

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

## Introduction

### Survey Results

Thank you for your many positive comments re: this newsletter. Our efforts are being well received. Your evaluations, some from across the country, indicate that our objectives are being met - you find the articles useful.

Although this is the newsletter's fifth year, there are many who stated "this is the first time I have seen it, I like the diverse range of topics". "There seems to be something for everyone." "The newsletter layout is appealing."

Many future topics were suggested. One has been included in this edition on "Self Help". In response to one of the readership, we will attempt to highlight "small hospital health promotion" in a future edition. As health promotion is partnership-oriented communities working together to achieve health, we will include specific reviews of hospital/community partnerships in health promotion.

We look forward to receiving your thoughtful responses.

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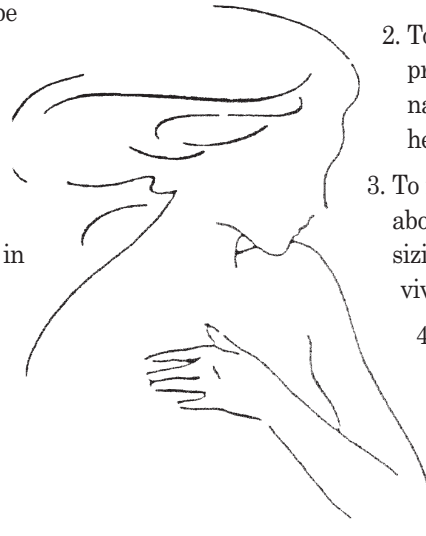
## The Development and Implementation of a Breast Health Awareness Fair

A process of community change can help females decrease their fear of breast cancer and guide them in becoming more comfortable with their own breast health. The more knowledge that can be shared, the greater the reduction in fear and the greater the increase in knowledge of breast health. The Breast Health Awareness Fair, planned and implemented in cooperation with community organizations, is an example of a health promotion initiative meeting the needs of women. The Breast Health Awareness Fair was held on March 31, 1999 at Grand River Hospital auditorium, and a total of 180 women participated.

Health promotion may be the "best hope of effectively combating the leading causes of death". The objectives of the project were based on the Canadian Cancer Society's

(1993) goals for breast health programs. They are:

1. To alleviate myths and fears that women have about their breasts.
2. To teach skills relating to proper breast self-examination and promote healthy behaviours.
3. To increase awareness about breast health, emphasizing wellness and survival.
4. To inform women of community resources.



This article presents a systematic series of steps and a variety of strategies and techniques that would be useful in implementing future Breast Health Awareness Fairs or other health promotion activities. This was accomplished by integrating the

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## Self-Help Models Community-Based Health Promotion

In 1999, the Ontario Health Determinants Partnership launched a poster campaign reading: "Loneliness is bad for your health". This slogan highlighted the fact that social support is a key determinant of health. Self-help groups and organizations address precisely this issue of social support. They link together people who share an illness or challenging life experience for mutual support, education and/or advocacy.

Groups also enable individuals to better address other risk conditions and/or risk behaviours affecting wellness.

Here are some examples of what can happen in a self-help environment:

A man with tinnitus whose medical specialist could do "nothing more" to ease the intense ringing in his ears discovers a self-help group where members share

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principles of health promotion into the National Cancer Institute's Six-Stage Framework.

### **Stage One: Planning and Strategy Selection**

The team of women who volunteered to assist with the fair was composed of both lay persons and health professionals. They included a survivor of breast cancer, a Canadian Cancer Society representative and eight nurses. During the initial stage, program objectives, target audiences, advertising and communication strategies were formulated and financial resources reviewed.

In planning the program, a number of tools were devised to enhance and specify the goals of the program, and the means by which they would be achieved. These included an action plan, the floor plan for set-up and the evaluation plan. The action plan assisted our team of nurses in laying out a working foundation that outlined components, activities, target group, short-term and long-term goals in putting this program into action. The action plan facilitated knowledge and skill related to breast self examination (BSE) and breast health awareness, hopefully increasing the frequency of BSE and ultimately decreasing mortality rates. These plans provided the committee with a guide for the development and implementation of the program.

Pilot Insurance, a local insurance company, expressed an interest in supporting this community endeavour in the Kitchener-Waterloo area. Other support, including financial support, was obtained from the Grand River Hospital Community Health Promotion Committee. Costs included advertising flyers, printed information, rental of tables and table cloths, snacks, lunch for the volunteers and door prizes.

### **Stage Two: Concept Development**

The group held a pre-pilot discussion with ten professionals in primary health care to plan the details regarding program deliv-

ery. Program validity was based on current literature and opinions of expert oncology nurses.

Data was collected using a survey instrument developed by the author. The tool was developed from relevant published research and input from oncology and Canadian Cancer Society nurses. The survey was given to the participating team members. The survey asked the team members to identify and list in order of priority the components they would like to see addressed about Breast Health. Opinions expressed on the survey were compiled and the displays appropriate for a Breast Health Awareness Fair were established.

**Adults must want to learn and must feel the need for a particular skill or knowledge (this will be evidenced by the response in numbers of people attending the fair).**

This process was valuable in providing a basis for developing an appropriate health promotion program on breast health.

The committee needed to know what knowledge women required to move along the health continuum, in relation to breast health awareness and breast health-related behaviour. We hoped to determine why, when women have the knowledge and the tools for early detection, and evidence that early discovery reduces mortality rate, are they not engaging in frequent BSE as a preventive health behaviour. The team members believed that, by individually completing a needs assessment, the team would have an opportunity to identify learning needs that would be valuable in developing the breast health promotion fair. The Canadian Cancer Society includes in its breast health program the following:

- Information and support that allows women to adopt positive breast health behaviours
- Education that early detection of breast cancer can save lives
- Encouragement for women to act promptly and assertively if there are any breast changes
- Encouragement for women to be more knowledgeable and less fearful about breast cancer

The team developed program material that reflected these concerns (This will be discussed further in Stage Three – Message Execution).

Concepts identified were developed into statements describing the fair, the proposed program outline (displays, audio visual aids, and sequencing of events), and a rough artwork outline for the flyers. Several different approaches were developed based on adult education principles and conditions.

Adults must want to learn and must feel the need for a particular skill or knowledge (this will be evidenced by the response in numbers of people attending the fair).

Adults prefer learning based on active involvement in dealing with the problems they face in their working environment (hands on displays will be set up so women can feel the texture of breast lumps; women will be able to ask questions and have experts answer questions related to breast health).

Adults want guidance not grades (gentle guidance and explanations at the displays will be given).

Adults prefer the opportunity to question and the freedom to disagree in an environment that allows for mature relationships. Privacy was ensured. (A question and answer period was set up and people who did not feel comfortable asking a private question could do so when they were engaged one on one with the nurse.)

An informal setting facilitates adult learning (participants are free to move from display to display at their own speed, spending as much or as little time required to obtain information).

A variety of methods should be used for teaching adults.

### **Stage Three: Message Execution**

The program material referred to included:

- Factual posters
- Informational pamphlets from the Canadian Cancer Society
- Information sheet of organizations that provide breast cancer services

- Silicon breast models
- Monthly BSE reminder cards and audio-visual aids (e.g., BSE video)

Activities included information sessions, peer helpers, survivor testimony, discussion about risk factors, hands on demonstration of breast self examination and nutritional information.

Another initiative in the message execution stage was the reinforcement of learning. The committee decided to use a poster display at the entrance of the auditorium to review the risk factors related to breast cancer. Clients would also see encounter pamphlets and displays reinforcing the same risk factors, as they toured the display area. The messages related to breast health awareness had a positive impact on the program. The information came from reliable resources considered to be subject matter experts: survivors of breast cancer, physicians, nurses, mammography technician, Canadian Cancer Society, and other professionals. The pamphlets handed out to people had a grade six reader reliability and were printed in different languages (therefore more people were able to read and understand information). Displays were attractive, easily read and manned by experts.

#### **Stage Four: Implementation**

The strength of the Breast Health Awareness Fair lies in having numerous activities happening simultaneously. Participants are encouraged to move from booth to booth at their own pace. The health fair included 14 distinct display booths for education and assessment. These were:

- Breast Cancer Action and Support Group
- Canadian Cancer Society
- Nutritional Support
- Waterloo Region Breast Health Network
- HopeSpring
- Look Good Feel Better
- Nurses in Touch
- Nu Me Boutique
- Treatment Modalities
- Reflexology
- Mammography

- BSE video and hands on demonstration of breast self-examination

As a woman moved through the different displays she could feel a sense of accomplishment at completing each section of the Breast Health Awareness Fair. Some of the display booths had incentive treats, such as BSE shower cards and pens.

#### **Stage Five: Assessing In-Market Effectiveness**

In determining what evaluations to complete, both process evaluation and outcome evaluation were examined, as neither independently would provide a complete picture of the event. Process evaluation examines the procedures and tasks involved in implementing a program. These include:

- Materials distributed
- Number of people attending both the event and planning meetings
- The number of Breast Self Examination one-on-one sessions
- Responses from community members participating as subject matter experts
- Inquiries from other community organizations

The outcome evaluation measures the effectiveness of the program on participants' knowledge, attitudes and practices. Outcome data are used to determine descriptive data on project achievements and to document short-term goals. The short-term results describe the immediate effects of the project on the target audience (e.g., the percentage of target audience that showed increased awareness of breast health and BSE). This evaluation relied on self-report (e.g., interviews with the target audience), observation (e.g., changes in BSE performance by return demonstration) and short telephone evaluation response. After women had viewed the displays and BSE demonstration, they had the option to complete an evaluation questionnaire and have their names

entered in an hourly door prize draw. Women had the option to answer a telephone survey at three months and six months following the Breast Health Awareness Fair.

#### **Conclusion:**

The Breast Health Awareness Fair, planned and implemented in cooperation with community organizations, is an example of a health promotion initiative meeting the needs of women in reducing fear of breast cancer and increasing their knowledge of breast health. The Kitchener-Waterloo Breast Health Awareness Fair was an overwhelming success as far as community involvement, with 180 people in attendance.

Awareness of risks and effective health education has the potential to decrease markedly the incidence of breast cancer. It is imperative that such information reach all who are at risk, particularly those women over 50 years of age because age is one of the most significant risk factors for the development of breast cancer.

The greatest stumbling blocks to behavioural change may be women themselves. One way of encouraging women to change their BSE practice is to make flexible ongoing education available. Health education programs must consider that learn-

ing will be life-long, and develop styles of learning and patterns of thinking that will encourage women in BSE. If change is to be sustained it must be planned and proactive. While the ultimate outcome at what is taught at the Breast Health Awareness Fair rests directly on the individual, responsibility also falls on, and must be accepted by, the planning committee. The evaluation showed that the Breast Health Awareness Fair was an effective tool for health professionals to promote learning and awareness about breast health.

**Wendy Benson, RN, BA, MEd**  
*Education/Practice Leader for Surgical Program, Grand River Hospital, Kitchener, Ontario*

**The strength of the Breast Health Awareness Fair lies in having numerous activities happening simultaneously. Participants are encouraged to move from booth to booth at their own pace.**

## Self-Help Models Community - Based Health Promotion

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their fears, their pains, and their strategies to cope with and manage a chronic illness.

A young woman at university in her first relationship – with another woman – finds a safe space to discuss emotional challenges, hear stories about how others overcame difficult family reactions, and get connected with supportive health services in her community.

A young man joins a group of people from all walks of life who suffer anxiety attacks similar to his own. Through the stories of others, he witnesses the possibility of recovery and becomes a more confident client at his individual therapy sessions.

Pure self-help groups are distinct from professionally-led support groups. However, as more professionals embrace the value of self-help strategies, many support groups are adopting a hybrid approach. Self-help emphasizes experiential knowledge, member leadership, mutual support, informal organizations, con-

sensus or democratic decision-making, volunteer and “in kind” resources, ongoing activities and member-led evaluation activities.

Thomasina Borkman, a leading researcher in the field of self-help, documents that among help-seeking people 20% will choose self-help. For those who do, benefits include: affordability, accessibility, empowerment and friendship.

Researchers have also documented the health benefits of self-help initiatives. For example, members of a metastatic breast cancer group lived 18 months longer than the control group (Speigel, 1989); members of a workplace smoking cessation group had a 41% quit rate compared to 21% for the control group that relied on videos and a manual alone (Jason, 1987).

### Gillian Kranias

*Coordinator, Ontario Self-Help Network  
Toronto, Ontario, Canada  
Tel.: 1-888-283-8806  
Email: oshnet@selfhelp.on.ca*

## Tips for the Helping Professional

1. Educate yourself through the experience of self-help
2. Make referrals to self-help groups
3. Prepare your client/patient for a self-help/mutual aid group
4. Share your expertise with a self-help/mutual aid group
5. Offer practical support to a self-help/mutual aid group
6. Promote referrals to self-help/mutual aid groups
7. Spread the word about the value of self-help/mutual aid groups
8. Help start a new self-help/mutual aid group
9. Help a group make the transition from a professionally-led to a member-led group
10. Make and maintain connections with your local self-help centre, organizations and networks

## Physical Activity for Older Adults: The Key to Independence

With an increasing proportion of older men and women in our society, it is important that they are able to live out their lives in an independent lifestyle. Not only does physical activity contribute to a reduction in chronic disease, it has actually been shown that much of the functional deterioration associated with aging can be attributed to a lack of physical activity. In fact, it has been estimated that as much as 50% of the loss of function with age may be due to physical inactivity! There is strong evidence that regular exercise reduces cardiovascular risk, decreases resting blood pressure, lowers body fat, improves cholesterol profile and ameliorates diabetes. With proper exercise training, older adults can



indeed improve their strength, flexibility and cardiovascular fitness and maintain their independence, even at age 80 and 90 and beyond!

The Canadian Centre for Activity and Aging is located at Mount St. Joseph in London, Ontario. The mandate of the Centre is to investigate the interrelationship between physical activity and aging and to develop strategies, based on research, to promote the independence of older adults. The Centre has developed education and training programs for physical activity leaders in the community, home care and

long-term care settings. These include:

**Seniors' Fitness Instructors Course** – a 36-hour course designed for independent older adults who want to learn how to develop and instruct appropriate community-based exercise programs for their peers

**Home Support Exercise Program** – a 4-hour workshop designed for home support workers, volunteers or caregivers who want to teach and monitor a home-based exercise program for frail older adults

**Functional Fitness for Long-term Care** – a 24-hour workshop designed for individuals who want to learn how to develop and instruct individual, small group and



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## Physical Activity for Older Adults: The Key to Independence

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large group exercise programs for frail older adults in day program or long-term care settings

### Restorative Care Education and Training

– a 36-hour workshop designed for individuals working in long-term care who want to assist their residents in achieving the best quality of life possible by maximizing their current abilities

**Community Consultations and Workshops** – consultations and workshops can be arranged for community groups and service providers interested in developing and implementing exercise programs for



older adults in their communities

For more information on the Centre's education and training programs, please contact:

*Canadian Centre for Activity and Aging  
1490 Richmond Street  
London, Ontario  
N6G 2M3  
Phone: (519) 661-1603  
Fax: (519) 661-1612  
E-mail: ccaa@uwo.ca  
Website: www.uwo.ca/actage*

**Lynn Scholey, MSc (KIN)**  
*Community Outreach Kinesiologist  
Canadian Centre for Activity and Aging  
1490 Richmond Street North  
London, Ontario, Canada N6G 2M3  
Email: lscholey@uwo.ca  
Tel: (519) 661-1608  
Fax: (519) 661-1612*

## A Health Promoting Initiative

At 76 going on 50, I have concluded that age is indeed only a number. Actions which, for me, support the quest for my personal "quality of life" include (1) resorting to the medical profession only when grandmother's kitchen-variety-intuitions and my gut instincts fail; (2) greeting each morning with gratitude for just being, and determination to enjoy the day no matter what it takes; (3) remembering to trust and live by the Golden Rule of doing unto others; and finally, (4) learning to like myself by sticking closely to the first three items and combining them with as much walking exercise as I can manage. Good friendships also help — a lot!! Life is just so much better than the alternative!

*Shirley Berch, Kitchener Ontario*

## Healthy Aging

As we get bombarded with media hype about the coming aging boom, words such as those written by Shirley Berch (see above insert) remind us that aging individuals are indeed health conscious and aware of the importance of inner strength and self-awareness. While aging does bring with it changes to the body, it is the mind that ultimately controls how one reacts to these changes. The "golden years" do not necessarily mean physical pain, stiff achy joints and sore muscles. Healthy living for older adults may mean nothing more than just doing things, and research has certainly shown that the quality of older years can be improved by maintaining an active lifestyle.

It is never too late for older adults to start a fitness program. The best exercise is walking and it has several advantages. First, it does not require expensive equipment only a pair of comfortable shoes.

Second, both rural and urban locations are suitable for walking, and in inclement weather a shopping mall can provide wonderful walking venues. Third, it can be done alone or in the company of friends. Finally, you do not have to wear those spandex outfits associated with some fitness programs.

### It is never too late for older adults to start a fitness program. The best exercise is walking and it has several advantages.

There are other fitness options for older adults as well. In the February 11, 2001 edition of the Edmonton Sunday Sun, the virtues of yoga were expounded. The brief story told of one 74 year old woman who participated in yoga classes for nine years, and who as a result was able to reduce the rounding of her back. In other regions of the country Tai Chi is gaining popularity

with older citizens who find this form of exercise adds to their flexibility as well as to their peace of mind. Tai Chi is offered by many older adult centres. A doctoral student in the Department of Health Studies and Gerontology at the University of Waterloo is completing a detailed analysis of the benefits of this form of exercise for older adults.

Older adults, and especially the upcoming "boomers", will live longer than any previous generation. The secret to this longevity is not just improved health care.

Credit must be given to the attitudes and expectations of the aging individuals. With higher levels of education and easier access to information than ever before, individuals have more control over their lives. They can make informed lifestyle choices, recognize symptoms of disease earlier for more effective treatment, and

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## Healthy Aging

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appreciate that aging is not a time to pull back from active living.

Some authors have suggested that with people living longer we should focus more on long-term care and be more aware of the complexities of aging. However, we should also remember that for the majority of older adults, residence in a long-term care facility is not the norm. The preponderance of older adults today live in their own homes and future older adults will continue this trend in independent living. This independence will be supported with improvements in housing design that take into account the needs of older adults, extended community support systems, and of course increased access to information via the world wide web.

Diseases that effect older adults have not been eradicated; however, new discoveries and techniques in diagnosis and treatment make these diseases less threatening. For example, recent findings about Alzheimer's disease suggest that in the future there may be a preventative vaccine or a drug that could stop the progression of the dementia. As little as five years ago these discoveries were but dreams. Heart disease, the most common cause of death and disability, is also challenged with innovative treatment programs. And cancer, a disease dreaded by everyone, is slowly revealing its secrets to scientists so that it too will be survivable by more individuals.

People are living longer. Life expectancy is increasing. To best respond to this trend, rather than only looking at health related quality of life, it is imperative that overall quality of life be addressed. People live longer if they have adequate housing, good nutrition, meaningful relationships and a purpose in life. To help in preparing for the aging boom, a dialogue with individuals who are or will be part of the boom should be initiated to engage them on planning for this trend.

**Olga W. Malott, PhD**

*Consultant, Health Care Services*

# Women and Rural Economic Development (WRED)

Women and Rural Economic Development (WRED) is a community economic development organization dedicated to enhancing the sustainability of rural Ontario communities. The term "rural" indicates a population base of fewer than 50,000. With this definition in mind, our outreach goes far beyond the farming community, to include many small communities across the province. We have representation throughout Ontario in four regional offices, with our head office in Stratford, Ontario.

As a registered charitable organization, WRED provides programs that enhance: business development; life skills, networking; access to capital; business diversification, including agriculture; and awareness of rural community economic development. WRED ensures women's participation, builds local leadership capacity, offers rural perspectives, and seeks to build partnership alliances. All strategies of health promotion.

### Where did we come from?

WRED was established as an outcome of a provincial economic development conference held in Guelph in April of 1993. Using the conference as a strategic planning session, the conference organizers were able to determine what rural women in Ontario wanted and needed to become economically active and independent in Ontario's economy. A list of 70 strategies was presented; the top ideas included self-employment training, business women's networks, mentorship and access to capital.

From that conference, WRED developed programs and services including:

- Self employment training
- Rural women's business networks
- Mentorship

- Life skills training
- Farm diversification training
- Loan funds

Since 1993, WRED has successfully provided business development assistance to 525 women with estimated gross sales of over \$10,000,000. There are now over 450 new businesses operating in rural Ontario because of WRED initiatives. More recent initiatives include the formation of Women's Investment Clubs, an Economic

Literacy Program, an effective communications course (Smart Talk) and a Rural Business Alliance Project.

WRED operates a central co-ordinating office – The Learning Centre, Stratford, Ontario - that provides support to four regional teams. This structure allows for initiative at the local level, while providing the regional teams with the advantages of a larger organizational framework.

**Women and Rural Economic Development continues to provide enterprise development services and support in rural communities in Ontario through a de-centralized, flexible and cost-efficient structure.**

Women and Rural Economic Development continues to provide enterprise development services and support in rural communities in Ontario through a de-centralized, flexible and cost-efficient structure. We are privileged to represent this sector and proud to serve you by providing programs and services that improve life across rural Ontario.

*For more information on our organization and its programs and services, please call the WRED Head Office in Stratford, Ontario at 1-800-790-9949 or 1-519-273-5017, or by email to [events@wred.org](mailto:events@wred.org)*

**Jo Deslippe**

*Community Relations Director*

*WRED*

# BRIEFLY... Health Promotion Exchange News Digest ... BRIEFLY...

## Self-Help References

For references to self-help research on a variety of health concerns, see "A Review of Research on the Effectiveness of Self-Help Mutual Aid Groups", (Kyrouz & Humphreys, [www.mentalhelp.net/articles/selfres.htm](http://www.mentalhelp.net/articles/selfres.htm): 2000). For resources to learn about and apply self-help strategies contact the Ontario Self-Help Network at [oshnet@selfhelp.on.ca](mailto:oshnet@selfhelp.on.ca), 1-888-283-8806 or [www.selfhelp.on.ca](http://www.selfhelp.on.ca).

## Rotary German Exchange Group

The Grand River Hospital was asked to give an overview of the Canadian health care system and specific hospital services at the hospital to a German Rotarian exchange tour group to Ontario. The German group was impressed with the hospital's community health promotion outreach education.

## Scandinavian Study and Conference Tour to Canada

Twenty-three Swedish health officials visited the Grand River Hospital on March 7, 2001 to learn more about hospital health promotion and disease prevention. This was the fifth year a Scandinavian group has visited to learn about hospital health promotion – "the Canadian way".

## Compass Kitchener

Compass Kitchener is a healthy communities project initiated by the City of Kitchener and undertaken with the

involvement of more than 1,200 citizens. Community members discussed what they liked and disliked about Kitchener and what they want from Kitchener 20 years from now. They determined shared values, the community's vision for Kitchener's future and the directions we would take to get there. These directions included such things as increasing community involvement in decision making, affordable housing, downtown revitalization, strengthening neighbourhoods and a clean environment.

Now that we know where we want to go – "an innovative, caring and vibrant Kitchener with safe and thriving neighbourhoods" – we have to work on getting there. To do this, government, business and the community will have to work together. This has begun with the creation of the Compass Kitchener

Committee, a special committee of Council to steer the project as it moves forward.

For more information on Compass Kitchener please contact the Project Coordinator, Marie Morrison, at 741-2967 or [marie.morrison@city.kitchener.on.ca](mailto:marie.morrison@city.kitchener.on.ca). A copy of the Compass Kitchener Report can be viewed at [www.city.kitchener.on.ca](http://www.city.kitchener.on.ca) under "What's New".

## Internet/www Resources

Ontario Prevention Clearinghouse  
Selected Websites:

Ontario Ministry of Health and

Long-Term Care  
[www.gov.on.ca/health](http://www.gov.on.ca/health)

Health Canada  
[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

In particular see the Women's Health Bureau  
[www.hc-sc.gc.ca/women/](http://www.hc-sc.gc.ca/women/)

Healthyway  
[www.sympatico.ca/healthyway](http://www.sympatico.ca/healthyway)

In particular see the women's health section  
<http://healthcentralsympatico.com/Centres/OneCentre.cfm?Center=HW%5FWomensHealth>

National Institute of Health (U.S.)  
[www.nih.gov](http://www.nih.gov)

Health Promis (U.K.)  
<http://healthpromis.heca.org.uk/hpromis.htm>

World Health Organization  
[www.who.int](http://www.who.int)

Health Promotion International  
<http://heapro.oupjournals.org/>

Health Promotion Practice  
[www.sagepub.co.uk/journals/details/j0309.html](http://www.sagepub.co.uk/journals/details/j0309.html)

Internet Journal of Health Promotion  
[www.ijhp.org/](http://www.ijhp.org/)

Journal of Health Care for the Poor and Underserved  
[www.sagepub.com/Shopping/Journal.asp?id=4731](http://www.sagepub.com/Shopping/Journal.asp?id=4731)

Journal of Rural Health  
[www.nrharural.org/pagefile/rh.html](http://www.nrharural.org/pagefile/rh.html)

## Ontario Hospital Association's Hospital Health Promotion Conference

On February 23, 2001, 45 participants attended "Getting On With The Job: What We Do, What Could We Do" workshop held in Toronto, Ontario. Highlighted were some strategic developmental steps to shift the curative hospital focus into more of a health promotion culture.

Dr. Carolyn Bennett, MP, spoke of our Canadian Government's support for health promotion, and noted how the last Federal speech from the throne and the Action Plan

For the Health System Renewal has a key health promotion focus.

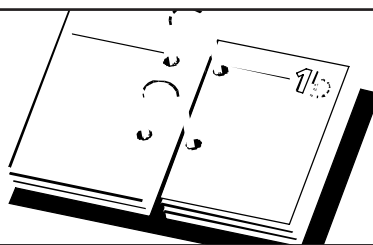
Another session stressed the importance of program evaluation and the establishment of best practices. Dr. Don Stewart spoke of the importance of working with the varied professional attitudes re: health promotion, and offered suggestions on how to gain acceptance. An interesting overview by Wendy Youens addressed ways to get commitment from Senior

Management and the Board for health promotion – in a time of limited resources and competing activities.

The workshop concluded with a facilitator who generated guidelines for the participants to implement the day's strategies into their respective health facility.

The tone of the workshop was extremely positive, and the evaluations indicated that this had been a valuable day.

# Mark your calendar



## May 3, 2001

### *Health Promotion Ontario (Public Health) Spring Conference*

Conference Theme – Risk Communication  
Kempfenfelt Conference Centre, Barrie,  
Ontario

Contact: Jill Faulkner – [jillf@nbdhu.on.ca](mailto:jillf@nbdhu.on.ca)

## May 7, 2001

### *Introduction to Health Promotion Planning*

Working with many stakeholders, addressing health in broad context, selection of health promotion strategies for programs, etc.

Participation is free for Ontario residents.

For more information:  
[www.utoronto.ca/chp/hcu](http://www.utoronto.ca/chp/hcu)

## May 16 – 18, 2001

### *9th International Conference on Health Promoting Hospitals, Copenhagen, Denmark*

“Health Promoting Hospitals in a National Health Policy Perspective – Evidence in Health Promotion”

For information: [www.univie.ac.at/hph](http://www.univie.ac.at/hph)

## May 28 – 30, 2001

### *Second International Symposium on the Effectiveness of Health Promotion, University of Toronto, Toronto, Ontario*

For information: [www.utoronto.ca/chp](http://www.utoronto.ca/chp)

## July 15 – 20, 2001

### *Health: An Investment for a Just Society, Paris, France.*

For information email: [centre.healthpromotion@utoronto.ca](mailto:centre.healthpromotion@utoronto.ca)

## June 25 – 29, 2001

### *Health Promotion Summer School: Leadership, Capacity, Partnership, London, Ontario*

For information: (416) 535-8501, ext. 6461  
or [www.tvdhc.on.ca](http://www.tvdhc.on.ca)

## 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](mailto:bbrookes@uwaterloo.ca)

## November 5 – 7, 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: (519) 883-2004, ext. 5765  
or [www.opha.on.ca/conference/index.html](http://www.opha.on.ca/conference/index.html)

## 2001 Healthy Communities Brown Bag Series

May 3 – Lynne Simons, Regional  
Municipality of Halton

June 7 – Follow-up Discussion

October 11 – Bill Janssen, City of  
Hamilton

November 15 – Follow-up Discussion

For more information about series contact:  
Trudy at (519) 579-3800 or  
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DO YOU OR YOUR ORGANIZATION  
HAVE UPCOMING EVENTS THAT  
YOU WOULD LIKE TO PROMOTE  
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EXCHANGE”?

THE NEXT EDITION WILL BE OCT. 2001

Please send your information to:

TED MAVOR

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Articles are welcome additions to the newsletter

—if you would like to submit an article about

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more about funding this publication,

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