

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

Introduction

This special edition of the **Health Promotion Exchange** highlights the 2001 Ontario Hospital Association's Convention first session on hospital health promotion. By most measures, this launch was a big success. Many people attended. All presenters supported how:

"Health promotion logically fits within the goals of the health care system and the health care facilities within that system."

- Health and Welfare Canada, 1990

We trust that you will find these articles interesting and useful.

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A New Perspective On The Health Of Canadians - Revisited



I have been asked to talk to you about a document which is now over 27 years old and which, surprisingly for a government document, still seems to have some relevance today.

Allow me not only to provide you with an historic background to this afternoon's discussions, but also to reflect a little bit on the current situation. Although, for those of some of you who have been fighting in the trenches for many years, the temptation is strong to quote the old French saying that "Plus ça change, plus c'est la même chose", my reading of the last quarter century in the health field, is somewhat more optimistic.

In the early seventies, two major concerns were growing in government circles:

1. The rising cost of health care and
2. The fact that the health status of Canadians did not seem to improve pro-

portionately to the rise in the cost of health services.

After the significant improvements in health statistics, following the introduction of hospital and medical insurance in the 50's and the 60's, the correlation between health expenditures and health improvement was becoming far less direct. When I was appointed Minister in 1972, it was clear that that issue had to be addressed.

We started from the very broad definition of health adopted by the WHO in 1948, which took into account not only the physical and biological conditions of man but also his psychological, social and economic dimensions. That definition was headlined in *New Perspective*, when it was published.

An analysis of the nature and underlying causes of morbidity and mortality led us to the conclusion that the traditional approach to health issues, with its concentration on health care services, was woefully inadequate. We therefore proposed

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The Ontario Hospital Association 2001 Convention & Exhibition - Message

At the 77th Annual Convention, the Ontario Hospital Association (OHA) introduced the concept of how hospitals, besides managing diseases, can contribute to the improvement of health. This was outlined in the Health Promoting Hospital session, planned in conjunction with

the Health Promotion Network. Those involved in planning were encouraged by the response to this session

and the topic's importance to those in health care.

The many session participants had the opportunity to learn why hospitals should be involved in health promotion.

Presenters were hospital administrators, health promotion practitioners

and The Honourable Marc Lalonde, who produced the single most influential document to influence thinking about health promotion in Canada. The many session participants had the opportunity to learn why hospitals should be involved in health promotion,

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what was called the Health Field Concept as a tool to help us better understand the causes of sickness of death and facilitate the identification of courses of action that might be taken to improve health. In our view, the Concept could be broken into four elements: human biology, environment, lifestyle and health care organization and those elements had to be given equal analytical, if not financial importance, if governments were to pursue a comprehensive and effective health policy.

We then proposed two broad objectives:

1. To reduce mental and physical health hazard for those parts of the population whose risks were high;
2. To improve the accessibility of good mental and physical health care for those whose current access was unsatisfactory.

In the pursuit of those objectives, we identified five strategies:

1. A health promotion strategy;
2. A regulatory strategy;
3. A research strategy;
4. A health care efficiency strategy and
5. A goal-setting strategy.

As a first step, we proposed some 74 possible courses of action for the consideration not only of governments but also of citizens at large and organizations that had a role in the implementation of such strategies.

Almost immediately after the release of New Perspective, Ivan Illich, a well-known and influential author at the time, published a book entitled in French: "Némésis de la médecine". Several of his concepts were close to ours. Our publication had somehow come to his attention, just before publication, because he added a footnote in the first page of his book, in which he praised New Perspective as the first government document to adopt the Health Field Concept as public policy and put for-

ward specific strategies and a plan of action to implement them.

Foreign (and, in fairness, some Canadian) public health academics wrote very positive reviews of our document and Dr. Halfdan Mahler, the new Director-General of WHO at the time, endorsed New Perspective in many of his written and oral statements. He even ensured that the concepts of New Perspective found their way into the WHO Global Health for All Strategy launched in 1988. In the meantime, my French and American colleagues, Simone Veil and Jos. Califano, announced that they would pursue an approach similar to ours.

With the boomerang effect of success abroad, an aggressive pursuit by my Department of the objectives of New Perspective, and the cooperation of my provincial colleagues, the analytical framework of New Perspective gradually gained respect as a valuable instrument of health policy. As a matter of fact, it even became a Canadian government best-seller.

The WHO has over the years initiated a number of programs

pushing the concepts of "healthy public policies", "healthy communities", "healthy cities", "healthy hospitals", and Canadian governments and organizations have been quite supportive of such programs in our country. As a matter of fact, the first WHO International Health Promotion Conference was held in Ottawa in 1986 and it led to the adoption of the now famous Ottawa Charter on Health Promotion.

Being asked to revisit New Perspective 27 years later, I would have the following to say:

1. It is important to reassert the fundamental validity of the Health Field

Concept and the interrelationship between its four components: human biology, environment, lifestyle and health care organization.

If we really want to improve the health of Canadians, we cannot concentrate only on the last one of those factors. Unfortunately, the impact of the first three is much more diffuse and is generally, but not always, felt only in the medium to long term; in comparison, the inadequacies of the health care system are immediately visible and understandable by the media and the general public. Queuing in emergency wards, the transfer of patients to American institutions because of a lack of proper equipment, disputes between governments as to how many more billions should be allocated to health care services, or some catastrophic anecdote make for much better headlines than the negative impact of CO₂, bad roads, poor housing, or obesity on the health of Canadians. Yet it is quite fair to argue that further action on some of these latter factors can be much more cost efficient than additional funding of health care itself.

Studies and royal commissions are a constant feature of our health system and there has been a long list of them, since 1974. I must say that I have been very encouraged to see how much the concepts enunciated in New Perspective and perfected subsequently have found their way into the conclusions of their reports.

There are currently two such activities taking place at the federal level: a study on the state of the health care system in Canada by the Senate Committee on Social Affairs and Technology and a royal commission on the same subject, headed by the former Premier of Saskatchewan, Mr. Roy Romanow.

The Senate Committee has already produced four excellent volumes on the subject. It is interesting to note that, in its last report, it addresses the role of the federal government with regard to population health, and in particular health protection, health and wellness promotion and illness prevention. It is to be hoped that both the

Senate Committee and the Royal Commission will, in spite of their restricted mandate, put the Health Field Concept at the center of their analysis; I regret, in that regard, that the most recent Senate Committee deals with population health issue only in Chapter 12 of its report; it makes it appear as an afterthought while such questions have to be front and center of any global examination of our health policy.

2. This being said, a holistic health concept, (an expression I will use to take into account the work done on the Health Field Concept since 1974) should not be sold or bought on fiscal arguments, and more particularly as a cost saving technique.

Health care services will remain a fundamental, and the most expensive element of a holistic approach to health policy. Canadians are entitled to the best possible health care services, taking into account the fiscal resources available. And those services must also be delivered on the most cost-efficient basis.

But there are plenty of arguments which stand on their own in support of action and expenditure with regard to human biology, lifestyle or the environment, without the need of arguing that this should mean a necessary reduction of expenditure on health care. As just mentioned, there are instances where such action may even lead to more financial resources being available for health care

Governments are in the business of establishing priorities and they have constantly to allocate resources which, by definition, will never be sufficient to meet all needs of society, but it is not true that investment in the environment, for instance, must necessarily be at the expense of health care services.

3. A holistic health policy cannot be implemented by health professionals, or health officials and health ministers, alone.

No one in his right mind could attribute to these people the sole responsibility for dealing with such issues as smoking, poor physical fitness, drinking and driving, con-

taminated water supply, bad roads, environmental decay, inadequate income etc.

In 1986, the Canadian government published a policy paper entitled: "Achieving Health for All: a Framework for Health Promotion". I will quote one sentence: "All policies which have a direct bearing on health need to be coordinated. The list is long and includes, among others, income security, employment, education, housing business, agriculture, transportation, justice and technology". Quite a list!

I am not challenging that statement but it is clear that all the Ministers of Health of Canada put together could not even begin to address such a list of issues. Health promotion is a challenge for the whole Canadian society; and I will dispense you with the international aspect of that challenge, which is more obvious each day.

In fact, health promotion must ensure that engineers, architects, economists, town planners, politicians of all kinds, and even lawyers, realize the tremendous contribution they can make to the enhancement of health of their fellow citizens as well as the harm they can cause by ignoring the health impact of their decisions.

However, we have an expression in French which says: "Qui trop embrasse mal étreint". I remember reading a paper published in 1994 by the Canadian Public Health Association which noted the frustration prevailing at the time among health promotion advocates, resulting from the fact that without the tools of healthy policy which encompasses social justice and equity issues, most important determinants of health cannot be effectively addressed. And I also remember some of the criticism addressed at New Perspective, alleging that it did not deal

sufficiently with economic and social policy issues.

All I can say is that we are all in for a long wait if we expect that a holistic health policy will be implemented by fiat from ministers of Health or health officials. Health promotion needs to address those issues and there is a tremendous education and information task to be assumed; but meaningful action on such a broad field will only take place in the context of general public policy supported by an enlightened electorate. In that regard, health promotion advocates, like politicians, have to be fundamental optimists!

4. This being said, health professionals have a primary responsibility in advancing the case for a holistic health policy.

I know from experience under what kind of pressure you all are to merely fulfill your primary task, which is to treat and, if possible, cure patients; that

task has become even more demanding in the context of the fiscal constraints to which Ontario hospitals, as well as those of the other provinces, have been subjected during the last decade. And I also know from experience how difficult it is to keep health promotion on the hospital agenda, when one is constantly buried under with crisis management.

Yet hospitals cannot be just like garages where one brings damaged cars to be repaired. Beyond their essential curative function, hospitals also have a significant role to play in health promotion. They have indeed to be health centers in the broadest sense. This is what we are going to discuss this afternoon.

The Hon. Marc Lalonde

Governments are in the business of establishing priorities and they have constantly to allocate resources which, by definition, will never be sufficient to meet all needs of society, but it is not true that investment in the environment, for instance, must necessarily be at the expense of health care services.

An Easy to Use Template for Integrating Health Promotion Activities into Hospital Programs

Health promotion is the process of enabling people to increase control over, and thereby improve their health. In the last edition of The Health Promotion Exchange, we addressed the benefits for hospitals to take on an active role in ensuring health promotion activities become an integral part of each hospital program's design.

By embracing health promotion, hospitals provide a key to understanding the interrelationships of the determinants of health and the common goal of improved health for the whole community. Through participating in health promotion activities, hospitals demonstrate leadership by meeting the new accreditation standards in continuity of care. They also can experience new opportunities for working directly with clients and neighbouring organizations towards a common goal.

However, competing demands and urgent issues can distract leaders and staff, leaving health promotion initiatives forgotten. Structures can play a vital role in keeping leaders on track. They simplify and add clarity and routine to work functions. One such structure is the Continuity of Care Template.

This template enables Program Directors and Department Heads to delineate the role, resources and responsibilities that staff, the client and community players will carry out in health promotion, in addition to the other health care elements in the continuum of care.

A customized template can be developed for different programs and services.

To be successful, a discussion must occur

A copy of the template can act as a common language for patients and care givers. Once formatted, patients can receive a copy at whichever entry point they have accessed the system.

Element	Who	Where	How
Health Promotion	Client, physicians, staff in the ER, hospital staff, public health, agencies, gov't. etc.	Identify location	Define the role each one will play in actions and supporting materials
Routine Care			
Diagnostic tests			
Crisis Intervention			
Treatment			
Rehabilitation			
Maintenance			
Palliation			
Psycho-social Support			
Teaching			
Research			
Evaluation of program			

Wendy E. Youens, CHE Leadership Coach and Facilitator

www.coachingpower@hotmail.com Previous Chief Executive Officer roles in a community hospital, a teaching hospital and an integrated delivery system.

between the caregivers and the clients. This conversation can be facilitated by the Program Director by arranging a group meeting of the members. It is key that a number of clients /patients are included to ensure a patient focused approach. At that time, each player can identify and define what their role will be and how the information is best communicated to the patient

and their family. Through discussion, opportunities to streamline the care and eliminate redundancies become apparent improving overall care.

Through these conversations, people can define how each other will complement and build on each other mandate and skills. Mutual accountability can be highlighted resulting in an integrated approach to care.

Ontario Hospital Association 2001 Convention & Exhibition - Message

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and how it ties into the Canadian Council on Health Services Accreditation: Achieving Improved Measurement Standards. Health promotion initiatives to staff, patients/families and to the community were presented. The subsequent

benefits to each group were noted. A short video "Promoting Health in Your Hospital", showing what hospital health promotion looks like, concluded the session.

This Special Edition of the Health Promotion Exchange summarizes

the session's presentations.

*Christine Thur,
Program Planner
Educational Services
Ontario Hospital Association*

How Can Health Professionals Best Engage in Health Promotion?

Pat Campbell, President and CEO of Grey Bruce Health Services, started by asking "Why do health promotion?" Her response was that health promotion is a concern for hospitals because:

- Care of chronic diseases in an ever-increasing part of hospital work
- That health care facilities' new accreditation standards require health promotion
- Many care providers are frustrated by issues that are difficult to tackle at the individual level

She recognized that some believe hospitals have a mandate to provide care to individuals not communities. There are also some that might suggest that health promotion would be one more added expectation for busy professional staff.

However, the scope of practice of many regulated health professionals includes the promotion of health (nursing, physiotherapy, occupational health, social work, etc.).

Therefore this is not an add on but a part of current expectations on professional staff and formalizing and supporting them in the discharge of that responsibility supports their need to practice in a professional way.

Pat Campbell used the Ottawa Charter's five strategies to show how the health sector and its professionals can move increasingly in a health promotion direction.

Each of the strategies was explored, with given examples:

Healthy Public Policy

Drinking and Driving

Party program started by Sunnybrook Health Sciences Centre. This program is a harm reduction program targetted at teens and focused on the risks of

binge drinking and driving. It was introduced out of the Trauma program of the hospital.

Smoking

Hospital support for activities of the local health unit in seeking smoking bylaws is hospital health promotion activity.

Waste Management

Environmental Services concern about waste handling with increased efforts at recycling.

Creating Supportive Environments

A hospital's first responsibility is at home - within the walls of the hospital. Some activities that have been seen include:

- The Giggle Gallery open to staff and patients promoting the healing power of laughter (Owen Sound GBHS)

In undertaking Community Action hospitals should consider doing some community needs analysis in collaboration with community agencies interested in the same issues and engaging patients/clients in the conversation of what is helpful. It is very important to include in these processes staff that can demonstrate sensitivity, thoughtfulness, and an ethical stance as they become the presence of the hospital in the community.

- The Healing Garden targeted at the elderly and the healing power of growing things, and utilized by staff and visitors as a peaceful and beautiful environment (Meaford GBHS)

Community Action

- South East Toronto Organization - engaged in exploring the health needs of a specific high risk population group for the purpose of program and service development by partner organizations
- Metro Toronto Committee on violence against women with various subcommittees identifying strategies to promote, amongst other things, a safer environment, appropriate police, health care and community response.

In undertaking Community Action hospitals should consider doing some community needs analysis in collaboration with community agencies interested in the same issues and engaging patients/clients in the conversation of what is helpful. It is very important to include in these processes staff that can demonstrate sensitivity, thoughtfulness, and an ethical stance as they become the presence of the hospital in the community.

Develop Personal Skills

This component of the Ottawa Charter strategies does not seem to apply to hospitals however consideration can be given to encouraging and enabling staff to:

- Participate in democratic action
- Develop personal lifestyle skills that promote health
- Collaborate effectively with the community
- Become knowledgeable about issues of equity, sustainability, participation and empowerment

Hospital can also consider supporting staff

and community members to ensure that they acquire basic skills that allow for participation in society. This has been seen in some hospitals with their support for English as a second language program.

Reorienting Health Services

Hospitals have a large role to play in supporting this strategy of the Ottawa Charter. Some things that hospitals can consider might be:

- Service structures that model the values that are linked to promoting health
- Client control over decision-making
- Consideration and support of the whole person i.e., social support, economic

How Can Health Professionals Best Engage in Health Promotion?

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resources, spiritual needs, as well as physical issues

- Emphasis on optimizing health - positive health and well being

The attitude of health care organizations and organization of health services which focuses on the total needs of the individual as a whole person are starting to emerge in some settings. Examples of these include:

1. **End of Life Care** with family care rooms and collaborative hospital community palliative care programs.
2. **Birthing with breastfeeding support** that extends beyond discharge. Appropriate newborn discharge criteria and prenatal counseling and education are also health promoting.
3. **Hospitals participating in joint community health promotion initiatives** to help improve the specific health needs of a community, e.g. health fairs, flu shot campaigns.

Pat concluded by noting that there were Canadian resources available to help hospitals to overcome the challenges such as the:

- Health Promotion Symposium
- Ontario Prevention Clearing House
- Canadian Health Network
- Ongoing support from the Hospital Health Promotion Network and the Canadian Healthcare Association

Health promotion is an important component of the professional role for many hospital staff, and recognition and support of that in program planning and service delivery is supportive of professional practice and can result in higher morale and motivation for many staff. They like to feel they are making a difference, and promoting health will come back to them from clients and communities as being meaningful activity.

State of the Art in Hospital Health Promotion Community Focus

Lorraine Rohm, Health Promotion Manager at Halton Healthcare Services (an amalgamation of the Milton District Hospital and Oakville-Trafalgar Memorial Hospital), presented on community health promotion initiatives.

The Health Promotion Program started at the Oakville-Trafalgar Memorial Hospital in 1993 at the request of the Board of Governors. Initial funding was provided by the OTMH Charitable Corporation. A Health Promotion Committee, comprised of community and hospital representatives, guided the development of the program. In order to identify opportunities for collaboration, identify gaps, and avoid duplication, an inventory of current hospital and community health promotion activities was completed.

Today, the Health Promotion Program provides health education and injury prevention programs to the Milton and Oakville communities. As well, staff are actively involved in community coalitions and projects. The purpose of the program is to encourage individuals to reduce their risk of disease and injury, and to successfully manage their health conditions. The hospitals also have a variety of patient education programs to help patients reduce the risk of complications and/or recurrence, i.e. Asthma Education Centre.

Wherever possible, health education seminars are organized in partnership

with related community service providers i.e., public health, Heart and Stroke Foundation. The Injury Prevention Program relies on the efforts of a large

number of hospital healthcare professionals, and emergency service personnel from the

community, many who are volunteering their time. All activities are evaluated.

The Health Promotion Program at Halton Healthcare Services has resulted in:

- consumers making more informed decisions about their health and healthcare
- enhanced partnerships between the hospital and community service providers
- increased revenue for the hospital through event sponsorships, and through individual gifts from consumers who appreciate this "value-added service"
- additional hospital volunteers
- opportunities for hospital healthcare professionals to educate the public about prevention of disease and injury, and effective management of health conditions.

Lorraine concluded her presentation by stating that hospitals should expand their role beyond sickness care to include health promotion, injury and disease prevention, and early detection of illness.



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 Hospital Health Promotion Network, to Lynn Barber, Health Resource Centre, Humber River Regional Hospital, 200 Church Street, Weston, Ontario, M9N 1N8, Canada.

For further information, contact Lynn Barber at (416) 243-4648 or email lbarber@hrrh.on.ca.

State of the Art in Hospital Health Promotion Hospital Staff

Wellness Works at CMH

One of Cambridge Memorial Hospital's (CMH) strategic goals is to improve community health status, in partnership with the community. This goal affects all aspects of service at CMH. The hospital plans to accomplish this goal through alliances and partnerships with community partners who share a common goal of creating a healthy community, and by developing strategies to ensure that consumers are informed of health services.

The hospital's Ambulatory and Community Health Program (ACHP) was created in 1999, as a result of this strategic initiative, to facilitate the development of internal and external wellness services. Program staff create opportunities and services that help staff and community members integrate wellness into their lives.

As participants on the employee-driven Wellness Steering Committee, Theresa Milani, Recreation Therapist and Sharri Crowley, Physiotherapy Assistant, help the committee put the goals of improving community health status, into practice.

"One of the themes the committee works with is the wellness connection between body, mind and spirit," explains Theresa Milani. "The Steering Committee tries to address each of these components of wellness."

On the spiritual side, a 'Spirituality at Work' group sends out an inspirational thought for the day and a weekly email story or poem for staff who subscribe to this in-house email service. There is also a reflection group which meets once a week. Spirituality resources are available

for all staff and are located in the hospital library. Staff worship services are organized from time to time and guest lectures on a related theme may be arranged over the lunch hour.

For the "mind" aspect of wellness, the Employee Assistance Program and the Joint Occupational Health and Safety Committee work together to co-ordinate a "Lunch and Learn" series that addresses various wellness topics.

Topics have included weight management, stress management, herbal medicine, women and heart health, personal security and safety around the home, and financial planning. Speakers may be experts from the community or CMH's own in-house experts.

The hospital's employee rehabilitation services help facilitate an employee's healthy return to work if they have been injured, as well as promoting strategies to help staff stay healthy. The team draws on the skills of the staff occupational health specialists, physiotherapists, occupational therapists and recreational therapist to develop programs for staff. These programs include health promotion and active living activities such as noon-hour volleyball games, a lunch-hour walking club, evening low impact aerobic classes and an eight-week wellness program which is available at a nominal charge to any staff member.

CMH is the first hospital in North America to achieve ISO14001 environmental certification. This was achieved through hard work across the hospital

and by all staff increasing their concern for the environment. The hospital 'Green Team' has also helped facilitate a commuter challenge to reduce the use of automobiles, a litter-free lunch day and education and awareness programs about air quality.

The on-site Bailey Wellness Centre offers specialized wellness programs and a pay-as-you-go gym facility that is open to anyone in the community. Some of the health

initiatives offered at the Bailey Wellness Centre include the Wellness Works program, stress management, cardiac education and exercise program, weight management, smoking cessation, a pain clinic, osteoporosis program and a menopause program.



"Our programming responds to the needs of the community," explains Milani. "We offer both structured classes, which run on certain days and at certain times of the year, as well as more individual programs which can be adapted to the particular needs of a client. And clients can also mean companies, because our Wellness Works program, for example, can be offered at any location and is geared towards businesses interested in improving the health status of their workers. More and more organizations are beginning to understand that wellness is more than just a nice thing to do, it's a business imperative."

"That's a message we are actively bringing to the community and a message that we promote through our own programs for staff in the hospital," confirms Milani.



Visit Grand River Hospital's new 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.ca>

State of the Art in Hospital Health Promotion Patient/Family

Debbie Bang, Manager at St. Joseph's Healthcare Hamilton Centre for Ambulatory Health Services and Lynn Barber, Health Promotion Specialist at Humber River Regional Hospital spoke on consumer health information centers. Patients/clients, staff and students can access these centres by means of walk-in, telephone and website. The services use the health promotion strategy of developing personal skills by providing access to health information and deliver their service using an empowerment approach.

Health Information Centres also assist health professionals to access health information on behalf of their clients and/or to better understand the client's condition. The speakers noted the benefits for patients were to assist them to make informed decisions, to be an informed partner in their own care, and to increase the likelihood of adoption of best practice

treatment plans. Informed consumers also report having better relationships with their physicians.

Both Consumer Health Information



Centres had approximately 3000 - 3700 annual visits in 2000/2001. By partnering with their community, both health centres were able to promote health for patients and community members. Some of the activities included "Health Talks" which provides access to new research findings and health informa-

tion through displays visible to clients/families. Benefits of these inexpensive displays were high visibility and were located in high traffic areas of the hospitals. Promoting the hospitals as caring about people's health/well-being was incorporated into the displays which also provided up-to-date health information and operated on extended hours.

Both Health Information Centres received between 350 - 550 direct referrals from clinicians in 2000-2001 for health information related to patients being discharged with specific diagnosis. For example, a patient newly diagnosed with Parkinson's was provided with the Parkinson's Handbook, Parkinson's - One Step At A Time, Managing Sleep Disturbances in Parkinson's, Exercise for Parkinson's.

The websites at both health care institutions (Humber River Regional Hospital - www.hrrh.on.ca; St. Joseph's Healthcare Hamilton www.stjosham.on.ca) provide broad audience access to health information database(s), private and confidential patient access to health information 24/7. We are just beginning to discover the variety of ways we can help people access health information.

Organizing Committee

Members

Marilee Garner, B.Sc., O.T.

*Client Services Manager
Perth County Community Care
Access Centre*

Olga W. Malott, Ph.D.

*Consultant to Long Term Care
Waterloo, Ontario*

Ted Mavor, MSW, RSW

*Committee Chair
Coordinator of Health Promotion
Professional Leader, Social Work
Grand River Hospital*

Kyle Whitfield, Ph.D. (Candidate)

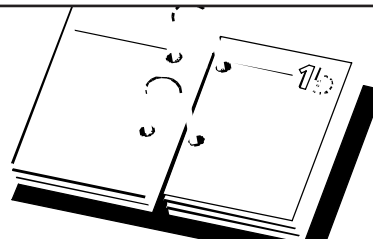
*Research Associate with the Murray
Alzheimer Research & Education
Program, University of Waterloo*

Don Stewart, B.ASC, M.D.

*Member of the Waterloo Region
Health Promotion Interest Group*

The organizing committee assumes no responsibility for opinions, claims, representations and statements made by the contributing writers.

Mark your calendar



May 9 & 10, 2001

Designing For Diversity in Dementia Care

(4th Annual Conference)

This conference will provide innovative approaches that enhance the quality of life for persons living with dementia. Also, it will address diversity in environmental design with a focus on dementia. For more information call (416) 516-6678

May 15 - 17, 2002

10th International Conference on Health Promoting Hospitals

"The contribution of HPH to reorient Health Services: Improving health gain by developing partnerships and quality"

Bratislava, Slovakia

For information - email:
bruchaco@minu.sk or
www.univie.ac.at/hph