

The Health Promotion Exchange

A Consensus Document on the Meaning and Characteristics of Health Promotion at The Scarborough Hospital

The integration of health promotion values and strategies into the delivery of hospital services and programs, calls for re-orienting the Scarborough Hospital (TSH) at all levels. This re-orientation will begin with the development of a consensus on what these values and strategies are. This paper addresses questions concerning the meaning and characteristics of health promotion in a hospital setting.

Introduction

This is the fifteenth issue of this health promotion newsletter. We continue to receive many positive comments, contributions and suggestions - so we will keep going.

We have been asked if we would accept letters from the readership. This suggestion was made because sometimes a reader's response to an article read in a previous issue gives more insight than the original. These letters can raise questions that were not thought of or can mention details that may change the entire perception of the facts.

Thoughtful, concerned readers could help direct the newsletter content. This would become another way that the Health Promotion Exchange can answer the important concerns readers have. So if you are interested in detailed descriptions of specific health promotion initiatives, let us know. Thank you for your continued support and encouragement.

THE HOSPITAL AS A SETTING FOR HEALTH PROMOTION

The role of the health care sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. *The Ottawa Charter of Health Promotion (World Health Organization 1986).*

"A health promoting hospital incorporates the concepts of health promotion into its organizational structure and culture by means of organization development." (*WHO- Sponsored International Network of Health Promoting Hospitals (1990).*)

Health promotion is about organizational change. Health promotion in a hospital setting is also about attitudinal change.

DEFINITIONS

Meaning of health

At the root of health promotion theory and practice is the belief that "health is a positive concept emphasizing social and personal resources as well as physical capabilities" (World Health Organization 1986). In other words health is far more than the absence of disease and illness.

This means that in addition to treating disease or injury, the hospital will also be concerned with, and promote all aspects of, health. In other words, the hospital will engage in activities that cover the broad spectrum of health determinants.

What is health promotion?

"Health Promotion is a process of enabling people to increase control over, and to improve their health."

(The Ottawa Charter of Health Promotion World Health Organization, 1986).

The key concepts in this definition are "process" and "control". Health promotion activities are enabling and empowering. These concepts are reflected in the action areas of the Ottawa Charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

Health promotion is a process; a way of addressing a health issue as opposed to a specific intervention.

CHARACTERISTICS OF THE HEALTH PROMOTION PROCESS

Core Values (and beliefs)

The process of health promotion is characterized by a set of core values or

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principles that guide all efforts to enhance health and support individual and community well-being.

Empowerment refers to the capacity of individuals and communities to improve their health by increasing their understanding and control over the determinants that are important to their health. (Collectively people have the innate capacity to identify and resolve the issues facing them.)

Health promotion emphasizes active *community participation* in processes that encourage and enable individuals and communities to define, analyze and act upon events that affect their lives and living conditions.

(Community participation, which includes the hospital, is essential in addressing the broad determinants of health. Professional expertise and lay knowledge are equally valued).

Recognizing that health is influenced by more than genetics, lifestyle and the provision of health services, health promotion is committed to *addressing the impact of the broader determinants of health*. This requires that health promotion interventions recognize and act on the socio-environmental conditions that shape the world which we live in. (There are personal and structural factors that determine health. Does cigarette smoking or tobacco cause cancer? Do poor people have poor lifestyles or does poverty alone cause poor health?)

Health Promotion is committed to *reducing social inequities and injustice*, such that every individual, family and community can benefit from living, learning and working in a health-supporting environment. (Not all persons have access to the resources for health. For many, lifestyle is not a choice.)

Health promotion seeks to *facilitate intersectoral collaboration* and initiate coordinated efforts to promote individual and community health. (Change can only occur through an intersectoral effort).

The Scarborough Hospital and its programs/services will be guided by these core values and beliefs.

Approaches to Health

Labonte outlines three distinct approaches to health - preventive medical, lifestyle or behavioural, and socio-environmental. Each approach targets a specific set of health determinants through a variety of strategies or interventions.

The preventive medical approach is directed towards persons whose genetic, behavioural, personal or family history places them at greater risk of developing a specific illness or disability. While this approach improves and promotes health through the prevention of disease, it is not an approach that is directed towards a positive concept of health.

The lifestyle/behavioural approach aims to reduce the health risks associated with lifestyle. The health risk factors are considered a matter of personal choice, and under the control of individuals. While acknowledging the value of interventions that support healthy lifestyles, it does not recognize the social and environmental conditions that inhibit the adoption of healthy lifestyles and ignores issues of social responsibility. This approach is proven to be most effective with better educated, more privileged members of society. The health status of high-risk populations is not significantly affected, and inequities in health are not reduced.

The socio-environmental approach to health is directed at health risk conditions

rather than high-risk individuals or groups. Research findings reveal that people living in high-risk conditions independently have more disease and premature death and are less well-being than average. For many the adoption of a healthier lifestyle is of a lower priority than the need to address the basics of housing, employment, transportation etc.

In isolation, each approach is insufficient to impact on the health of individuals and communities. When integrated, however, they provide a comprehensive approach to promoting health.

Health Promotion Strategies/Activities

Health promotion strategies are used in combination with other strategies rather than individually. They are multilevel, addressing individuals, immediate environments and social structures. If a multi-level strategy is not possible, there needs to be an awareness of the limitations of a single level approach and an appreciation for the importance of the remaining levels.

Health promotion activities / strategies include the following:

- health education
- health screening
- health communication
- community organization and development
- organizational development and change
- advocacy
- policy development
- intersectoral collaboration
- self-help and mutual aid

Health promotion encompasses disease prevention.

Health Promotion Evaluation

Health promotion and its evaluation is a multi-stage process involving the setting of goals and objectives, the selection and implementation of strategies, the collection of data and the assessment of the success or failure of a given strategy. Health promotion theory, values and beliefs are explicit in this process beginning with the

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setting of program goals and objectives. Thus, health promotion evaluation reflects elements of empowerment, participation, collaboration, capacity building and equity, and therefore must look at multiple sources of evidence.

Effective health promotion practices happen when key health promotion values, beliefs and strategies are shared and adopted by all stakeholders, and regularly revisited and reflected upon.

CURRENT EFFORTS UNDERWAY TO RE-ORIENT HEALTH SERVICES AT TSH

The majority of these initiatives deal with access and equity issues, and focus on the health of a community. They also reflect health promotion values and principles.

• TSH Infant Car Seat Policy

A focus of this policy is improving access to car seats for low and modest income parents. Participation includes The Family Wellness Centre, MNBCC PSG, Social Work, Volunteer Services, Foundation, and Department Family Medicine.

• Asthma Education

This initiative aims to improve the accessibility, appropriateness and quality of asthma education services and treatment plans for Tamil speaking persons. Participation includes The Family Wellness Centre, Asthma Education Centre, Research and Ethics Committee.

• Gestational Diabetes Participatory Research Project

This project aims to increase the number of Tamil speaking women with gestational diabetes accessing preventive postpartum care. Departments involved include The Family Wellness Centre, MNBCC PSG, Diabetes Education, Research and Ethics Committee.

• The Clinic for the Uninsured

This program offers primary care to the homeless and persons without legal status. Hospital involvement includes FMCS PSG, Admitting and Finance Departments.

• TSH Economic Development Policy

This is at the discussion stage. The focus is persons who are unemployed and underemployed. Departments engaged with

FMCS PSG in these discussions include Human Resources and Purchasing.

• TSH Scent-Reduced Policy

This policy was forwarded to the Corporate Team by three PSGs, and has been referred to Human Resources.

• Health Promoting ER Department

This initiative is based on an Australian model and it has the support of the Emergency/Urgent Care PSG.

• Cardiac Rehab

The Family Wellness Centre staff and Cardiac Rehab are exploring ways to incorporate health promotion values and principles in the planning and evaluation of this program.

Elaine Walsh

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Scarborough Hospital*

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Seniors Helping Seniors to Be Fit and Healthy

What would be an effective health promotion strategy with rural seniors, especially those who are isolated and inactive? That was the question the staff of Woolwich Community Health Centre (WCHC) in St. Jacobs asked the seniors in their community over nine years ago. The result was the creation of several senior fitness classes taught by peer fitness instructors who

were trained as volunteers. The CHC paid for the training and the volunteers offered their time and enthusiasm.

Several years later, through the Heart Health and Cancer Prevention initiative, several organizations in the Region of Waterloo wanted to expand on the model of peer fitness instructors. The goal was to reach frail seniors who have difficulty

accessing physical fitness opportunities for financial reasons, lack of transportation and social isolation. VON Middlesex Elgin provided an excellent model of peer volunteer instructors. Using a similar model, a coordinator was hired, with the support of the VON Waterloo - Wellington - Dufferin.

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Parish Nurses

The term that could be applied to all parish nurses is health promoter, focusing on the whole person- physical, psychological, social and spiritual, with the spiritual dimension considered central. When people understand what they can do to stay healthy and be part of health and wellness instead of just seeking sickness interventions, they feel very empowered. The gift of life is a responsibility for all of us.

The role of health ministry in Canada can be traced to Christianity's roots. Orders of nuns and deaconesses were forebearers of today's parish nurses. Today congregations are reclaiming their role as healing agent within the broader community, transforming people's understanding of health from being primarily medical. Faith communities have many ministries - parish nursing is one of them. It is considered a specialty nursing practice that requires specialized education including theology, pastoral care, counselling and healing rituals in addition to professional nursing and maturity in one's faith. As part of the ministry team the parish nurse is responsible for supporting the integration of the emotional, physical and spiritual health of its parishioners.

The parish nurse does not work alone, however. Usually the faith community forms a health ministry, bringing the expertise of doctors, nurses, social workers, pharmacists, users of health services as members of a health council who provide a "real world" perspective. The key to parish nursing is the recognition that she/he is part of a whole caring congregation. A congregational needs assessment is conducted which lays the groundwork for the many health promotion activities held to support healthy lifestyles. At St. Louis church in Waterloo you will find Qigong and low impact and weight lifting exercise groups, as well as a spiritual growth and weight loss program. At Mt. Zion and Breslau Mennonite churches, health promotion topics relating to seniors, teens and families are held. Parish nurses coordinate blood pressure screenings and organize CPR and first aid classes among

other activities. As needs of the sick are determined, assistance is provided by the parish nurse in collaboration with other well-established groups within the congregations. Meals may be provided in an emergency, and transportation to doctor appointments may be arranged. Socialization activities are held such as "Super Senior" and widow and widower lunches. The goal for these activities is to support and enhance the many social activities already present in the congregation, as studies show that people who are socially connected to others have stronger immune systems.

Often the role of parish nurse is one of coordinating, supporting and educating. Being a nurse breaks down barriers. People readily ask questions and seek knowledge about their health. In addition to providing health counselling and education, the parish nurse becomes an advocate and resource person, liaising with community health services or helping the person to navigate the confusing health care system. On visits to the elderly, the parish nurse may check on nutrition, isolation, loneliness and boredom, all of which are major issues of seniors. A care plan is then drawn up with the senior and sometimes the family, friends and other health professionals. Resources are determined and the plan implemented according to the client's needs and wishes. The parish nurse does not duplicate the nursing services provided by home care nurses. In other words, she/he does not provide clinical services such as hands on changing of dressings, bed baths, injections, etc. However, she/he does work in collaboration with community and hospital nurses and other health team members. In the ministry's fullest expression, parish nurses spend their days in hospitals, nursing homes and homes. The term most often applied is health promoter, focusing on the needs of the whole person -physical, psychological, social and spiritual with the spiritual dimension considered central.

The work of a parish nurse's health ministry is likened to peeling an onion. As Teresa Malcolm describes in 'Parish Nursing, Care for the Sick, Healing for the Community,' "The outer layers of the onion are the statistics of the leading causes of death such as heart disease and cancer. Peel that off and you will find behaviours linked to the causes: smoking, overeating, etc. People do these things to cope. You don't stop there but peel down to the roots of why people are emotionally, mentally and spiritually sick. You will find powerlessness, lack of information, joblessness, economic despair, emotional despair, broken relationships, broken families, disconnected families, lack of forgiveness, a broken relationship with the environment."

There is spirituality in all we do as parish nurses, although the role is so much more than praying with someone. It's about helping individuals to heal themselves by helping them get to the root causes and healing from within. They may not be physically healed but emotionally and spiritually healed with hope restored.

At the forefront of this work are parish nurses, whose numbers are increasing yearly in Protestant, Catholic and other faiths. In Ontario, the parish nurses are now affiliated as an Interest Group of the Registered Nurses Association of Ontario. Currently, parish nursing takes so many forms, that it is layered as an onion itself. Nurses work as volunteers, part-time and full-time, at a parish.

As parish nurses and congregations, we believe we are providing a small but powerful effort in the provision of health information and support in accessing resources that people need to stay healthy or to get healthy.

Prepared by

*Anne Marie Webster, RN, BA, CPMHN(C)
Parish Nurse, St. Louis Parish, Waterloo*

Low Risk Driving for the Older Driver

In the spring of this year (2002) a friendly, informative, four-hour workshop was offered to groups of older drivers. Its emphasis was on smart, low-risk driving. The speakers included:

- 1) a Public Health Department Health Promotion Officer
- 2) an Optometrist
- 3) a Regional Traffic Department staff member
- 4) a Young Drivers of Canada driver-trainer
- 5) a Region of Waterloo Police Officer

The turnout was excellent, the groups were enthusiastic and many important points were covered.

The secret to lowering driving risks is building on the skills that each driver brings to the complex task of driving safely. When the older drivers sit behind the wheel, they come with experience, insight

and good judgement.

Everyone has heard the phrase "driving while impaired." It usually reflects excessive alcohol consumption or the use of "recreational" drugs. Impairment can arise from other causes. Of particular concern to older drivers is the action and interaction of medications. The effects can be compounded by physical tiredness, illness and any amount of alcohol. "Drive sober" is a good rule; "drive alert" is a better one.

The older eye may be a bit far-sighted, lack some peripheral vision and may no longer work as well at night. However, these minor deficits can be balanced by frequent eye care to maintain good vision, using neck muscles to compensate for lost side vision and driving in natural light. Let's not forget that the older eye has seen much more than the younger eye.

Modern driving is as exhausting as flying a small plane. Vigilance is the key. The

older driver, in fact any driver, can lower his/her risk by driving familiar routes at non-peak times when possible. Low-risk driving is not passive driving. If driving slower than the flow speed in the middle lanes is not aggressive driving, it is at least passive-aggressive driving. Going with the flow in the right lane at or very slightly above the limit is a good strategy. The low-risk driver anticipates problems and avoids them. Driving on the right maximizes options in an emergency, but one must be courteous to entering and exiting drivers. When confronted by the "aggressive driver", yield! It will teach him a lesson!!

After reviewing the results of the initial sessions, the workshop will be offered again in 2002-2003. For further information, contact Colleen Cooper, RN, Injury Program, Waterloo Region Department of Public Health (519) 883-2008, ext. 5324.

Health Promoting Hospitals and Trusts "Self Assessment and Peer Review Toolkit"

Background

In 1995, a region-wide management group was set up in South West England to develop a practical tool to assist hospitals with the development of the WHO Health Promoting Hospitals' Initiative. The support for this development was funded by the NHS through the Wessex Institute for Health Research and Development and the project led by the author. This tool was tested out in one large hospital in 1995, refined, and then piloted in eight hospitals in the region during 1996. Evaluation was completed, and the tool was further refined.

This work was presented at a workshop at the Vienna HPH conference in 1997, and national conferences in England and Scotland and Wales.

In 2000, the National Health Service

Executive in South East England commissioned an update of the tool. Training and support was then provided for hospitals across this region, and funded by the NHS.

Training and workshops were also held nationally for hospitals wishing to become

**This work was presented
at a workshop at the Vienna
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and Wales.**

'a health promoting hospital'. The tool has been sold to over sixty hospitals in the UK, Europe and Australia.

The tool was originally developed and piloted as an audit tool with peer review

and accreditation.

However, accreditation proved too complex a process to manage. There was no suitable national body to run the scheme, and although nearly all the hospitals participating wished for this process to be developed, the government at the time did not support Health Promoting Hospitals in its performance objectives. This meant that there were other priorities for hospitals to be measured against, and so the initiative lost its momentum.

There is, however, still a demand for this product, and so the tool continues to be sold as a self-assessment process, without the peer review or accreditation.

In 2001, North Cumbria Health Authority requested a training programme to be run for their hospitals, and

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for the tool to be adapted for other organizations to use to become 'health promoting'. This adaptation of the tool has now been achieved, and the organizations involved are currently finishing their self-assessment process. They will now develop their individual action plans and come together as a health community to develop their combined action plans. The outcomes from this pilot are being evaluated by the St. Martin's College Faculty of Health, Carlisle [affiliated to Lancaster University].

The organizations involved are hospitals, both acute and mental health and learning disabilities, the Faculty of Health, St. Martin's College, the Cumbrian Fire Service, the Cumbrian Ambulance Trust, and the Carlisle City Council.

This tool has also been adapted for use in nursing homes.

Tool and Process

Tool

The tool was developed based on the Health Promoting Hospital principles set out in the Vienna recommendations.

It takes a total organizational approach, and examines the key groups of patients, staff, visitors and the community that the hospital serves.

It uses the definition of health promotion set out in the Ottawa Charter, which is woven into the criteria of the whole document. It is important to stress that 'everything that goes on in an organization impacts on the health of the patients, staff, visitors and community'. Health promotion is used in its widest sense.

It emphasizes the need for a culture change to become a 'healthy organization' and to start to shift the focus from treating illness and disease in the hospital setting to promoting health and well being.

It requires the chief executive and the board to be committed, and the process to be run as a project.

There are six core elements :

- Management Issues
- Customer Care
- Healthy Workplaces
- Facilities Management and Environment Issues
- Community Involvement and Partnerships for Health
- Clinical Audit and Effectiveness

Within each section are a range of criteria.

Within the criteria there are opportunities for other quality initiatives to be acknowledged and included, as this all contributes to the organization's philosophy towards quality and health improvement.

Process

The process involves training, self -assessment and the development of action plans. The organization is required to undertake a

self assessment in each of the six sections, and then develop their action plans based on the results. Good practice should be identified and areas for development or 'points for consideration'. The plans also need to demonstrate that good practice is being disseminated throughout the organization. The action plans are developed by the organization to fit in with their available resources, and national and local priorities for health in their respective communities.

The development of the action plans is important as this allows the process to be 'organic', and to constantly grow and develop.

The tool is available in a ring binder with accompanying disc.

For further details or to order a copy please contact:

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Seniors Helping Seniors to be Fit and Healthy

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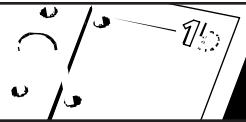
Over 34 volunteers have been trained to become senior fitness instructors through what became the Wellness Active Living Clubs (WALC). Classes are offered to seniors in urban high rise apartments, rural fire halls and church halls throughout the Region of Waterloo.

The program has so many obvious benefits for physical and mental health, from cardiovascular health to reducing isolation and loneliness. The volunteers have a strong appreciation for the importance of the social support and help to connect participants to their neighbors. The key has been to bring the classes to the seniors, as close to home as possible, especially in the winter. Being taught by peers has been another key component of the program. Volunteer retention has been remarkable, with the support of a coordinator. At WCHC the original three volunteers have been teaching for eight years, serving as wonderful role models. One of the instructors was diagnosed with breast cancer at age 79. Two weeks after her surgery she was back teaching!

The main challenge has been to find sustainable funding. Fortunately Grand River Hospital has stepped in to support the WALC program. Our thanks to the hospital for recognizing the value of such a successful initiative.

For more information about peer senior fitness instruction programs call Sheila Scheulein, the Seniors' Wellness Project Coordinator, VON Canada at (519) 741-5467 or Grand River Hospital Volunteer Resource Department at (519) 749-4300.

Mark your calendar



Kitchener-Waterloo Chapter- Thyroid Foundation of Canada

**November 25,
2002 - 7:30 pm**

"Alternate Therapies for Thyroid"

Dr. Merrill Edmunds, Endocrinologist

April 8, 2003 - 7:30 pm

"Clinical Pharmacist"

Vickie Murray, Pharmacist

For further information, contact Margaret
(519) 884-6423 or www.thyroid.ca

Grand River Hospital, Community Health Promotion Series

**November 6, 2002
7:30 to 9:00 pm**

Dynamic Good Health: How To Attain and Maintain It

Dr. Saul Ross

K-W Health Centre Gold Room

**November 14, 2002
7:30 - 9:00 PM**

Build Up Your Sun Savvy

Kitchener City Hall, Conestoga Room

**January 8, 2003
7:30 - 9:00 AM**

New Technologies, New Treatments, Better Outcomes

Grand River Hospital, Gold Room

**Date to be determined
in 2003**

Skin Care

Date to be determined

Boys to Men: What the Male Should Know About Cancer

For further information call (519) 749-
4300, ext. 2252 or email
ted.mavor@grhosp.on.ca

**November 18, 2002
1:00 to 4:30 pm**

Hospital Health Promotion: Creating A Healthy Workplace - Why? How?

Ontario Hospital Association Convention
and Exhibition

Metro Toronto Convention Centre

Contact (416) 205-1361 or

www.oha.com/convention

November 18 & 19, 2002

"Overview of Health Communication"

University of Toronto, Centre for Health
Promotion, The Health Communication
Unit

An overview of the 12 steps necessary to
develop and implement a health commu-
nication campaign. For more information
call (416) 978-0522 or www.thcu.ca

February 17 - 21, 2003

Art and Science of Health Promotion Conference

Washington, D.C., USA

Call (248) 682-0707 or
www.HealthPromotionJournal.com

May 26 - 27, 2003

Horticulture and Complementary Therapies Spring Conference

University of Waterloo, Murray Alzheimer
Research and Education Program

For further information contact Beverly
Brookes at (519) 888-4567, ext. 6884 or
email at bbrookes@healthy.uwaterloo.ca

Resources

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

WANTED !! YOUR INFORMATION IS NEEDED

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

THE NEXT EDITION WILL
BE APRIL 2003

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
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email: ted_mavor@grhosp.on.ca

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