

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

Building Health Promoting Culture in Hospitals Through Involving Staff and Patients in Developing Health Promotion Policy

Hospitals are the centers of health care offering comprehensive health care services under one roof. The wide scope of hospital services require a large workforce to deal with who are focused on their health because they are experiencing illness. The hospital staff get so involved in the patients' care that it becomes difficult to differentiate the service from the person. In other words, staff's attitudes influence the service outcome and at the same time they are affected by the process of health care delivery. In reference to the Theory of Triadic Influence, the cultural environment influences individuals' health-related attitudes by indirectly contributing to their health-related knowledge and values. Hence, it could be argued that the staff's health

promoting attitudes are formed by the cultural environment in the hospital through the shared knowledge and values of the meaning and value of health promoting services.

Based on the notion of health as a positive concept, the Ottawa Charter promoted the idea that health is created and lived by people within the context of their every day lives. The *settings approach* to health promotion acknowledges that behavioral changes are fostered and sustained only if they are integrated in every day life. However, in order for behavioral changes to be stable and sustainable, they have to be congruent with the existing cultures. Health promotion interventions in organizations therefore should target changing

the underlying norms, rules and culture rather than the individual behavior.

Modern *organizational development theory* evolved to include environmental influences in addition to the original focus on organization's design and technologies or human processes. According to this theory, the three concepts that determine the development of the organizational values, norms and environment, are the organizational culture, climate and capacity. The organizational climate and culture are closely related; both concepts imply the shared perceptions, attitudes and beliefs about the organization. Meanwhile the climate concept is more dynamic and changeable; the culture concept is more stable and

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Introduction

Welcome to this Twenty-first edition!

This will be the last edition of the Exchange in this format; a new focus will evolve.

Many thanks to contributors near and far, and to the hard working Newsletter Organizing members. The publication has served as a forum for the exchange of information, as well as a common platform from which community partnerships have been launched.

This edition contributes to the building of health promotion into hospital culture,

as well as about the readability and comprehension of health information on the internet. We all know the importance of data and analysis in our work, and the need to balance our life in the hectic work environment.

The new publication will focus on cancer prevention and early detection topics/resources.

All the best for 2007. It was seven years ago that we celebrated the new millennium!

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Research Into Cancer Information on the Internet

Twenty years ago, the Internet created a whole new world of electronic information-sharing. Since then, the public has increasingly turned to the Internet's websites and search engines to access the latest information that the World Wide Web offers. In North America alone, for example, 331.4 million people currently use the Internet — a 109 per cent increase over the year 2000

(<http://www.internetworldstats.com/stats.htm>).

The Internet is not only used for finding the latest information. It also serves as an information resource for countless topics — including disease.

But what if information on disease is not understood by the end-user?

In 2005, there were an estimated 149,000 new cases of cancer and 69,500 deaths related to cancer in Canada. One way for people to protect themselves against some of the most common and dangerous forms of this disease — breast, prostate or colorectal cancer — is to try and understand them. The Internet offers answers, but sometimes the information can be too complicated to understand.

One of the biggest obstacles to understanding is an individual's literacy level

resulting in their overall inability to read and understand the information they find on the Internet.

Dr. José Arocha, Department of Health Studies and Gerontology at the University of Waterloo, and Dr. Laurie Hoffman-Goetz, are investigating this problem by evaluating the 'readability' and 'comprehensibility' of breast, prostate and colorectal cancer information on 100 popular Internet cancer websites, as ranked by the 10 most popular search engines on the Internet.

With the help of the Kitchener Public Library, Drs. Arocha and Hoffman-Goetz successfully recruited 44 participants, between the ages of 50 and 85, for their study.

The participants were cancer-free, and were chosen because of their general interest in using the Internet to learn more about cancer. A 1995 International Adult Literacy survey, conducted by Statistics Canada, also suggested that this age group was at the lowest level of literacy in Canada.

Drs. Arocha and Hoffman-Goetz found that, while educational, popular websites devoted to cancer prevention information

do not work with the reading level of audiences. Those websites investigated include governmental, non-governmental and commercial organizations.

The researchers have determined that most of these sites are designed for people who can read at a Grade 12 level or higher. Given that half of Canadians read at about a Grade 5 level, this is a serious problem — especially in terms of comprehensibility.

"More and more individuals now rely on the Internet to provide advice, information and reassurance regarding cancer," says Dr. Phil Branton, Scientific Director of the Canadian Institutes of Health Research Institute of Cancer Research. *"In this context the work of Drs. Arocha and Hoffman-Goetz is groundbreaking as it shows that much more attention should be given to individuals with basic reading skills to allow them to manage and cope with cancer."*

A lot of prostate, breast and colorectal cancer information may be publicly available on websites, but Drs. Arocha and Hoffman-Goetz say that any knowledge barrier between the communicator and the reader isn't intentional. The key to resolving this barrier is for the communicator to take the time to make the material more accessible.

"Don't just let experts write the information and then put it out. Health information not only has to be accurate, but easy to understand," says Dr. Arocha.

Some quick fixes suggested for this problem include: testing the readability of the text, using pictures and cartoons to highlight or reinforce what's written, and making an effort to express the information in plain language.

Some cancer organizations, such as the Canadian Cancer Society (CCS), have taken steps to make their information more accessible. CCS tested people's abilities to understand their website and discovered that some of the site's language was at a Grade 6-8 level, or higher. CCS is now



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Prediabetes: A Chance to Change the Future

What is Prediabetes?

You may have heard the term ‘prediabetes’. If you have blood glucose levels higher than what is considered normal but below what is considered the level for a diagnosis of diabetes, you may be told you have prediabetes. If you are diagnosed with prediabetes, you have an increased risk for developing type 2 diabetes.

The diagnosis of prediabetes is based on impaired fasting glucose (IFG) or impaired glucose tolerance (IGT). If you have impaired fasting glucose or if you have impaired glucose tolerance, you are at risk for developing type 2 diabetes.

Not everyone with IFG or IGT will progress to diabetes. In fact, some will revert to normal levels. Unfortunately, many will eventually develop diabetes, so identifying people who have prediabetes is important. This is especially true for those who have prediabetes as part of the “metabolic syndrome”, meaning they also have high blood pressure, high cholesterol and triglycerides, low levels of High-density Lipoprotein (HDL, the “good” cholesterol), and a tendency to abdominal obesity.

The good news is that the rising glucose levels in prediabetes – along with most of these other aspects of the metabolic syndrome – can be reduced to normal levels, often without medication. Blood glucose can be reduced by simple lifestyle modifications, including exercise and a healthy, low-fat meal plan.

That lifestyle changes can actually prevent progression to diabetes has now been proven in two recent large studies, the Finnish Diabetes Prevention Study, and the Diabetes Prevention Program. Both of these studies showed that dietary modification targeting a low-calorie meal plan with reduced fat intake, and moderate-intensity physical activity of at least 150 minutes per week, resulted in a 58% reduction in the number of those who progressed from prediabetes to diabetes over the next four years, even though weight loss was modest.

For those in whom lifestyle changes are not enough to normalize blood glucose, at

least two medications have been shown to be effective in preventing progression to type 2 diabetes in people with IGT or prediabetes. These are metformin, proven effective in the DPP trial which also studied lifestyle intervention and acarbose, shown effective in another trial, the STOP-NIDDM study.

Like type 2 diabetes, people can have prediabetes without knowing it, so being aware of your risk and being tested are important. The risk for diabetes is higher as we grow older, so the Canadian Diabetes Association recommends screening for diabetes by testing fasting plasma glucose for everyone once they reach the age of 40, and every three years after that.

More frequent testing, or an earlier start to regular screening, should be considered for those who have risk factors that increase the likelihood they may develop type 2 diabetes. These risk factors include:

- Having a first-degree relative who already has diabetes.
- Being a member of a high-risk population, such as those of Aboriginal,

Hispanic, Asian, South Asian, or African descent.

- Having a history of IGT, IFG or prediabetes.
- Having already some evidence of the complications of diabetes such as eye, nerve or kidney problems.
- Having heart disease.
- Having a history of gestational diabetes mellitus.
- Having high blood pressure or high cholesterol.
- Being overweight, especially abdominal obesity.

The important thing to remember about prediabetes is that it doesn’t always lead to diabetes. Determining whether or not you have it gives you a chance to change the future – to one that does not include type 2 diabetes.

To learn more, visit www.diabetes.ca or call 1-800-BANTING (226-8464).

The Canadian Diabetes Association – Know who to turn to.

Keeping You Informed!



Visit Grand River Hospital's web page!

See Health Promotion:

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

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



The Victorian Health Promoting Hospitals Network in Australia

The Victorian Health Promoting Hospitals Network in Australia is making excellent progress in establishing a basis for influencing policy and practice in hospitals and associated health care services. Since its inception in late 2004, the Network has held regular meetings and developed Terms of Reference, elected an Executive Committee, set up three working groups (accreditation and standards, communications, funding) and agreed on a program of open forums on topics of strategic importance for developing the network. Over 40 organizations are members of the network including major metropolitan teaching hospitals, rural health services, specialized hospitals (e.g., dental), primary health care networks, NGOs in specific aspects of health (e.g., depression) and state and local government. An e-newsletter and website are under development so they can share our work with others.

Enquires are very welcome. Please contact VHPHN Convenor, Sally Fawkes (Research Fellow/PhD candidate, La Trobe University): s.fawkes@latrobe.edu.au



Ontario Hospital Health Promotion Network

The Network has been meeting regularly and has been revising its “Plan For Strategic Direction”, the Hospital Health Promotion Network brochure, as well as setting up teleconferencing capabilities for members in more remote areas of the province.

At the 13th Ontario Health Promotion Summer School held June 26-29, 2006 in Toronto, the Network gave a presentation of health promotion in the hospital setting. This annual educational event offers interactive learning in French, and offers an Aboriginal Focus.

Currently, the Ontario Network is meeting with members from the Montreal HPH Network to discuss possible cooperation between the two Networks.

Promoting Health With Data and Analysis

Canada’s population is listening more and more to effective health promotion messages, leading them to improve their lifestyles and take greater personal responsibility for their health.

Statistics Canada has a resource that will enhance the credibility of and add authority to your health promotion messages. It’s called Health Reports.

Published on a quarterly basis for the last 16 years, Health Reports draws on key health databases and numerous other Statistics Canada socio-economic sources. It has published articles on many topics of interest to health promotion professionals and academics. A quick glance at its most recent issue helps to tell the Health Reports story. That issue:

- addresses the reality of insomnia — a phenomenon afflicting more than 13% of the adult population.
- focuses on the correlations between Body Mass Index and disabling dependency.
- reports on the latest trends in life expectancy.
- examines hospitalization and mortality related to diseases of the circulatory system, such as heart attacks and strokes.
- tracks the changes in the need for and use of dentures.

Whether you need original research and in-depth data and analysis illustrated by tables, charts and graphs to add substance to your health promotion proposals ...or shorter descriptive reports with summary data to help frame your ideas, you’ll find that Health Reports is the peer-reviewed journal you can turn to for a balanced approach to current and emerging health trends.

You’ll find more about subscribing to Health Reports, available in both print and PDF formats, on the Statistics Canada website at <http://www.statcan.ca/english/ads/82-003-XPE/index.htm>

You can also access their free annual Health Reports supplement, *How Healthy Are Canadians?* in HTML and PDF on the site’s home page at www.statcan.ca. And, check out Health Indicators (www.statcan.ca/english/freepub/82-221-XIE/2005002/about.htm) where you’ll discover a wealth of free data on over 80 indicators measuring the health of the Canadian population and the effectiveness of the health care system at the Health Regions level.

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Assess Your Work-Life Balance

In today’s fast-paced society, the need to balance the demands on our limited resources (i.e. time and energy) becomes increasingly challenging. Without proper balance, however, we run the risk of compromising our health and well-being, our relationships with others and our productivity.

For women, the challenge of maintain-



ing balance may be more difficult as most continue to work the “double-shift” — domestic labour (housework and child-care responsibilities) – after the work day. If it is not possible to redress an imbalance by accessing additional support, or attaining a more equal division of domestic labour (i.e. in a partnered relationship), then it may be necessary to assess the demands of one’s job or career. Using a work-life checklist is one way to begin assessing whether you have an adequate work-life balance, and subsequently, whether change is warranted.

For myself, I found it helpful to complete the short work-life checklist below, since work in particular requires a significant proportion of my limited resources. (Source: Daniels and McCarraher (2000). *The Work-Life Manual*. London: Industrial Society).

If you ticked all or mostly **Agree**, you may already be under substantial stress from

your lack of work-life balance. Over time, your productivity, relationships, health, and long-term employability could suffer. Start to address your own needs so that you become more effective in trying to promote better work-life balance at your workplace.

If you ticked all or mostly **Sometimes**, you are not completely happy with your work-life balance, but are in a good position to maintain control. Encourage your organization to adopt a work-life strategy to benefit the whole workplace.

If you ticked all or mostly **Disagree**, you have effectively determined your work-life balance priorities. In addition to the benefits to you and your family, you can show leadership in your workplace by encouraging a culture that respects work-life balance for all.

Beth Watters, MSW Intern
For further information, feel free to contact me at watt2690@wlu.ca

The Industrial Society’s Work-Life Checklist			
	Agree	Sometimes	Disagree
1. At the moment, because the job demands it, I usually work long hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There isn’t much time to socialize/relax with my partner/see family in the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have to take work home most evenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I often work late or at weekends to deal with paperwork without interruptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relaxing and forgetting about work issues is hard to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I worry about the effect of work stress on my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My relationship with my partner is suffering because of the pressure or long hours of my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My family is missing out on my input, either because I don’t see enough of them or am too tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Finding time for hobbies, leisure activities, or to maintain friendships and extended family relationships is difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would like to reduce my working hours and stress levels, but feel I have no control over the current situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Health Promoting Culture

Continued from page 1

resistant to change. Both concepts influence the organizational capacity to function effectively and efficiently.

The health promotion principles: equity, participation, collaboration, and empowerment of staff and patients are viewed to be the core foundation for bringing about change in the organizational climate and culture of a hospital to become a health promoting hospital. This change in the corporate identity of hospitals involves going beyond just providing high quality medical services in the integration of the health promotion principles throughout the organizational structure and services.

How do hospitals to become health-promoting hospitals?

The WHO developed five standards for hospitals to be recognized as health promoting (WHO, Copenhagen-May, 2001):

1. Management policy: a written policy for health promotion aiming at the positive health of staff, patients and relatives and has to be part of the overall organization quality improvement system.
2. Ensuring the assessment of the patients' needs.
3. Providing patients with information related to their condition.
4. Promoting a healthy workplace.
5. Continuity and cooperation: a planned approach to collaboration with other health services and community partners.

The question is where to start? Hospitals could choose to start with any of the above mentioned five standards; however, the second, third and fourth standards could be viewed as specific health promotion initiatives, meanwhile the fifth standard could be argued to be happening as an outcome of a long-term process of change. Adopting one or other initiative individually wouldn't go beyond the initiative itself in developing the health promoting culture necessary to bring about the desired organizational change and development. Therefore, the suggested starting point is involving staff and patients in the development of a man-

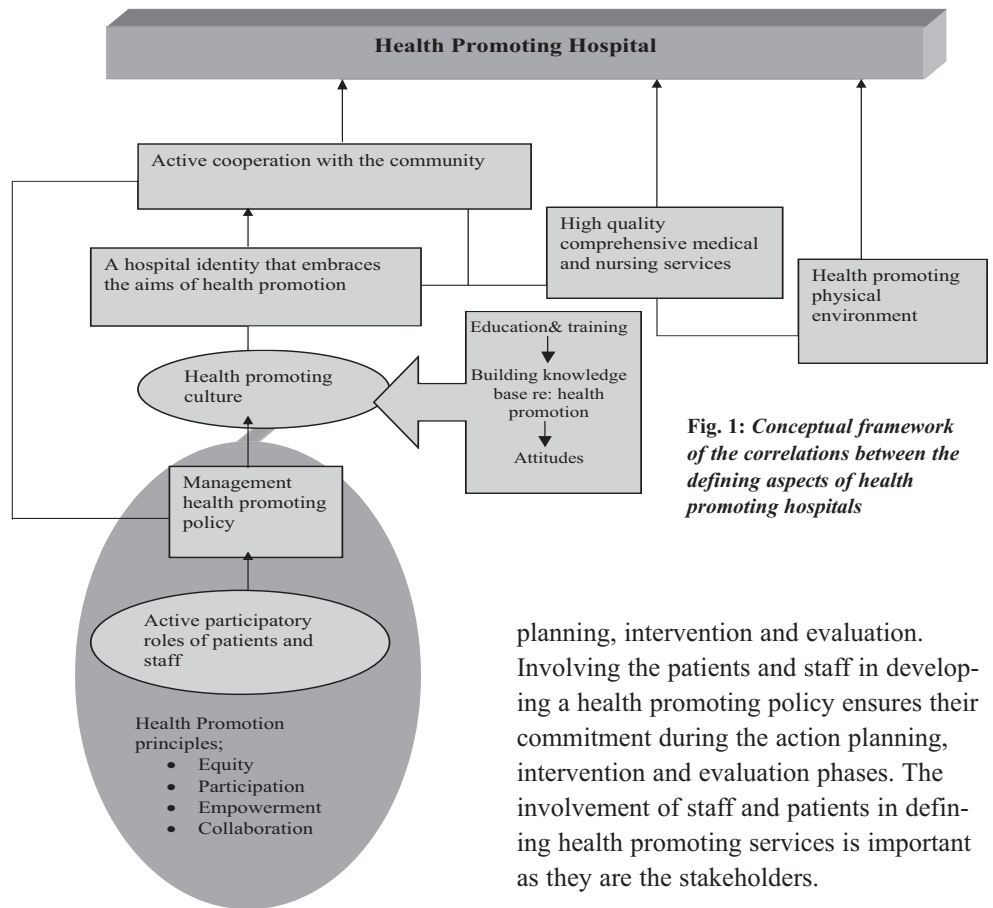


Fig. 1: Conceptual framework of the correlations between the defining aspects of health promoting hospitals

agement policy for health promotion as a foundation for the rest of the HPH standards.

The suggested collaborative approach to develop a written health promotion policy is grounded in the *empowerment model* of health promotion where staff and patients' involvement and contribution are sought. Empowerment is a fundamental health promotion principle and approach. In the process of engaging staff to develop the health promotion policy, it would allow them to identify gaps in the system and possibly enable them to suggest solutions to those gaps. In turn, this would contribute in developing a health promotion culture within the hospital. So, it could be argued that the process (involving staff and patients) as well as the outcome (health promoting policy) are enabling and empowering. This *participatory approach* parallels the *action research* approach to bringing about change in organizational climate, culture and capacity leading to organizational development. This approach consists of four stages: diagnosis, action

planning, intervention and evaluation.

Involving the patients and staff in developing a health promoting policy ensures their commitment during the action planning, intervention and evaluation phases. The involvement of staff and patients in defining health promoting services is important as they are the stakeholders.

Data collection to gauge the level of awareness and base knowledge in the organization of health promotion concepts would be useful in planning future educational activities for staff.

The conceptual model in Fig 1 demonstrates the relationships among the defining aspects of the health promoting hospitals based on the WHO definition for HPH: "A health promoting hospital does not only provide high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment, and actively cooperates with its community". This model proposes that the active cooperation with the community requires a process that starts by developing a health promoting policy across the hospital. This in turn contributes in shaping the hospital's identity to embrace the aims of health promotion and

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

Community Development and the Principles

Two interesting websites:

i) www.ccednet-rcdec.ca/en/docs/pccdln/PCCDLN_20040803_LitReview-L.pdf

ii) http://www.sdc.gc.ca/en/epb/sid/cia/comm_deve/handbook.shtml

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## The WHO International Conference on Health Promoting Hospitals

Palanga, Lithuania 2006

Virtual Proceedings of the 14th International conference are available online:

[www.univie.ac.at/hph/palanga2006/html/proceedings.htm](http://www.univie.ac.at/hph/palanga2006/html/proceedings.htm)

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Women's Cardiovascular Health

i) www.womenshealthmatters.ca

* for detailed information about women and heart disease visit: www.womenshealthmatters.ca/centres/cardio/index.html

ii) www.canadian-health-network.ca

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## Health Promotion Ontario

See [www.hpoph.org/about/index.html](http://www.hpoph.org/about/index.html) or [www.hpoph.org](http://www.hpoph.org)

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IDM Best Practices in Health Promotion

See www.idmbestpractices.ca

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## UK Public Health Current Awareness Bulletin

See [www.calderdale-pct.nhs.uk/your-public-health/public-health-resource-centre/netzone](http://www.calderdale-pct.nhs.uk/your-public-health/public-health-resource-centre/netzone)

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Ontario Health Promotion E-Bulletin

See www.ohpe.ca

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## Australian Health Promotion Association

See [www.healthpromotion.org.au](http://www.healthpromotion.org.au)

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Health Promotion Journal of Australia

A new issue has been published at www.healthpromotion.org.au/journal.php

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## New Book in Health Promotion

*Health Promotion Practice: Building Empowered Communities*

Dr. Glenn Laverack, University of Auckland, New Zealand, Open University Press, Early 2007.

## Research Into Cancer Information

*Continued from page 2*

making an effort to bring language down to a Grade 6 level whenever possible.

*"A great number of individuals who investigate our site are in search of information that can be useful to them,"* says Ms. Sylvia Leonard, Vice-President of Cancer Control Policy and Programs, at the Ontario Division of the CCS. *"They can be patients, health care providers, journalists, doctors or researchers. It is important that the information on our site be comprehensible."*

*"This study will provide valuable information for communicators,"* says Dr. Roy Cameron, Professor and fellow colleague of Drs. Arocha and Hoffman-Goetz at the University of Waterloo. *"Understandable information on the Internet can reduce demands on health care professionals for such information."*

Some people don't know how to turn on a computer - let alone use the Internet to get information about cancer. Another barrier for study participants has proven to be technological literacy issues.

In terms of the future, the researchers are interested in investigating technological literacy further. They are also interested in studying how people with low health literacy understand health information on the Internet.

But the ultimate goal of their research remains constant: communication of information related to cancer, or any other disease, must respect the public's ability to read and comprehend this information.

Steps must be taken to simplify complex information on popular websites, which will, in turn, lead to a greater level of understanding for the Canadian public.

*"Individuals need clear and useable health information in order to make informed decisions about their health actions,"* says Dr. Hoffman-Goetz.

*Dr. José Arocha, PhD*

*Laurie Hoffman-Goetz, PhD*

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*University of Waterloo*

*Contact: [lhgoetz@healthy.uwaterloo.ca](mailto:lhgoetz@healthy.uwaterloo.ca)*

# Mark

# Your

# Calendar

## June 25 - 27, 2007

### 14th Annual Ontario

### Health Promotion

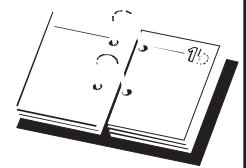
### Summer School

Crowne Plaza Don Valley,  
Toronto.

For information contact Lisa:

Tel: 416-469-4632

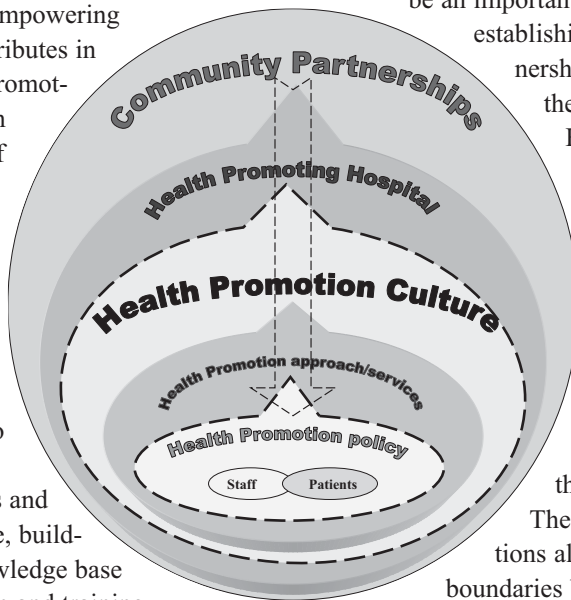
Email: [hpss@rogers.com](mailto:hpss@rogers.com)



## Building Health Promoting Culture

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consequently lays the foundation for community partnerships to take place. The model highlights the involvement of the staff and patients in developing health-promoting policy. The participatory approach enables those two groups of stakeholders to engage in an empowering process that contributes in creating health-promoting culture within the hospital. Staff education and training is an essential component highlighted in the model as it contributes to their knowledge base in regards to health promotion principles, values and beliefs. Therefore, building the staff knowledge base through education and training would be imperative in establishing a health promoting culture in hospitals.



In Fig 2, the second conceptual framework exhibits the interactive and interrelated relations among developing health promotion policy as a fundamental core for reorienting the hospital services to be health promoting, leading in turn to the establishment of a health promoting hospital identity. That instrumental approach is argued to be an important foundation for establishing community partnerships, which is one of the defining criteria for HPH according to

**Fig. 2:** *Conceptual framework Interactive relationships among hp policy and community partnerships*

the WHO definition. The centric representations along with the dotted boundaries between the various levels of intervention imply interaction as well as feedback loops that connect the ultimate outcome (community partner-

ships) with the core foundation of the model (health promotion policy).

In conclusion, identifying a hospital as a health promoting hospital requires fulfilling the five standards of the WHO: a management policy, a patient needs assessment, a patient information, a healthy workplace, and continuity and collaboration. This approach is straight forward. Begin the process, first involve the staff and patients in the development of the management policy that governs the services and practices within the hospital in accordance with the health promotion principles. Staff and patient involvement in the policy development process is an empowering process that will contribute to creating a health promotion culture within the hospital and shaping its corporate identity as a health promoting hospital.

*Heba Sadek*

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## Promoting Health In Your Hospital (video)

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

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

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

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

## Organizing Committee

### Members

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**Kathy Roes, Administrative Assistant**

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