opportunities to work with other employers in the community as a source of knowledge and expertise.
- Opportunities to do work that are uplifting and positive.

And most importantly with Patients:

Through the joint efforts of players, a coordinated approach to information across the continuum of care can magnify the value and familiarity of the information for patients making it more real.

A health promotion mandate can act as a clear way to translate hospital corporate values into actions.

Health promotion can be the basic language that can link hospitals and patients together in a way that is less intimidating or overwhelming than sophisticated equipment, complex procedures or personal crises. Such initiatives support a relationship building perspective that reinforces the hospital's caring way i.e., in sickness and in health. Clients can see the hospital as an increasingly valuable source of information about their overall health.

Results will include opportunities for sharing the power and responsibility of care with both clients and community providers.

By embracing health promotion, hospitals provide a key to understanding the inter-relationships of the determinants of health and the common goal of improved health for the whole community.

Including health promotion in every pro-

gram, the comprehensiveness of care will be addressed demonstrating your leadership in reaching out to meet accreditation standards.

The presence of health promotion at the table will offer a new way to question and evaluate the allocation of resources and the impact of corporate decision-making.

What will you need to do to get there?

As a CEO, you will need to ensure your health care organization emphasizes health promotion right in your mission and values statements. This declaration sets the mandate for action. This commitment is then demonstrated by the level of structures and resources put in place to translate the words into action. These include:

- A CEO who values and models the concepts of health promotion through living, work / life balance and has a true appreciation of the determinants of health and their impact on health. A CEO who believes in mutual accountability in this area.
- A Board Committee monitoring the progress of implementation and results.
- Resources, allocated to a senior staff member in time and support staff, to design, facilitate and implement health promotion activities internally with Program Directors and with external caregivers and clients.
- A template for the continuum of care, for Program Directors and Department Heads, that delineates the role and responsibilities that staff will carry out in health promotion and allotting adequate resources.
- The adoption by leaders throughout the organization of the value of health promotion. The belief that their role includes health promotion and their performance will be evaluated on its presence and quality of delivery.
- Leaders in each program allocating time in their calendars weekly to reach out to the community members. By inquiring how together you can promote health, you support and advance the cause of health promotion.

All that is left is your staff's imagination to create the opportunities and time to celebrate the connections and results. Bravo!

Wendy Youens

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Past CEO roles in a community, a teaching hospital and an integrated delivery system.

Opportunities for Leadership in Health Promotion

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an individual, trusted and admired. In childhood it was a parent. As you matured you added role models from outside the family. Individuals who are admired and respected serve as role models and leaders, influencing behaviour.

Health promotion, to achieve its goal of helping people make wise lifestyle choices, needs leaders who "live the talk". These individuals are not necessarily chairpersons of committees or appointees to an office. They are found at all levels, and seize opportunities for demonstrating their commitment to health promotion. It is the person whose responsibility for refreshments at meetings results in fruit and other nutritious foods rather than muffins and doughnuts. It is the executive who takes a daily walk at noon and encourages others to do the same. It is the driver who changes lanes to allow others easier access to the highway. It is you and I who in our everyday lives do things that reflect our value of well being and who appreciate that what we do can have far reaching implications on the lives of others.

In this issue of the Health Promotion Newsletter you will read about various individuals who are leaders. They are clear in their commitment to their beliefs and encourage others to take responsibility. In future issues of the newsletter we would like to publish other examples of leadership and encourage readers to submit examples.

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Waterloo, Ontario, Canada

Health Studies Education: Is it moving in the right direction?

It is acknowledged by many that the field of health studies is moving from the traditional health approach toward a more holistic health approach. The focus of the traditional health approach is related to disease and the treatment of disease by controlling behavioural risk-factors. Conversely, the focus of the holistic health approach is related to the interconnected web of social, genetic, emotional, spiritual and physical factors which contribute to health and how people can be assisted with understanding the issues that underlie illness and behavioural struggles. From a health studies perspective, the benefits of the holistic approach appear obvious, since it moves beyond simply dealing with risk-factors for disease to looking at all the various contributing aspects of a person's health.

So, while the field of health is apparently undergoing the aforementioned transition, it does not appear that post-secondary health studies programs in Ontario are keeping pace. There is presently a strong focus in health studies education on under-

standing the determinants of disease, primarily the behavioural risk-factors for disease. There is little focus on social aspects of health and virtually no focus on spiritual health and emotional health aspects. If post-secondary health studies education in Ontario is going to keep up with the changing health paradigm that is occurring, it should adapt and not just provide students with an understanding of health based primarily on disease risk factors. This should better prepare students for entering the emerging health paradigm while also providing the health field with new employees that have a perspective beyond the traditional health approach.

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Promoting Health for All the Rural Poor in a Community in the North West Frontier Province of Pakistan

Combining the Primary Health Care and Health Promoting Hospital Initiatives

**Special editorial from the 9th International Health Promoting Hospital Conference - May, 2001*

The Meaning of WHO's Health For All by the Year 2000 ("HFA")

A landmark in the development of health policy was the international Conference on Primary Health Care, which took place in 1978 in Alma-Ata, attended by delegations from 134 governments and representatives of UN system organizations, other agencies and NGOs.

The Conference declared that the health status of hundreds of millions of people in the world was unacceptable and called for a new approach to health and health care to shrink the gap between the "haves" and "have nots", to achieve a more equitable distribution of health resources, and to attain a level of health for all the citizens of the world that would permit them to lead a socially and economically productive life.

The Vision

What is "Health For All"?

It means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of well being, not just the availability of health services—a state of health that enables a person to lead a socially and economically productive life. HFA implies the removal of obstacles to health—that is to say, the elimination of malnutrition, ignorance, contaminated drinking water, and unhygienic housing—quite as much as a lack of doctors, hospital beds, drugs and vaccines.

Primary Health Care Approach

Thus, in endorsing the report of the International Conference on Primary Health Care in 1979, the World Health Assembly and the United Nations General Assembly reaffirmed that health was a powerful lever for socioeconomic development and peace, and that the goal of health for all by the year 2000, which was essential for raising the quality of life, could be attained through the primary

health care approach.

Health development, as distinct from the provision of medical care, is a recent concept. One of the principles of health development is that governments have a responsibility for the health of their people, and at the same time people should have the right as well as the duty, individually and collectively, to participate in the development of their own health.

Health Promoting Hospitals (HPN's)

In keeping with the concept of health as a fundamental right, the Ottawa Charter for Health Promotion emphasizes certain prerequisites for health, which includes peace, adequate economic resources, food and shelter, and a stable ecosystem and sustainable resource use. Recognition of these prerequisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. HFA underpins the Ottawa Charter and HPH's initiative. The five priority areas outlined in

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Advocacy and Health of Persons with Dementia

Health is increasingly being defined in terms of a holistic model of the individual's life. For example, recent studies have found evidence of positive relationships between social participation and health (e.g. Pickett, Heller, Cook, 1998). In spite of this knowledge, entire segments of our population are excluded from interaction with the wider society, and are isolated. Individuals with dementia, for example, are often excluded from social participation on the assumption that changes to cognition and memory preclude their input.

In contrast, recent studies in dementia care are focusing on the necessity of recognizing the 'personhood' of individuals with dementia. Contrary to supporting a paradigm of personhood is the belief that if people who do not 'fit' into the commonly accepted mode of holding 'intellectual' abilities, ...we discuss them as less than human or not at all (Post, 2001). The significance of the person's life story—their experiences, who they are, who they were before the dementia, what was and is meaningful to them are all components relating to the larger concept of personhood.

Self-Advocacy for People with Dementia

An emerging self-advocacy movement by persons with dementia (PwiDs) is claiming agency and personhood. Dementia Advocacy and Support Network (DASN), for example, is a non-profit web-based organization working to improve the quality of life for persons with dementia. DASN provides an e-mail community for all members, chat rooms for individuals with dementia, a newsletter, and links to Dementia Organizations and Dementia Information sites worldwide. Their statement of 'Principles, Beliefs and Values' states: "We are a group of autonomous competent persons diagnosed with dementia. We believe that shared knowledge is empowerment, and that we can utilize our strengths to create a supportive network. We are a voice and a helping hand. Our purpose is to promote respect and dignity for persons with dementia, to encourage support mechanisms such as local groups,

counseling, and Internet linkages, and to advocate for services we need." (DASN website)



How an Electronic Community Supports Health and Well-being for Individuals with Dementia and Others

We recently sent out an e-mail message to DASN members, asking them to share their experiences of how participation in DASN has influenced their health and well-being. Responses to our e-mail suggest that participation in advocacy/self-advocacy networks such as DASN, does have important implications for the health and well-being of persons with dementia.

One DASN member describes social support in terms of 'understanding' and freedom to laugh:

"Lately I notice myself forgetting people who are not in my immediate space. I no longer think to call family or friends, and recently missed saying goodnight to my best friend...I may get up in the middle of a TV show and go to my room to watch something else from my bed, and even forget to say goodnight to my husband. The one place I can be sure to feel understood when I make such strange mistakes is on our DASN chat line. Here we can laugh at our mistakes in a secure setting, and know that others understand us like nobody else can." (Norma Evelyn Selbie)

Peter, an active DASN member in the UK with Lewy Body dementia, identified DASN as providing a sense of family and security: "DASN provides that magical forum in which we can all be ourselves, share our sorrows and our joys without any

fear whatsoever. If ever what we say is challenged it is by our peers and therefore there is never an unnecessary huddled (hurdle) to overcome when entering into the debating arena." (Peter Ashley)

Mary, a DASN member living in Oklahoma, identified DASN as a source of friendship, through which she could be connected to others sharing similar experiences around the world and reach out to the newly-diagnosed: "Each morning I run to the computer to read my email from my DASN friends, to see if we have had new members join so I can welcome them, and how many have visited my web page and signed my guest book. It has encouraged me to do a Web Page where I can reach out to newly diagnosed PwiD and also hopefully help their Care-Partners to understand what it is like for us to live with dementia. I host a chat room for DASN twice a day where we can share, laugh, sometimes cry, and just talk about the weather if we want...I feel like I get a hug each time I host a DASN chat room." (Mary Lockhart)

Brian is a man from New Zealand with multiple infarct dementia and he is a DASN member. He emphasizes the comfort, security, understanding, and social acceptance which other DASN members have provided him. This security has enabled him to "draw in others like myself to experience renewed health and well-being". Through his DASN experience, Brian has benefitted from the kind words and suggestions of others, which have encouraged his own state of well-being and agency: "Now I am achieving results I would never have thought possible. My mind is growing again!...From alone, alarmed and not a little ashamed to vital, vivacious and visionary. Participating in DASN has become my health and well-being." (Brian McNaughton).

Several members also mentioned a spiritual dimension to their sense of well-being. One DASN member remarked: "Our presence here is part of our own survivor mission. On the one hand, we are bearing witness to our faith....on the other hand we are

Promoting Health for All the Rural Poor in a Community in the North West Frontier Province of Pakistan

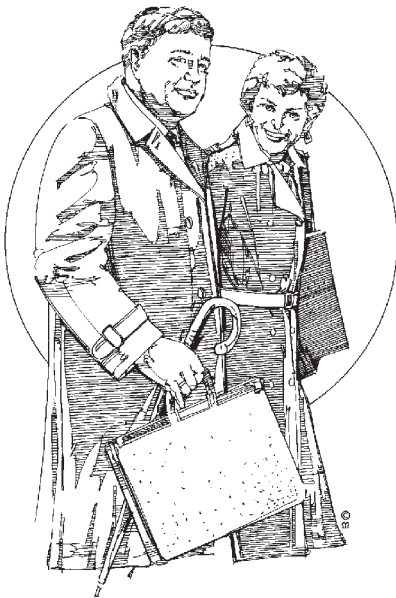
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the Ottawa Charter for health promotion are:

- Build healthy public policy
- Create supportive environments for health
- Strengthen community action for health
- Develop personal skills
- Reorient health services

The Jakarta Declaration on Leading Health Promotion into the 21st Century

confirmed that settings for health offer practical opportunities for the implementation of comprehensive strategies. Combining the Primary Health Care and HPHs Approaches in a rural setting enables the development of comprehensive approaches to health development that are most effective.



Health promoting hospitals take action to promote the health of their patients, their staff and the population in the community where they are located. Settings can be used to promote health by reaching people who work in them, or using them to gain access to services and through the interaction of different setting - PHC/HPH - with the wider community.

According to the WHO Collaborating Centre in Vienna, Health Promoting Hospitals targets not only the health of patients, staff and population in the local

community but the health of the hospital as a sustainable organization.

Participatory Rapid Appraisal Approach - Identifying 'Need'

Participatory Rapid Appraisal Approach (PRAA) was implemented out of a concern to involve community members in baseline data collection, decision making and development of appropriate health services. By including people the process of PRAA becomes empowering, takes account of the local conditions - social, cultural, political and financial, generating a commitment to sustainable public participation and support.

PRAA can increase people's knowledge and understanding of their own problems, needs and opportunities; can increase their control over health development plans and choices and therefore initiate a community participation, development and change process that continues through the implementation of action plans to the realization of health outcomes.

For success, those applying PRAA, not only need to understand the techniques to be applied, but also have the capacity to listen, to be prepared to be in the background, to be critically self-aware and allow local people to lead the initiative. A major drawback is whether the commitment to this approach is sustained beyond a pilot project phase and the quality of work can be maintained via multisectoral and multidisciplinary commitment and resources allocation.

PHC/HPH Facility in a Rural Area of Pakistan

The Nahqi HPH/PHC Facility is a resource for a rural poor community in the Northwest Frontier Province of Pakistan that is accessible and at a price that they can afford. There is great scope to address health needs, including planned and opportunistic health promotion through day to day contact of PHC personnel and individuals, health education with people and advocacy on behalf of

Advocacy and Health of Persons with Dementia

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working toward a world where not only persons with dementia, but also all persons who are disabled, or weak, or poor will be given the resources, hope and dignity they deserve. And in doing so we are contributing towards our own healing." (Morris)

Finally, one care giver whose husband has Frontotemporal dementia identified DASN as providing hope: *"While surfing, I found a few articles and posts that led me to DASN. I immediately shared with my husband that there were people who were living with dementia, and who were managing to adjust and have a life. That has been about a year, and we are adjusting too. Without that hope, I do not know where our family would be. We found out about the different medications, and that Aricept is being used for FTD. My husband has continued to work; continued to be a father; and we are able to have a life."*

Conclusion

The sense of security, belonging, and acceptance experienced by persons with dementia through DASN, along with the opportunity for growth and self-expression that the network provides, suggests that participation in person-focused advocacy/self-advocacy movements play a significant role in promoting health for individuals with dementia and those who care for them.

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Kyle Whitfield is a Research Associate with the Murray Alzheimer Research and Education Program

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References:

Pickett, SA; Heller, T; Cook, JA; (1998) Professional-led versus family-led support groups: exploring the differences. *Journal of Behavioral Health Services Research*, 25(4):437-445

Post, Stephan (2000) *The Mortal Challenge of Alzheimer Disease*, The Johns Hopkins University Press.

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BRIEFLY...HEALTH PROMOTION EXCHANGE NEWS DIGEST...BRIEFLY...

Don't Eat for Two

At the 9th International Conference on Health Promoting Hospitals, Denmark - May 2001, one of the "Best Poster" awards presented was "Don't Eat For Two". Anna-Louise Nedergaard's, from Denmark (email: anna@gc.aaa.dk), purpose was to inspire overweight pregnant women to attain a healthy weight through diet instruction and exercise both during and after childbirth.

The Children's Ark

Another award winning poster at the World Health Organization's 2001 Health Promoting Hospital conference was "The Children's Ark" with the vision to change the curative institutional environment on the child's hospital experience and recovery. The strategy was to enhance the physical environment in a child friendly and health promoting way. For more information, contact Helen Cunneen, Ireland, at email: hcunneen@mwhb.ie

Health Promoting Hospital Network's Webpages

Network

ADDRESS

Austria	http://www.univie.ac.at/oengk
Belgium French Community	http://www.ulb.ac.be/assoc/hps
Estonia	http://www.tervis.ee
Denmark	http://www.forebyggendesygehuse.dk
Germany	http://www.dmed.de/hph http://www.dngfk.de
Italy	http://www.reteph.it
Italy Lombardia	http://www.sanita.regione.lombardia.it/Sisignala/hph.htm
Italy Emilia Romagna	http://www.ausl.re.it/reteph_er
Italy Piemonte	http://www.arpnet.it/cipes
Lithuania	http://www.info.kma.lt/LithHPH
Poland	http://www.csioz.gov.pl
Slovakia	http://www.provita.sk http://www.voutarchnr.sk
Sweden	http://www.liu.se/fhvc/hfs
Switzerland	http://www.healthhospitals.ch
United Kingdom England	http://www.hphenglishnetwk.demon.co.uk/
Ludwig Boltzmann Institute for the	http://www.univie.ac.at/hph
Sociology of Health and Medicine	http://www.univie.ac.at/lbimsg/
WHO European Office for Integrated	http://www.es.euro.who.int
Health Care Services	

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their community.

PHC personnel, university partners and health ministry, are working together influencing policies and programmes that affect the health of the community they serve.

The Future - 21st Century

The focus of health development is positive health, enhancement of the health potential of individuals and a contributor to better quality of life through human development.

An effective response to PHC/HPH and HFA requires a radically different approach and the authors recognize that sustainable health development in the rural community requires an essential

foundation and sharing of knowledge through:

- Lifelong learning for health workers and the people
- Information and communication technology and network
- Support through globalization - increasing interdependence - economic, political & social
- Development of intellectual capital through a network of partners

For more information about the PHC/HPH project contact:

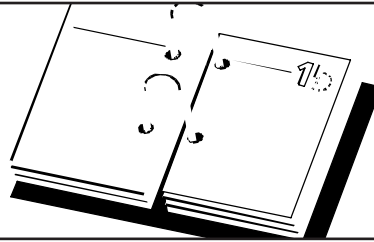
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Mark your calendar



2001 Health Communities Brown Bag Series

(12 noon to 2:00 pm)

October 11 and November 15, 2001

Implementation of Healthy Communities

Principles within community planning.

Bill Janssen, City of Hamilton

Albert McCormack Community Centre,
Waterloo, Ontario

December 6, 2001

Good Ideas Group Meeting

Woolwich Community Health Centre,
St. Jacobs, Ontario

For information contact Trudy Beaulne
at (519) 579-3800 or email:
info@waterlooregion.org

October 12, 2001

Pain - Something to Think About

Ontario Inter-Urban Pain Association
Conference, Freeport Health Centre,
Kitchener, Ontario

Contact: Beverly Brookes (519) 888-4587,
ext. 6884 or email: bbrookes@uwaterloo.ca

October 26, 2001

(8:00 am - 4:00 pm)

Allies in Aging, 3rd Annual Conference presented by the Alzheimer Society

Holiday Inn, Guelph, Ontario

For information call (519) 742-1422 or
email: alzk@online.net

November 5, 2001

52nd Annual Conference of the Ontario Public Health Association

Theme - Harvesting Health: Embracing
Tradition and Change

Sheraton Four Points Hotel, Kitchener,
Ontario

For information call
(519) 883-2004, ext. 5765 or
www.opha.on.ca/conference/index.html

November 5, 2001

The Health Promoting Hospital

Ontario Hospital Association 2001
Convention and Exhibition

For information:
(416) 205-1362 or www.oha.com

December 7, 2001

(8:30 am - 3:30 pm)

Smoking Cessation in Pregnancy: Concepts and Strategies

A free workshop for health care workers,
social service workers and volunteers who
work with pregnant women.

Waterloo Region Community Health
Department, Waterloo, Ontario

Contact: Lynn Johnston
(519) 883-2110, ext. 5870 or email:
jlynn@region.waterloo.on.ca

May 9 - 10, 2002

Designing for Diversity

Constellation Hotel, Toronto

Contact: Judy (416) 516-6678 or email:
judy@detailsconferences.com

May 15 - 17, 2002

10th International Conference on Health Promoting Hospitals

Slovakia, Bratislava

For information: email bruchaco@minv.sk

WANTED !! YOUR INFORMATION IS NEEDED

**DO YOU OR YOUR ORGANIZATION
HAVE UPCOMING EVENTS THAT
YOU WOULD LIKE TO PROMOTE
IN THE "HEALTH PROMOTION
EXCHANGE"?**

THE NEXT EDITION WILL BE APRIL 2002

Please send your information to:

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OR FAX TO:

TED MAVOR AT (519) 749-4255

Articles are welcome additions to the newsletter
—if you would like to submit an article about
Health Promotion, or if you would like to know
more about funding this publication,
please contact Ted Mavor at
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email: ted_mavor@grhosp.on.ca

Organizing Committee

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*Client Services Manager
Perth County Community Care
Access Centre*

Olga W. Malott, Ph.D.

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