

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

## Supporting Change Agents in Health Care

### A Web - Based Education Program for Change Agents in Health Promotion

In 2000, I started working with the Health Promoting Hospital Network in the U.K. In partnership with the Northern England Network of Health Promoting Hospitals, we developed a new kind of education program aimed specifically at change agents within the European Health Promoting Hospital network. This was a pure web - based education program accredited as postgraduate award at the

University of Sunderland. As a pure web-based program, it was designed so that there would be no requirement or facility for face-to-face interaction with other learners or tutors. This, we believed, would maximize the geographic reach of the program. Prior to the launch of the program we engaged in an extensive marketing exercise with members of the WHO European Network, attending WHO conferences in Europe.

The **Postgraduate Certificate in Health Promoting Organizations**, is a

networked learning program. Networked learning is a form of education which uses information technology to aid the process of global sharing of knowledge. It uses Information and Communications Technology (ICT) to promote connections among learners and between learners and tutors. Proponents of networked learning argue that this form of education has distinct advantages for the learner. The following commonly identified advantages of networked learning:

1. **Interactive but flexible.** It is capable of allowing learners to interact with material, resources and with one another in flexible ways.
2. **It promotes active engagement with learning materials.**
3. **It aids in reflective processing of learning material.** The learner is encouraged to think deeply about issues in their program.

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## Introduction

In response to a question as to how this newsletter originated, the following gives an overview.

The newsletter's impetus came from the conclusion of the first Region of Waterloo's health promotion conference, "Getting Started: A Guide to Health Promotion", September 23, 1994 with such speakers as the Hon. Marc Lalonde and Ron Labonté. A group of participants gathered to sustain the momentum of this successful conference with the concept of the newsletter being germinated.

During the winter of 1996, the first Health Promotion Exchange newsletter was produced with 1500 copies circulated within Waterloo Region - that was 20 editions ago. Over this time, we have had a lot of positive feedback from the readership. Thank You!

Now the publication is circulated near and far, and is now on Grand River Hospital's web page. Ken Schickler of Team Player Publications has kept the newsletter looking very professional from the days of inception. Thanks to Ken!

Today's edition has both a local and international focus with many interesting articles from volunteer authors around the globe. Many articles describe what organizations can do to promote the health of individuals and particular communities.

The newsletter's Organizing Committee is forever proud to be associated with the dedicated individuals who contributed to its success.

Please send us your comments, suggestions and ideas, so that this newsletter can continue providing you with coverage of issues that are of significance to you. Enjoy your Fall.

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## Promoting Oral Health

Good oral health is an important factor for the health and wellbeing of people. Oral health promotion should be identified as an essential part of health promotion. The oral health of many people has improved over the years due to prevention and intervention programs such as water fluoridation, fluoride toothpaste, better education, and more regular dental visits. Nevertheless, there are still oral problems especially among vulnerable and disadvantaged populations. Tobacco, diet, and alcohol are risk factors that are common to oral diseases, as well as cardiovascular disease and cancers including oral cancer. If oral problems are not treated in a timely manner, complex procedures will be necessary in the future. Problems with teeth, gums, and dentures can significantly affect the overall well-being of a person, for example:

- Pain and difficulty with eating can lead to poor levels of nutrition.
- Poor oral health can compromise other health conditions, such as diabetes, aspiration pneumonia, and cardiovascular disease.
- Life style behaviours such as smoking habits and alcohol intake, cause yellow teeth and tooth decay, leukoplakia (a lesion in the mouth which can develop to cancer), smoker's palate, smoker's melanosis, periodontal diseases, and an increased vulnerability to oral infections.
- Poor oral health can also cause halitosis (bad breath)
- Poor appearance and dental incapacity can lead to low self-esteem and social isolation.

In order to enhance oral health the following tips are recommended:

- Store toothbrushes in containers with air holes that allow bristles to completely dry, killing oral bacteria.

- To avoid bacterial growth that could cause periodontal disease, wash toothbrushes periodically in the dishwasher, store it in the refrigerator or place it in a cup with mouthwash.
- When purchasing a toothbrush while traveling, make sure you select a soft-bristled brush.
- If you run out of toothpaste, brush with water. As long as your technique is correct, plaque will still be removed.
- Do not share toothbrushes. Oral bacteria can be passed to other family members and can potentially spread periodontal diseases.
- Mouthwashes are generally cosmetic and do not have a long lasting effect on bad breath. Brush twice a day with fluoride toothpaste, brush your tongue, and floss daily.
- Limiting between-meal snacks and diets high in sweets, carbohydrates, and sugars will reduce dental caries.
- For children, avoid prolonged bottle feeding in children containing drinks such as milk and juices especially at bedtime or during sleep.

- Dry mouth is a common problem among older adults. It is caused by certain medical disorders and is often a side effect of medications such as antihistamines, decongestants, pain killers and diuretics. Sugar free candy or gum stimulates saliva flow, and moisture can be replaced by using artificial saliva and oral rinses.
- Finally, a regular check up by the dentist is recommended every six months. Ask your dentist about dental sealants. Dental sealants act as a barrier, protecting the teeth against decay causing bacteria.

The mouth reflects general health and wellbeing. More oral health promotion and public awareness is needed to improve oral health and eliminate health disparities and change the perceptions regarding oral health and disease, making oral health an indispensable part of general health.

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## Summer Institute: Working Together on Literacy and Health Research

Health literacy is defined as “the capacity of individuals to obtain, interpret and understand basic health information and services that enhance health”. (*Joint Committee on National Health Education Standards 1995*)

In July of this year approximately 30 academics, graduate students and practitioners in the emerging field of literacy, health research and practice gathered from across the country in beautiful Vancouver for a week-long summer institute to advance their work. The program was ably organized by a committee chaired by Dr. Irving Rootman, Michael Smith Foundation for Health Research, distinguished scholar at the University of Victoria.

The week began with top quality presentations by Dr. Lawrence Green (known for the “Precede-Proceed” model of health program planning and evaluation and much other work in the U.S. and Canada); Dr. Jim Frankish, Director of “Partners in Community Health Research Strategic Training Program” and Associate Professor at the University of British Columbia; and Marcia Hills, Director of the Community Health Promotion Coalition at the University of Victoria. All three presenters spoke on a family of research and evaluation methods known variously as “participatory action research”; Cooperative Inquiry; and “Empowerment Evaluation”. The strength and importance of such good research and evaluation models for this kind of work became abundantly clear. The way in which the researchers advance work that is based on Ottawa Charter for Health Promotion principles and aimed at improving the health status of populations and communities was very apparent.

There were also opportunities for multiple researchers from every region of the country to give short presentations on current research projects and to facilitate small

group discussions about their work. As well, several busy funders took the time to address the group. We heard from Miriam Stewart of Canadian Institute for Health Research, Brenda LeClair of Literacy Now, Eva Chung Robinson of the Vancouver Foundation, Charles Ungerleider of the Canadian Council on Learning, and Dian Kaan of the National Literacy Secretariat.

On the third day, participants were invited to attend and/or help facilitate a one-day provincial (BC) workshop on Literacy, Health Research and Practice. This day was packed with yet more powerful presentations on work in the area. Approximately 70 people participated and contributed to small group dialogue and planning in subtopics ranging from youth to disability to ethnic and Aboriginal perspectives. There was good representation from many sectors including government, libraries, universities, school boards, First Nation communities, and mental health programs. Despite continued glorious sunshine outside, the hotel conference room remained full to the end of the day as spokespersons captured the deliberations and enthusiasm of each group.

The final day of the Institute allowed time for consolidating reflections and learnings, and to map future directions for the field. Participants spontaneously offered to assist struggling groups and individuals in the field, and to contribute skills to fledgling research teams. The size, length, composition and format of the event proved to be a potent mix for producing exceptional good will, for showcasing great talent, and sparking much fun from time to time.

Credit should especially be given to the tag team of Jim Frankish and Irv Rootman for setting the tone — perhaps they could even give “Don Cherry and Ron McLean” a few tips and a run for their money on holding the country together!

See [www.nlhp.cpha.ca/clhrp/index\\_e.htm](http://www.nlhp.cpha.ca/clhrp/index_e.htm) to review some of the presentations.

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### Promoting Health In Your Hospital (video)

*This 12 minute video shows what health promotion looks like in a hospital setting. It examines questions such as what are the benefits? How do you get started? Why should you do it? How do you do it? What does the future hold?*

*The video can help the viewer find the answer to these questions and how to integrate health promotion into the healthcare service you provide now.*

*To order, send a cheque for \$29.00 (Canadian funds), made out to the Grand River Hospital, c/o Ted Mavor, P.O. Box 9056, 835 King St. W., Kitchener, ON N2G 1G3.*

*For further information, contact Ted Mavor at (519) 749-4300 ext 2375 or email [ted\\_mavor@grhosp.on.ca](mailto:ted_mavor@grhosp.on.ca).*



# Beyond Our Borders

## Health Promotion in Hospitals: Evidence and Quality Management

The WHO Regional Office for Europe has published a new book on Health Promoting Hospitals, edited by Oliver Groene and Dr. Mila Garcia-Barbero.

This publication is available at:  
[www.euro.WHO.int/document/E86220.pdf](http://www.euro.WHO.int/document/E86220.pdf)

This document is intended to help practitioners and managers assess and implement health promotion activities in their hospitals.

## Empowering Health Education Programs For Future Generations of Hospital Staff

This health education program is being implemented by Preston College, located next to Royal Preston Hospital, United Kingdom.

Contact: Vilma Smith-Yates at [vsmithyates@preston.ac.uk](mailto:vsmithyates@preston.ac.uk)

## Health Illiteracy: 21st Century

Millions “illiterate” about health: Educationalists supporting HPH’s to provide “Lifelong Empowering” health

education programs for Public Health improvement. For more information on this project contact Denise Richardson at [drichardson1@uclan.ac.uk](mailto:drichardson1@uclan.ac.uk)

## Counselling Skills, Empowering Patients for Promoting Their Own Health

Health care staff trained in the use of counselling skills can improve communication, clarify understanding, challenge dysfunctional perceptions and promote empathy and emotional support. Contact Mike Jackson at [mjacksonbahons@talktalk.net](mailto:mjacksonbahons@talktalk.net)

## Supporting Change Agents

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### 4. It maintains a permanent record.

Unlike a conventional ‘face to face’ delivery, contributions from learners or tutors on a networked learning program can be saved and stored

### 5. It provides new opportunities for group learning.

The technology behind networked learning allows ‘virtual groups’ to be formed by drawing on participants located anywhere in the world.

The program had several unique features, which we believe would make it attractive, enjoyable and educationally effective:

- It was designed as a ‘collaborative learning program’, enabling participants to interact via web-based discussion forums to exchange ideas, views and experiences.
- It was structured around a set of specially designed web-based learning materials aimed at developing key knowledge and skills for change agents working to create ‘health promoting hospitals’.

We recruited our first cohort in 2001 – thirty-five students from across Europe, all of whom were active leaders of health-

promoting change in a wide variety of health organizations. These participants came from the U.K., Ireland, Italy, Denmark, France and Slovakia.

Despite our work, the program has not been a success and we have been forced to

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re-evaluate our strategy. Many of the first cohort failed to complete the program and it has been difficult to recruit sufficient numbers to rerun the program. We conducted a detailed evaluation of the experiences of the first cohort and several key issues emerged which have led me to believe that a pure web-based formal education program is not the best way of supporting health change agents. To summarize the key points of this evaluation feedback very concisely, many respondents reported they found the experience of

learning purely via the web (i.e. not supported by ‘face-to-face’ contact with other learners and/or tutors) an ‘impoverished’ form of learning experience. Without the stimulation of regular meetings with other people, the learning experience for many seemed a lonely marathon of sitting in front of a computer. The length of the program exacerbated the effects of this factor.

To meet University requirements for a postgraduate award, the program needed to be approximately 12 - 18 months duration, assuming six to eight hours of work a week by a part-time student. Few but the most dedicated would complete such a task when they do not have the ‘energizing’ experience of meeting with co-learners or tutors.

Some positive aspects of the feedback included the facility web-based mediums can offer for exchanging views, information and sharing learning experiences with people over great distances. Web-based collaborative programs offer the possibility for people to create and engage in a ‘learning community’ that can span across continents.

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# Within Our Borders

## Ontario Hospital Health Promotion Network

This hospital group of approximately 35 members developed a Position Paper “*Making the Case for Hospital Health Promotion and Chronic Disease Prevention*” highlighting ways health promotion is currently being practiced across Canada. The document becomes a “tool for influencing priorities and strategies within organizations” as they embrace health promotion.

For more information contact Marg Muir at [Marg.Muir@sw.ca](mailto:Marg.Muir@sw.ca)

The Ontario Hospital Health Promotion Network successfully submitted a poster abstract for the Ontario Hospital Association’s Annual Exhibition and Convention Best Practices poster display “Health Promotion in Hospitals: Promoting Creativity and Innovation in What May Appear to be a Complex Environment”. This poster presentation will highlight some of the initiatives and innovative ideas from the membership.

## Montreal Health Promotion Network

By adopting Bill 25 in Fall 2003, the Quebec provincial government had the vision of reorganizing the health system so that hospitals, long term care centres and community health centres in a given territory would be grouped together under the same administration (Centre de santé et de services sociaux: CSSS). The purpose of this change was to facilitate communication, increase the administrations’ responsibility concerning the health of residents in its territory, and increase health promotion activities. A representative from each CSSS was invited to attend the HPH conference in Dublin last May. The CSSS Villeray et Petite Patrie was selected as one of the health ministry’s demonstration centres in order to monitor the impact of this change. So far, we are still getting our health promotion committee started, and have defined projects that will allow professionals from our territory to work together on health promotion issues. The following three projects are the first to be addressed :

1) **Upgrading the pre-operative clinic services.** Specifically, we will use the

expertise of colleagues in the community health centres in order to promote smoking cessation for patients undergoing surgery.

- 2) **Enhancing HIV screening.** We plan to offer HIV screening systematically to patients visiting the emergency room who are aged between 15 and 50. The divulgation of results and counselling concerning STD prevention and safe sexual practices promotion will be assured by community health centres.
- 3) **Creation of the health information resource centre.** We plan to reorganize all resources in our territory, including public libraries, hospital library, websites and teaching centres to synchronize our efforts in order to offer accessible, immigrant-friendly, quality information on health issues to our patients. This is of major importance for patient empowerment.

Once we are well on our way, we hope to enlarge our network and work more closely with public health and other actors in our community.

*Mirabelle Kelly MD FRCPC*

*(Mirabelle.Kelly.hjt@ssss.gouv.qc.ca)*

## Supporting Change Agents

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### More ‘Conventional’ Approaches: Lessons from Australia

While our web-based approach to supporting change agents has not been as successful as we hoped, I have been privileged to play a role in a very successful education program for health change agents which has since helped to shape my thinking about the support that can be offered. Dr. Anne Johnson of the Department of Public Health, Flinders University, Adelaide has been running a very successful intensive program for change agents working to create health-promoting hospitals for a

number of years. In 2004, I was invited to work with Dr. Johnson on the delivery of this program, and have done so over the last 18 months. This is a specially designed one-week intensive program aimed at change agents working in Australian health care organizations who are striving to

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create more ‘health promoting services’. Extensive evaluations of the program have found it to be very effective. There are many reasons why this is a positive development and support program for change agents. I would highlight the following:

1. It is designed to allow participants to interact fully with one another and includes people from a given region. It is an ‘energizing experience’ allowing people to build relationships and support networks that can continue beyond the program.

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# Communicating Health or Communicating for Health

The theme that quite rightly has been chosen by the Aosta Valley (northern Italy) HPH Network for the 9th National Conference of the Italian Network of the Health Promoting Hospitals suggests some considerations on the meaning of Communication in the field of health.

It seems appropriate to clarify what communication means. It does not simply imply giving information or passing a message. These things are very useful in the field of health, as knowledge is the prerequisite of every choice. However, they are absolutely not synonymous with communication.

The World Health Organization, in its Health 21 project, introduces the concepts of equity and alliance for health. Transmission of information is, by definition, the expression of an "asymmetrical" system in which there is somebody who has the knowledge and can pass it on, and somebody who is the recipient of the information. An "asymmetrical" system is by itself unfair and cannot produce the health gain that is the objective of every action for health promotion.

Among the determinants of health, 'Health 21' differentiates between some that should be respected and others that must be opposed. These determinants include natural biological differences, free informed choices and the advantages for those who make choices that produce health. The unifying factor among these three conditions is the body of knowledge that is clearly not the same for all. Therefore the difference between those who know and those who do not know cannot be ignored. However, as stated in the document, for granting equity and quality, the healthy behaviour adopted first by those who have the knowledge, must be made available to everybody. This cannot be attained by simply imposing healthy behaviours, or by passing the pertinent knowledge and information on which healthy behaviours are based. This acts on the surface and even if the behaviour is changed, the person does not change. Thus, he does not become the protagonist in building his own, as well as others', health.

Communicating means saying "you interest me" to the other. Each of us has something to give to others. Communicating

means sharing, putting in common what each of us has in knowledge, experience, and feelings for all - together building the wellbeing of everybody.

Health cannot be communicated. Human beings communicate to each other for creative wellbeing, and for building health. Communication is a tool for health.

Saying "you interest me" to someone else, immediately constitutes a fair system in which everybody is a "protagonist", in which there is not just one who gives and one who receives. Both give and receive from each other.

What are called social communication media: television, internet, and newspapers are indeed information media.

Communication is a specific human process; it is the tool for a person to break his isolation and to meet others.

Empowerment, which has been proclaimed at the Ottawa Conference, is nothing else than the fruit of communication. In our meeting each other, each of us discovers that he is able to give something to others, so that he can fulfil himself, promote his own wellbeing and, at the same time, become a protagonist in building health for all. Each will realize that he is of value to the society.

Communicating is sharing not only knowledge, experience and feelings, but also fears and weaknesses. Only when one realizes that others share our weakness, our fears and our difficulties, do we feel that they are equal to us. Therefore, we can indeed work together to overcome the weaknesses, the fears and the difficulties of the society in which we live and build the physical, mental, social and spiritual wellbeing of everybody and namely, the health for all.

But one must first learn how to say "you interest me"; putting the other at the centre.

*Dr. Luigi Resegotti*  
President of CIPES Scientific Committee  
*cipes@cipesp.emonte.it*

## Keeping You



## Informed!

*Visit Grand River Hospital's web page!*

### See Health Promotion:

- Upcoming Events
- **Health Promotion Exchange** newsletter
- **Opening the Door** multicultural newsletter
- Promoting Health in your hospital
- Hospital Health Promotion Network

<http://www.grandriverhospital.on.ca>

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

**The WHO International Health Promoting Hospital newsletter #25** is available online. There is information on the Dublin HPH Conference, about the steering mechanisms of the international HPH Networks, projects about mental health promotion in hospitals and more. See [www.hph-hc.cc](http://www.hph-hc.cc)

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**Check the website IDM Best Practices** for health promotion, public health and population health at [www.idmbestpractices.ca](http://www.idmbestpractices.ca)

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**In June 2005, the Premier appointed Mr. Jim Watson as Ontario's first Minister of Health Promotion.** In this new and innovative portfolio he is responsible for advancing the government's preventative health initiatives including healthy lifestyles, sport, physical activity, recreation, disease prevention and community health awareness.

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**Ontario Health Promotion Summer School 2005.** On June 20 - 23, 2005 the Ontario Ministry of Health and Long Term Care, Health Canada and the University of Toronto, Centre for Health Promotion held a successful summer school. This year's themes were "Strengthening Community Action and Creating a Supportive Organizational Environment".

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**Alberta Centre for Active Living.** This website provides a variety of topics for health promotion practitioners, such as "An Environmental Scan of Workplace Wellness Programs in Alberta," "Preventing Chronic Disease", "The Multicultural Cancer Prevention Project". For more details see: [www.centre4activeliving.ca/Research/ResearchUpdate/index.htm](http://www.centre4activeliving.ca/Research/ResearchUpdate/index.htm)

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**Canadian Health Network's Healthlink.** The latest article highlights health promotion and the determinants of health. See [www.canadian-health-network.ca](http://www.canadian-health-network.ca)

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## Supporting Change Agents

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2. The program synthesizes 'theory' and 'practice'. The design allows participants to gain insights from the 'theory' of change management and organization development, and also provides detailed analysis and discussion of the practical issues of applying good change management approaches 'back in the workplace'.
3. The programs include staff from all levels and professional groups providing a richness of perspectives and creating shared understandings within organizations.

On the basis of our experiences with this program, Dr. Johnson and I are currently writing a new book aimed at change agents in health.

## The Ideal Support Solution

At the time of writing, I am involved with setting up a new support network for change agents working in the NHS in the northeast of England. I am working very much at the 'blank sheet of paper' stage

with NHS staff to look at how we can establish a network of training, education, information and support to health organizations and individual 'change agents' within them to develop health care services. On the basis of my experiences, I believe the ideal infrastructure of support would have the following key elements:

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- 'Energizing' short courses on the Australian model which build relationships, allowing people to develop their understanding of the 'theory' of change management and organization development, while exploring the practicalities of 'doing it for real'.
- More informal web-based 'network learning' systems which allow people within

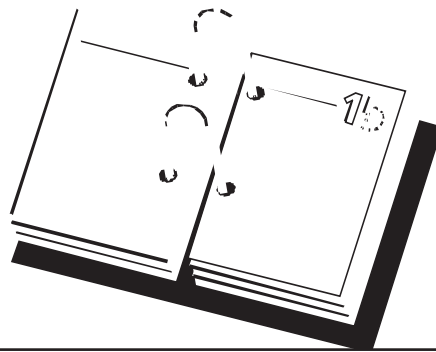
the network to maintain relationships, share in learning and to exchange information without the constraints of completing a 'marathon' of a formal education program. We need an 'on-line community' for health change agents.

- Multi-level, multi-constituency approaches which bring together health professionals and representatives of the total 'health community' into the learning process.

My experiences of working with people in the UK, Australia and across Europe who are active in trying to change health organizations have revealed a quite staggering degree of unanimity on the problems, issues and challenges of being a 'health change agent'. This is a significant issue both academically and pragmatically because it suggests that the support 'health change agents' need, is broadly similar despite differences in culture and health care systems.

*Kevin Paton, Principal Lecturer in Human Resource Management, Sunderland Business School, University of Sunderland*

# Mark Your Calendar



## Grand River Hospital Community Health Promotion Series

### October 12, 2005

“Understanding Depression”  
Kitchener-Waterloo Health Centre  
Auditorium

### November 2, 2005

“Oral Health and Chronic Diseases”  
Kitchener-Waterloo Health Centre,  
Gold Room

### November 9, 2005

“The Importance of Health Literacy for Older Adults in the Information Age”  
Kitchener Public Library

### November 30, 2005

“Self Care and Reducing Anxiety”  
Kitchener-Waterloo Health Centre  
Gold Room

### January 10, 2006

“Laugh Your Way to Good Health”  
Kitchener-Waterloo Health Centre,  
Gold Room

## September 29 & 30, 2005

The 3rd Annual Healthy Hospital  
Innovative Practices Symposium

Inspiring Healthy Workplaces:  
Why Top Executives Invest in  
Employee Engagement First  
Toronto, Ontario  
[www.oha.com/conferences](http://www.oha.com/conferences)

### October 20, 2005

Allies in Aging Conference  
Bingemans - Kitchener, Ontario  
Contact: 519-650-1628

### October 21, 2005

Interurban Pain Conference  
Freeport Health Centre, Auditorium  
Kitchener, Ontario

### October 25 & 26, 2005

Developing Health Promotion Policies  
Ryerson University Campus  
Contact: [www.thcu.ca/workshops/registration.htm](http://www.thcu.ca/workshops/registration.htm)

### October 26 - 28, 2005

The 4th International Conference on  
Urban Health

The Western Harbour Castle Hotel  
Toronto, Ontario  
Contact: [www.crich.ca/isuhconference2005](http://www.crich.ca/isuhconference2005)

### October 27, 2005

Fifth Annual Workplace Wellness  
Conference  
Richmond Hill, Ontario  
[www.region.york.on.ca/services/Public+Health+and+Safety/Workplace+Wellness/York+Region+workplace+Wellness+fifth+Annual+Conference.htm](http://www.region.york.on.ca/services/Public+Health+and+Safety/Workplace+Wellness/York+Region+workplace+Wellness+fifth+Annual+Conference.htm)

### February 21-22, 2006

“Moving Upstream Together:  
Partnering for Ontario’s future health &  
well-being.”  
Toronto, Ontario  
Contact: [movingupstream@opc.on.ca](mailto:movingupstream@opc.on.ca)

### April 23 - 26, 2006

“Health Promoting Dreams: Shifting  
the Sands”  
Australian Health Promotion 16th National  
Conference  
Contact: [ahpa@confco.com.au](mailto:ahpa@confco.com.au)

### June 11 - 15, 2007

International Union for Health  
Promotion & Education  
Vancouver, British Columbia  
[www.iuhpeconference.org/](http://www.iuhpeconference.org/)

## 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 FEBRUARY 2006

Please send your information to:

TED MAVOR  
C/O K-W HEALTH CENTRE  
P.O. BOX 9056  
KITCHENER, ON N2G 1G3  
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  
(519) 749-4300 ext. 2375.  
email: [ted\\_mavor@grhosp.on.ca](mailto:ted_mavor@grhosp.on.ca)

## Organizing Committee

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The organizing committee assumes  
no responsibility for opinions, claims,  
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