

The Health Promotion Exchange

Introduction

Welcome to this fourteenth issue of the Health Promotion Exchange, a twice-yearly publication of interesting health promotion initiatives.

In this edition, we profile, among others, an article on ethics and health promotion, loss and grief recovery, promoting the health of the rural elderly, and the role of rural voluntary organizations in health promotion and capacity building.

We are extremely interested in your comments on these issues, on topics for future issues, and hope that the articles in this issue inspire you.

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Ethics And Health Promotion: New Challenges

Those who purport to change others, or to help them change themselves, operate within the sphere of the moral, not the technical. The very act of changing in any substantial way is an act of values migration, and values are inherently moral.

It is not uncommon for health promoters to recognize the innate morality of the sphere in which they operate. Like most of us, health promoters see themselves on the side of the angels, working in a world of demons. The same holds true for hospital administrators, prison guards and pipefitters.

Most of us could not sleep at night unless we believed what we are doing is good and reduces the amount of bad around us. For people working in fields in which there is a power imbalance, in which the world to be changed is more powerful than one's own tools to change that world, a sense of moral mission is a comfort and a strength.

For decades health promoters have worked in a world where the deck was stacked against them. Despite sporadic self-congratulatory funding pronouncements from governments, few political jurisdictions have come anywhere near making investments in health promotion that their own rhetoric and studies tell

them to make. Nor have they been willing to upset the vast apple carts of social and economic inequity that fuel much of a nation's ill health.

At least some of that may change. The western world is currently experiencing a spate of studies of health systems - a spate unseen since the 1970s. Driven by

the perceived need to reduce health system costs, these studies have rediscovered it might be cheaper to keep people healthy than to patch them up when they are sick.

If action follows rhetoric, govern-

ments will make greater commitments to health promotion than they have in the past - good news to health promoters. But with this comes an ethical trap.

Societies often choose a simplistic ethical shorthand to describe complex problems, a shorthand that keeps the powerful in society on the side of angels. It is easier, for instance, for many Canadians to consider immigrants as welfare leeches than to welcome them gladly to our mainstream world, or to see other people's teenagers as annoying threats rather than as full participants in our society, or to see women only as the incubators of the



Ethics and Health Promotion

Continued from page 1

next generation and not as the majority of this generation.

There is an ethical shorthand around health promotion too. It is to blame people for their health challenges rather than addressing the systemic causes of these health challenges. This will be a tempting path for governments to follow even if they invest more in health promotion.

The test case for whether western societies can take a more complex and difficult approach may be obesity. A flurry of studies and media releases in the last year have pointed to the health threats of obesity in many countries. One can expect that a number of health promotion initiatives will be funded to combat obesity. But it will be tempting for our society to focus on obesity programs that see obesity as a

moral or character flaw in those who are obese. After all, we've been able to make fun of fat people for centuries - isn't it time we blamed them for their own health problems? Never mind that starch-rich diets are the only diets many poor people

A flurry of studies and media releases in the last year have pointed to the health threats of obesity in many countries. One can expect that a number of health promotion initiatives will be funded to combat obesity.

can afford. Never mind that our society has become so disarticulated that for some people, food is the only reliable friend they have. Never mind that some people have perhaps realistically concluded that they

have little control over their lives - easier to preach at them with strict diet sheets and exercise regimens.

Many health promoters know this is not the path to follow. But many health promoters may be seduced by the fashionable dollar: if the government is funding preachers, we may choose to become preachers.

And at the very least, health promoters who are not snared in the dollar game may need to raise voices, again and again, pointing out that most people only change

when the social conditions under which they live their lives change as well.

*John Butler, President
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Promoting the Health of the Rural Elderly

Woolwich Community Health Centre (WCHC) provides comprehensive primary health care, illness prevention and health promotion programming to Woolwich and eastern Wellesley Townships, focusing on the community-defined priority populations of seniors and their caregivers, rural/farm families and families with young children.

At WCHC, health promotion for the rural elderly is integrated across a range of programs and services. Primary health care appointments with an inter-disciplinary team of providers allow for additional time to address the complex health issues of older

clients, balancing treatment with teaching. Our Well Adult Program combines nursing foot care with routine monitoring (e.g., blood pressure checks) and one-to-one education. Home visits for elderly clients who are frail, isolated or have limited mobility, remain an essential option for service delivery.



Health promotion for the rural elderly figures prominently among the programs that WCHC provides on-site and supports in the community. Literature on loneliness, falls and related injuries among seniors informs a variety of seniors' fitness programs - gentle to energetic - that

combine exercise with education and social network building. Programs are led by paid instructors with specialized knowledge of conditions such as osteoporosis, and by volunteer seniors' fitness instructors. Special attention is given by WCHC staff to assessing the needs of senior participants and linking them to programs that most suit their health concerns and capabilities. The annual Woolwich Seniors' Health Fair, run by local seniors and organizations that work with them, including WCHC, draws hundreds of participants every year, encouraging rural seniors to think about and actively promote their own health well-being in the broadest possible way.

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Loss and Grief-Recovery: A Unique Form of Health Promotion

How often do we find ourselves wishing things had been different, better or more with someone in our lives?

These feelings can translate into undelivered communications, positive or negative, that keep us tied to the pain of that relationship whether it is recent or in the dis-

We experience many losses in our lives and are still expected to be resilient and capable of healing without any real lessons about how to process the pain; society as a whole is a poor teacher.

tant past. This unresolved pain can bind us to loss, and prevent us from experiencing joy and opportunity in the present.

While time sometimes dulls the pain, time does not, of itself, complete what is emotionally unfinished between us and people who have died, and others from whom we are still hurt or estranged.

We experience many losses in our lives and are still expected to be resilient and capable of healing without any real lessons about how to process the pain; society as a whole is a poor teacher. We often hear mixed messages such as:

- Don't feel bad.
- Replace the loss.
- Grieve alone.
- Time will heal.
- You have to be strong for the family.
- Keep busy.

In addition, you may have heard:

- It probably was for the best.
- You just need to get over it.
- You're strong enough to handle it.

Whether the loss is with a colleague, a patient, a friend, a family member or a pet through death, divorce, job change, moving or other losses, unresolved grief is cumulatively negative.

Change itself can create loss, whether the change was a welcomed one such as a marriage, or unwelcomed such as a job loss. In the former, the loss could be one of independence and one's own living quarters or in the latter, a loss of trust and confidence. When organizations merge or change their structure, staff and patients may feel a deep sense of loss. They may feel invalidated, powerless and betrayed. Leaders may not take the time to identify this loss or acknowledge its impact, let alone create the process for dealing effectively with the grief.

How do we cope with these events? We often create short - term energy relievers. You may know them best as one of the following behaviours or a combination of them:

- Over or under eating
- Alcohol or drug use
- Anger
- Exercise
- Isolation
- Workaholism
- Fantasy (movies, TV, books)
- Keeping busy

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

Knowing effectively how to process stored up loss through an Action Program on Grief-Recovery is a powerful form of health promotion. Not only does a grief-recovery action plan provide a safe way to identify and process the losses, it frees up the individual to gain insight and control over their actions and health. The leading resource *The Grief-Recovery Handbook* by John James and Russell Friedman, HarperPerennial, 1998 is a key tool for

recovery. The authors created the Grief-Recovery Institute which hosts the website www.grief-recovery.com and provides certification, personal workshop programs and articles on grief.

How can a health promotion strategy of Grief-Recovery be embraced by your organization?

1. Review the Grief-Recovery Handbook and complete the exercises with a partner or trained facilitator to experience its healing impact.
2. Include Grief-Recovery as a vital part of your Employee Assistance Program.
3. Train a Grief-Recovery certified specialist with the Grief-Recovery Institute and offer programs at cost to staff, patients and their families as part of your Wellness Initiatives.

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4. Educate leaders in the presence and impact of grief-recovery as a part of any change process that needs to be anticipated, planned and accounted for if change is to be effective and lasting.

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"MOVE FOR HEALTH" - The Swedish Way

The Swedish government proclaimed that 2001 should be "a year for physical activity". The National Institute of Public Health (NIPH), in broad consultation with the relevant authorities and organizations, was commissioned to plan and coordinate a campaign under the slogan "Get Sweden on the Move".

The background was the NIPH, in its report on "Physical Activity for Health and Pleasure", stated that the proportion of people wholly inactive physically in Sweden was 25-30% for middle-aged men and around 10-15% for middle-aged women. Limiting the discussion to the age group 30 and above, it was stated that not more than 20% of the population might be considered sufficiently active physically.

The campaign started from the evidence-based public health work and international programmes of physical activity. Right from the early stages, the government and

the organized steering-group saw the assignment as the start of a long-term programme of change, gearing to the promotion of health and the prevention of illness.

Strategy

Two parallel approaches have been developed. One involved strategic measures via four arenas/settings, and the other involved the encouragement and creation of opportunities for local and regional initiatives. The four arenas are Pre-School/School, The Workplace, Leisure and Healthcare. Each arena was focused about a quarter of the year. A total of around 50 activities were proposed. These proposals included knowledge acquisition, knowledge dissemination, training/education, method development, implementation, research and evaluation.

Message

"Inactivity is one of the major factors

behind premature death and preventable illness - 30 minutes of daily physical activity can prevent a wide range of illness." The main emphasis of this message was the health-promotive importance of daily exercise, but it also included sports and recreation.

The campaign "Get Sweden on the move - 2001" has been evaluated and considered to be a success. Now the campaign is continuing under the slogan "Keep Sweden on the Move".

As physical inactivity is a worldwide health-risk, WHO focused on this threat on World Health Day, April 7, 2002 under the slogan "Move for Health".

See <http://www.who.int>

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Asthma Appeal 2002: The Lung Association Urges Families – Make an Asthma Action Plan

The Lung Association is encouraging those with asthma and their families to take control of their asthma with an asthma action plan.

Asthma affects one in ten adults and one in five children in Canada. It causes thousands of trips to hospital, and days of missed work and school. The Lung Association aims to reverse these trends through its program, Asthma Action.

ASTHMA ACTION AIMS TO:

- Help those with asthma, and their families understand asthma control
- Make people with asthma aware they can participate fully in all activities
- Help those with asthma avoid asthma triggers and take medication effectively

- Make those with asthma aware they can live symptom free

The Lung Association's Asthma Action Program provides a toll-free, province-wide Helpline, staffed by Certified Asthma Educators. The educators provide

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information and advice on avoiding the things that trigger asthma, understanding medications and working out an asthma action plan with their health care provider. The Lung Association also pro-

vides customized information sheets, reinforcing the advice given on the Helpline. To speak to a Certified Asthma Educator, please call the Asthma Action Helpline at 1-800-668-7682.

Research conducted by The Lung Association indicates asthmatics need much more information on how to manage their disease. The Lung Association is considered to be the most trusted source for that information. The Lung Association has developed programs for people with asthma for many years. Asthma Action responds to the current need for easily accessible advice and support.

Media Contact Information:

(416) 864-9911 ext. 233 (905) 848-2583
bberton-hunter@rogers.com

LITTLE THINGS: The Efficient BUT Safe Car (PART II)

Little Things (LT) is a periodic column about practical Health Promotion.

This is number four (a follow-up to Part I in Health Promotion Exchange Edition 10, page 4). Part I dealt with the "Large" and the "Small" as a safety issue. The logic of the "safe" SUV went right over LT's head (LT prefers small, nimble and close to the earth). LT also looked at personal safety vs public safety (drive a "tank" and you are "safe", but nobody around you is!) and real safety vs perceived safety (does the margin of safety get squandered on inattentive and/or aggressive driving?)

That is the review, now on to Part II: the Efficient Car.

In a world of messy compromises is a neat compromise, the best of gas-powered and electricity-powered technology. Add computer technology and other automotive "essentials" (drink holders and CD players, etc.) and you have the Hybrid car - small, nimble and close to "Mother Earth". Hybrids adapt the low-emission, battery-powered electric car to modern driving styles. This is done by adding a small, efficient, gas-powered engine. It operates only to keep the batteries charged and to assist in acceleration.

Braking energy-loss is also used to charge the batteries. Sophisticated microprocessors control the whole system. The stats are impressive: fuel consumption efficiency approximately 4.5 L/100 Km (60 MPG) and extremely low emissions. The drawbacks are few. The batteries take up some trunk space, and looks and performance are at best average. This is LT's type of car - a triumph of substance over style!

LITTLE THINGS MEAN A LOT! (Health Promotion with ATTITUDE)

*Don Stewart, B.A.Sc., M.D.
(Newsletter Committee)*

Health Promotion In Primary Health Care

Policy makers, researchers, health practitioners, and citizens alike are increasingly advocating for increased presence of a health promotion perspective in primary health care. Such an approach is not only cost-effective in terms of fostering prevention, but is in keeping with the movement towards regionalization, community participation in health decision making, and community-based health services. Ultimately, a health promotion perspective will improve the health status of Canadians.

What is less clear is how to plan, implement and evaluate a health promotion perspective in primary health care settings.

The Institute of Health Promotion Research (IHPR) at UBC and the Canadian Consortium for Health Promotion Research developed a report on "Guidelines for Health Promotion in Primary Health Care". This work was undertaken with a contract from Health Canada. They are now undertaking additional work in this area funded by the Canadian Institute of Health Research. The project team, led by Dr. Jim Frankish, includes a multi-disciplinary team of co-investigators, and practitioners from across Canada.

During the first year of the two-year project, the draft guidelines were re-named

"characteristics" and were revised and organized into five domains: values and assumptions, strategies (types of programs, services, resources, policies), structure (organization), process (delivery), and outcomes. This version was distributed to a broad panel of researchers, academics, practitioners, and policy makers, and was discussed in four focus groups across Canada. Suggestions from the focus groups are now being

The survey is the focus of the second year of the project. It will explore outcomes and indicators for each of the characteristics, from a broad range of perspectives including practitioners, demonstration projects, associations, and provincial governments.

incorporated into a version that will become part of a national survey.

The survey is the focus of the second year of the project. It will explore outcomes and indicators for each of the characteristics, from a broad range of perspectives including practitioners, demonstration projects, associations, and provincial governments. Extensive analysis of the survey will be the final step in establishing the content validity of the

characteristics, including an appraisal of inter-rater reliability.

The research will make a contribution on conceptual, methodological, and applied levels. First, it will contribute to development of a consensus set of characteristics and provide insight into health promotion in primary health care settings. Second, it will lead to the creation of tools for stimulating dialogue and considering appraisal of health promotion in specific settings. Third, the research has the potential to influence policy makers, researchers and key stakeholders.

The identification of consensus characteristics of health promotion in primary health care is an important contribution in moving the Canadian healthcare system toward greater emphasis on health

promotion. Canadians are increasingly aware of the need to control healthcare costs and to reduce the healthcare burden by making the system more health promoting. Primary health care settings are a logical location for this type of initiative.

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The Role of Rural Voluntary Organizations in Health Promotion and Individual Capacity Building

Organizations play a significant role in building citizen capacity. They are a "conduit" (Parry, Moser and Day, 1992) through which individual perspectives and preferences can be expressed and heard. They are vehicles for problem solving, building leadership, strengthening social ties and linking to resources (Chaskin, Brown, Venkatesh and Vidal, 2001).

Voluntary organizations play a powerful role in strengthening the ability of citizens to participate in relevant decisions within Canadian society. One way to build strong citizens "is to build the health of the voluntary sector" (Torjman, 1997:2), the interconnection is a strong one.

Presently, voluntary organizations, in general, are under pressure as they are delivering a greater number of services and are having to raise more money to support themselves, as well as take on far greater responsibilities due to government cutbacks and a shifting of responsibilities (www.vsr-trsb.net/whatisvsi-April2001.html). To address these challenges, the Canadian federal government and the voluntary sector, in 1999, began the Voluntary Sector Initiative (VSI) whose aim is to build capacity within the sector. More specifically, this initiative is about changing decision-making procedures to ensure they are

open and accountable (www.vsr-trsb.net/pagvs/finalpr.html), changing overall governance structures, strengthening skills and expertise in planning and evaluation, and improving citizen engagement in decision-making and planning (Dreessen, 2001). In the words of Ed Broadbent, chair of the Voluntary Sector Roundtable, "the sector needs capacity

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building support..."(Press Release, 1999).

Rural voluntary organizations experience unique challenges as compared to urban-based voluntary groups. As service providers, they often are providing services to a dispersed population, making it difficult to access clients and provide services in a central way. Services often have to be provided on a one to one basis, making it financially inefficient. A lack of public transportation also makes it difficult for voluntary organizations to reach clients.

In Ontario, several of the 39 Alzheimer Society Chapters serve rural areas. They

provide supports and services to older adults with dementia. More specifically, they provide day programs, support groups, counselling, advocacy, resource centres and education. In this role, they aim to build capacity for individuals with Alzheimer's disease and their families to not only receive needed services, but to remain 'engaged' in the community in a

way that is meaningful and relevant. By enhancing this capacity in their client group, they enhance their own capacity as an organization.

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and

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References

Chaskin, Robert, Brown, Prudence, Venkatesh, Sudhir and Vidal, Avis(2001) *Building Community Capacity*. New York: Aldine Gruyter.

Trojman, Sherri (1997) *Civil Society: Reclaiming our Humanity [www]*. Caledon Institute of Social Policy.

Dreessen, Erwin (2001) *What We Should Know About the Voluntary Sector but Don't [www]*. ISUMA [2002, 1/302].



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.on.ca>

BRIEFLY, BRIEFLY, BRIEFLY, BRIEFLY, BRIEFLY... Health Promotion Exchange News Digest

OHA's Wellness Initiative

The Ontario Hospital Association's Disability Claims Management Services has incorporated a wellness component in their prevention model. Melissa Barton has joined the OHA as the Wellness Consultant for the project. The vision of this initiative is that by ensuring our hospitals are models of healthy workplaces and that our hospital employees are models of healthy people, we can have a positive impact on the health of our communities. The main goal of the project is to help the OHA members maximize the health of their work environments so they can steer their own employees towards the highest levels of personal wellness.

The first step in this initiative was an initial tour of a large cross-section of the hospitals across the province. During these past two months, information was collected on what they are currently doing to address the wellness needs of their employees and to identify what the

hospitals need help with in moving forward with their programs. The best ideas will soon be presented on the OHA's website in a "Wellness Idea Bank". This will allow hospitals to network on-line and will allow them to learn from each other and introduce new ideas quickly. The OHA will also deliver Healthy Hospital workshops in the

fall based on needs that have been identified. In the meantime, if you need any support in your wellness program implementations (or if you have any success stories you wish to share with the province), contact Melissa at (416) 205-1414 or on email at mbarton@oha.com.

International Hospital Health Promoting Hospitals

The Irish National Health Promoting Hospital Network has over 70 Irish hospitals as members.

As a means of expanding the health promotion movement in Ireland, they have developed a brief information video. An exchange of informational videos has recently taken place between the Irish Network and the Canadian Hospital Health Promoting Network. The Irish Network has developed a training manual to accompany their video.

For further information on the Irish Network email: ihphnet@iol.ie

Resources

These resources are now available:

Building Community Capacity (2001), New York: Aldine Gruyter

(Chaskin, Robert J.; Brown, Prudence; Venkatesh, Sudhin; Vidal, Avis)

This book provides a theoretical, systemic exploration of building community capacity. The authors combine a wealth of practical experience working with community-based initiatives with a deep theoretical understanding of the problems facing communities today to produce a clear definition of the concept of community capacity and a pointed review of strategies intended to foster it.

The cases represent a cross-section of the field of community-capacity building efforts, illustrating the range of strategies, context, actors and implementation issues.

The Health Promoting Health Care Facility (2001)

(Canadian Healthcare Association, Executive Brief: Current Issues in Health Care)

Drawing on the work of governments and leading national and international experts, this book presents an overview of health promotion in Canada and at the international level to date. It illustrates what a health care facility or hospitals can do to become involved in health promoting activities, and the ways in which it can work in partnerships with the community to improve the health of the population it serves.

There is an action plan for developing health promotion programs, as well as a care study to provide an example of innovative health promotion programs at a community hospital.

Email:

custserv@canadian_healthcare.org

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 to get started? Why should you do it? How do you do it? What does the future hold?

Also there are some suggested uses of this video, as well as some key references.

To order, send a cheque for \$29 (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 or contact Lynn at (416) 423-4648 or email: lbarber@hrrh.on.ca

A Health Promoting Hospital Project

Like Parent Like Child

One way to reduce the need and demand for hospital services is via health promotion initiatives. A prenatal instructors' education module preventing the learning of violence as acceptable behaviour by children in their first year of life was developed by a health promoting hospital in partnership with its community. Children learn through observing significant adults in their life. Parents are important influences on the children's behaviour, and good (or bad) patterns are passed on from generation to generation. Some abuse occurs because people (primarily males) lack the skills to resolve conflict and stress in a positive way and resort to abuse. The project's intent is to help expectant parents reduce abusive behaviours. This parental modelling awareness program has the potential to be introduced into different high risk

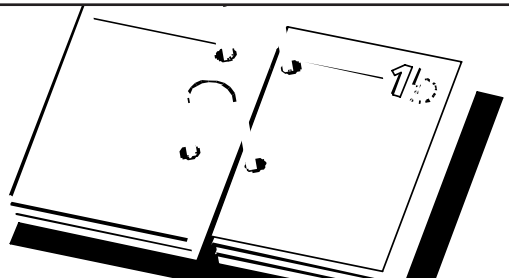
groups, daycare centres and multicultural settings.

As our news media headlines state that abuse damages the health of as many as one in three women worldwide, then these types of health promotion interventions become important and very cost effective. By reducing the need for health care services it will reduce health care costs.

Health care facilities and their communities must strive together towards a healthy community which does not support the belief that aggression and masculinity go hand in hand. The future will be different.

This project is written in Patient Education and Counseling: Official Journal of the European Association for Communication in Healthcare, Vol. 45, No. 4, 15 December 2001.

**Mark
your
calendar**



May 15, 2002

10:00 am to 2:00 pm

**Allan Reuter Centre, King Street,
Cambridge, Ontario**

A friendly seminar with information for the older driver. Speakers include: a pharmacist, an optometrist, a Regional Traffic Department staff member, and a driver-trainer from Young Drivers of Canada. Lunch provided. For more information call C. Cooper at (519) 883-2008, ext. 5324.

May 15 - 17, 2002

**10th International Conference on
Health Promoting Hospitals**

Slovakia, Bratislava

For information: email
bruchaco@minv.sk

June 24 - 27, 2002

**2002 Ontario Health Promotion
Summer School**

Health Promotion in Action: Embracing
the Winds of Change

Toronto, Ontario

<http://www.utoronto.ca/chp/hpss2002.html>

November 18, 2002

1:00 pm to 4:30 pm

**Ontario Hospital Association Annual
Convention and Exhibition**

Hospital Health Promotion

For more information:

<http://www.oha.com>

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 OCTOBER 2002

Please send your information to:

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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
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