

This report marks one-and-a-half years of transition and evolution following the departure of Irving Rootman. In 2002, we confirmed the Centre's future and set up some parameters for change and I want to share with you some of the highlights of this past year, including the work of the task force on the Centre's future, our internal units, working groups, and committees.

The Task Force on Future of the Centre for Health Promotion, chaired by Ilze Kalnins and created in the fall of 2001, submitted its final report to Dr. Harvey Skinner, Department of Public Health Sciences (PHS), in early May 2002. Dr. Skinner reaffirmed his department's commitment to the Centre by creating a new faculty position in health promotion, as well as continuing to provide space and access to university services.

The biggest change recommended by the task force was emphasizing the Centre as a community agency-university partnership, and we are searching for community agency partners to contribute funds in support of our core functions. This search is going well, and I will make a formal announcement early in 2003 when all the partners are in place. The complete recommendations of the task force are provided on page three.

This report contains detailed information on all of the Centre's activities, but I particularly wanted to draw your attention to the following:

- The Centre has managed a number of special research projects in addition to our internal units (page 3). It is my hope that we will embark on a number of strategic, collaborative research endeavours with our funding partners in the coming years.
- The Centre continued to provide leadership in the area of communication through The Health Communication Unit (THCU). In the coming year, we hope to bring in new experts to conduct original research (page 11).
- The Centre continued to maintain a high international profile (page 7). In particular, our work with Brazil has been very exciting and rewarding.
- Evaluation was a major focus in 2002, through THCU's courses, the work of the Best Practices &

Evaluation Unit (page 5), and work with international guests from Cuba and Chile (page 8). There is a new emphasis on economic evaluation both in Ontario (page 14) and internationally (page 8).

- The Canadian Consortium for Health Promotion Research searched for core funding, and I continued as acting coordinator (page 13). This major network will definitely be a force in the future and the Centre will continue to be part of it.
- We continued to be active in teaching through the University of Toronto's MHSc program in health promotion and our very successful Health Promotion Summer School (both page 19). The Centre is also exploring new areas, including accredited courses from THCU and at the summer school and the development of an international health promotion course.

There are many, many people connected to the Centre, acknowledged throughout this report, and I extend my personal thanks to all who have contributed time and expertise in the last year. I am particularly grateful to Ilze Kalnins, who chaired the task force, the directors of the internal units—Larry Hershfield, Roberta Ferrence, Rebecca Renwick, Fran Perkins, and Michael Goodstadt—for their ongoing support, and the contributions of Barry MacDonald, our hard-working business officer, and Noelle Gadon, my part-time administrative assistant. I would also like to say a special thank you to Harvey Skinner, who supported the Centre through another transitional year and has been very helpful to me.

We lost some key staff in 2002. At the end of July, Paulina Salamo left us for a permanent position with CIDA in Ottawa. Her knowledge of health promotion, combined with fluency in Spanish, was a real asset, and she was instrumental in raising the profile of the Centre in Chile and the Caribbean. In October, Joanne Taylor Lacey took up a new position with Toronto Supportive Housing Connections. Joanne worked for the Centre for six years, in a variety of capacities, and was the keeper of our corporate memory. Most of you will know her as the communications officer for the Cen-

tre, but since fall 2001 she was the client services coordinator and office administrator at THCU. Her competent, no nonsense approach will be missed and I wish her all the best in her new position. I would also like to thank Colleen Stanton, coordinator of our 2002 Health Promotion Summer School—a time consuming and sometimes thankless task that she performed admirably. However, based on participant feedback, we realized our need for a bilingual coordinator and are pleased to welcome Lisa Weintraub as the coordinator for 2003. As well, our old categories of individual and organiza-

tional affiliation are being reviewed, with Michael Goodstadt as Chair, and a report is expected early in 2003. While these relationships will be changed, we will continue to strengthen our partnerships and enable people to be part of the Centre.

In closing, I would like to note that this has been a very active year and that 2003 will see the arrival of changes to our structure and direction that were begun by the task force in 2001. It has been a pleasure to be at the helm of the Centre for an extended acting term, and I hope to continue my involvement when my term ends.

Suzanne F. Jackson
Acting Director

The Task Force on the Future of the Centre for Health Promotion was formed in the fall of 2001 to examine options for sustaining the Centre over the long term. Under the leadership of Ilze Kalnins, the group reviewed the current funding and resource base for the Centre and looked for options to sustain core funding. Here are the task force's final recommendations, presented in May 2002.

Recommendations

General

The Task Force recommends that the Centre for Health Promotion continue to exist with a renewed mandate to consolidate a university-community agency partnership. It is recommended that the Centre remain as a separate entity from PHS, although closely integrated with it administratively and financially. There should be a clear articulation and delineation of activities and relationships between PHS and its community agency partners.

The Centre as a focus of activity

- The Centre should develop a research program of high quality. The research should be grounded in a health promotion perspective and consonant with methodologies that emphasize participatory, community-based approaches and contribute to community empowerment. While research foci should arise from joint university-community agency partnerships, they could include studies that address key questions for health promotion: What are the characteristics of communities that support health? Which interventions are effective? What are effective processes of knowledge transfer?
- The Centre should continue its education programs. It performs a valuable contribution to the transfer of knowledge through student practica, the Health Promotion Summer School, conferences, symposia, and affiliations with local, national, and international health organizations.

- The Centre should continue its transfer of knowledge activities through the publication of scientifically sound papers in academic journals and via special reports, integrative publications, and policy briefs.

Centre Resources and Funding

- PHS should reactivate the search for a junior faculty member with expertise in health promotion. The job description should reflect the community orientation proposed by the task force.
- A three-year, or ideally five-year, commitment for funding for the Centre should be sought from community-agency partners.
- The Centre should clarify its financial arrangements with its internal units, PHS, and community organizations with whom it conducts research or for whom it provides research consultation.



Centre for Health Promotion
University-Community Partnership Model

Centre Administration

- An administrative structure should be developed that clearly delineates the relationships between PHS, the Centre, and community-agency partners. The structure should give all parties an approximately equal opportunity to have a voice in the affairs of the Centre and equal opportunity to have their interests taken into account.
- The Centre should adopt an administrative structure in which
 - the director has a PhD in a relevant discipline but is not in a tenure-track position. He/she must be able to work full-time on the development of the Centre through engagement in administration and research; and
 - administrative staff should include a community liaison officer (MSc or MHSc level) to seek out and manage projects with community agency partners and other community organizations.
- This structure is atypical for the university, but it is necessary to ensure the vision proposed for the Centre.
- To move ahead with these recommendations the task force recommends the following:
 - PHS must reaffirm its commitment to a tenure track position in health promotion;
 - PHS must then negotiate funding contributions with potential community agency partners;
 - PHS must initiate a search for a director for the Centre; and
 - PHS, together with its community agency partners, must develop a strategic plan that reflects the recommendations of the task force.

Next Steps

PHS has agreed that health promotion was an important focus of the department and that the future of the Centre will be built on a university-community partnership. Although the department is committed to contributing a tenure-track position in health promotion to support the research of the Centre, it cannot fill this position until at least 2003–2004. Given the current financial situation (there is no funding for the acting director after June 2003), there is a need to finalize an interim or short-term plan for the Centre.

In the short-term plan, an acting director would be required for two years (supported by community contributions), a steering committee would be required to develop a long-term vision, and the Centre would continue to operate its internal units, establish research teams, and seek grant funding. Over the long term, a permanent director will be selected and the PHS faculty position will be filled.

Task Force Members

We thank the following members of the task force: Jim Armstrong, Wellesley Central Health Corporation; Connie Clement, Ontario Prevention Clearinghouse; Peter Coleridge, Centre for Addictions and Mental Health; Roberta Ferrence, Ontario Tobacco Research Unit; John Garcia, Cancer Care Ontario; John Hastings, U of T; Suzanne Jackson, the Centre; Liz Janzen, Toronto Public Health; Ilze Kalnins, PHS; David Korn, PHS; Barry MacDonald, the Centre; and Jack Shapiro, community member.

Best Practices & Evaluation Unit

Director: Michael Goodstadt

During 2001–2002, the Best Practices Project concluded its first five years of work in developing and evaluating the Interactive Domain Model (IDM) and the IDM Framework. For these five years, the work was funded by Health Canada (Ontario Region). During 2001–2002, an additional, more focused initiative developed an operational framework and resources to assist decision-makers and practitioners in bridging the gap between research and practice. This latter project was funded by the Ontario Ministry of Health.

Throughout its five years, the Best Practices Project has been guided by the Best Practices Partnership (comprising the Centre, the Association of Ontario Health Centres, the Ontario Public Health Benchmarking Partnership, and the Health Promotion Hospital Network), and the Best Practices Work Group, which was made up of representatives from a wide variety of health promotion practice settings.

The earlier phases of our work, supported by experience in the field, has led to the following definition of best practices in health promotion: “Best practices in health promotion are those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation.” (Kahan & Goodstadt, 2001).

The extensive results and products arising from the Best Practices Project are available on the web at www.utoronto.ca/chp/bestp.html, including the *IDM Manual for Using the Interactive Domain Model Approach to Best Practices In Health Promotion*, which is composed of the following elements: Introduction & Basics (including a foreword by Irv Rootman); Values, Goals & Ethics; Theories & Underlying Beliefs; Evidence Framework; Understanding of the Environment; Response to Practice Issues; Research & Evaluation; IDM Framework Steps; Working Through the

IDM Framework; Case Studies; Resources for Health Promotion; Workshop Plans; Workshop Slides; and Evidence Framework Workbook.

This printed material is supported by an IDM Computer program: The Interactive Domain Model Computer Program for Best Practices in Health Promotion, 2.12 (Kahan & Goodstadt, 2001).

During 2001–2002, the Best Practices Work Group continued to meet regularly. Other groups, in other provinces and other countries, continue to show interest in finding out more about, and applying, the IDM Framework. Concrete steps have been taken to establish a Best Practices Consortium involving other organizations from across Canada. This initiative has been supported by Health Canada.

For the years 2001–2002, the Best Practices Work Group’s goal was to enrich and streamline the Best Practices computer program and to develop a Best Practices facilitation resource package. In particular, we consolidated what had been learned and further developed the materials/resources that had been employed in a way that make them readily accessible to, and usable by, health promotion practitioners. This resulted in the development of the *IDM Best Practices Facilitation Resource Package*, which includes the *IDM Manual for using the Interactive Domain Model* approach to best practices in health promotion and the IDM Computer Program.

Bridging the Gap Between Research and Practice

During 2001–2002, the Ontario Ministry of Health and Long Term Care (OMOHLTC) funded the Bridging the Gap between Research and Practice Project, which involved development and testing of an operational framework (based on the IDM) and resources to assist decision-makers and practitioners in bridging the gap between research and practice. This project, undertaken in partnership with two community health centres, two public health units, and two hospitals, resulted in the

development and testing of two components of the IDM Best Practices Manual: (1) Resources for Health Promotion, and (2) Evidence Framework Workbook.

Francophone Best Practices Project

The Francophone Best Practices Project, funded by Health Canada (Ontario Region), continued its work with the Franco-Ontarian best practices community, resulting in the development of the following:

- *IDM article de meilleures pratiques: Le Modèle de domaine interactif de meilleures pratiques en promotion de la santé: développement et mise en oeuvre d'une démarche basée sur de meilleures pratiques en promotion de la santé* (Kahan & Goodstadt, 2001).
- *Le manuel sur le MDI: L'utilisation du Modèle de domaine interactif pour la mise en oeuvre de meilleures pratiques en promotion de la santé* (Kahan & Goodstadt, 2002)

Presentations, Workshops and Schools

Barbara Kahan & Michael Goodstadt. Taking a best practices approach to developing health promoting public policy. Canadian Public Health Association Conference, Saskatoon, October 24, 2001.

Michael Goodstadt & Barbara Kahan. "Bridging the gap between evidence and health promotion decision-making." Ontario Public Health Association Conference, Kitchener, November, 7, 2001.

Michael Goodstadt, Barbara Kahan and representatives of the pilot sites. Best Practices Project Annual Stakeholders Meeting, Toronto, March 26, 2002.

Barbara Kahan & Michael Goodstadt. Francophone Best Practices Project, March 27, 2001.

Michael Goodstadt. Introducing the IDM Computer Program for Best Practices in Health Promotion. Ontario Health Promotion Summer School, June 23, 2001.

International Health Promotion Unit

Director: Fran Perkins

The International Health Promotion Unit (IHPU) was established in 1998 in order to bring a co-ordinated approach to the international work of the Centre while further developing its international profile.

Paulina Salamo has left us to work for CIDA as a health specialist for the Americas Branch. Paulina is already sorely missed. Her work at the centre was exemplary and it is mostly due to her leadership and work in Chile, and other areas of South America that we have such a good international reputation. We miss her and wish her luck.

During the past year, the unit has been actively involved in the following activities, which are based across the Centre in different programs.

Brazil Health Promotion Survey

One of the most exciting health promotion initiatives in 2002 was the announcement by Brazil's minister of health policy of a National Health Promotion Policy at the IUHPE Conference in Sao Paulo in November. The Brazilian government and PAHO in Brazil asked the Centre to help them evaluate the impact of this policy on Brazilian health promotion activities. Reg Warren, Suzanne Jackson, Juliana dePaula, and Augusto Mathias formed the Canadian team that supported this initiative. The first step was to design a baseline survey of all 5,500 municipalities. Follow-up surveys, in-depth qualitative interviews, and a training program are under discussion for 2003.

Caribbean Program Coordination

The IHPU has worked closely with Caribbean Program Coordination/Pan American Health Organization (CPC/PAHO) to develop capacity in health promotion. The purpose of this project has been to develop sustainable, replicable training modules, workshops, and self-directed workbooks for key decision-makers in health promotion. As part of this endeavour, Caribbean health professionals, and professionals from other sectors, were trained in health promotion. A train-the-

trainer approach was used so that training could be replicated. The first series in, 1999–2001, was The Development of Healthy Public Policy. In 2001–2002, we tested a prototype approach: Building Capacity in Health Promotion in Crosscutting Health Planning and Program Development for Caricom Countries. An advisory committee, spearheaded by the PAHO-Caribbean Program Cooperation Office in Barbados, guided the initiative. Committee members included representatives from the Ministry of Health and Welfare of the British Virgin Islands, Ministry of Health of St. Lucia, University of West Indies, and the Centre. Over this last year, Fran Perkins and Paulina Salamo worked with the advisory group to develop four modules: *Concepts of Health and Health Promotion*, *Building Alliances for Healthy Public Policy*, *Health Planning and Programme Development*, and *Health Promotion/Evaluating Health Plans and Programs*. These modules were piloted and evaluated in June at a week-long training session in Barbados and are now being used in the region.

Ceará School of Public Health

As part of the UK's Department for International Development project with the Secretaria de Saúde of Fortaleza, Paulina Salamo worked with colleagues at the School of Public Health of Ceará in Brazil on the development of a health promotion curriculum. The week-long visit in mid-February 2002 was very fruitful, as key competencies for students, enhancements for current courses, and potential clients were all identified. The visit also built on previous exchanges between the two institutions.

Centre for International Health

The Centre has a formal relationship with the new Centre for International Health at the University of Toronto (David Zakus is director). Fran Perkins sits on their board and Suzanne Jackson is a senior fellow (contributing 20% of her time). One of the 2003 activities is the development of a course in international health promotion. Other activities included participation in the first Global Health Research Conference held in May .

Chile Forum on Health Promotion

Suzanne Jackson sat on the Scientific and Technical Advisory Committee set up by PAHO to plan the Health Promotion Forum in the Americas in Santiago, Chile, October 20–24, 2002. This meeting was a follow-up to the International Health Promotion Conference in Mexico in 2000. There were three streams at this forum: plenary sessions presenting the progress many countries have made in implementing health promotion, sessions focused on healthy municipalities, and scientific and technical sessions. Like the declarations produced by the series of conferences that started with the Ottawa Charter, there was a Chile Commitment.

Chilean Primary-care Workers Training Course

Building on the experience of the past three years, the Centre provided support in the health promotion stream of a six-week training course for primary-care workers from Chile. The course, led by U of T's Department of Family and Community Medicine, was delivered in Toronto in the fall. The program also covered primary care and health administration.

Committee on the Evaluation of Healthy Municipalities

The Centre has participated in four meetings of this PAHO-led initiative. This committee consists of two working groups:

1. The policy group is in the process of developing recommendations for policy-makers, including writing a document to persuade policy-makers to evaluate their healthy municipality initiatives. A draft of this document was a basis for discussion at a PAHO Health Promotion Forum in Chile in October.
2. The evaluation group is working on the development of a toolkit to assist practitioners in the evaluation of healthy municipalities' activities using a participatory process (drawing substantially from Nina Wallerstein's work in New Mexico and Brazil). Paulina Salamo worked with the latter group and Suzanne Jackson with the former. Final versions of the documents, in all four languages of the Americas,

are expected in the spring of 2003. Both groups met in Toronto at the end of September, hosted by the Centre with support from Health Canada.

Cuba-Canada Collaborative Project

Since 2001, the Centre has participated in a collaborative project between Canada and Cuba, with the support of Health Canada, International Affairs Directorate. In 2002, a delegation from the Cuban National Centre for Health Promotion and Education (of the Ministry of Public Health) took part in a summer study tour in partnership with the Ontario Health Communities Coalition (OHCC). Training took place on indicators and evaluation. Thanks to Monique Beaudoin of OHCC, who coordinated the visit, and to Jodi Thesenvitz, who went to Cuba to conduct a week of training in health communication.

Economic Evaluation of Healthy Municipalities

In collaboration with Ligia de Salazar at the University of Valle in Cali, Colombia, Suzanne Jackson and the Centre received funding from the Centres for Disease Control in Atlanta, via PAHO. The contract was to conduct a research project to develop a conceptual framework regarding economic evaluation of healthy-municipality projects and to pilot it in Canada and Colombia.

International Union for Health Promotion and Education/North American Region—Canadian Satellite Office

In April 2000, the Canadian satellite office of the International Union for Health Promotion and Education/North American Region (IUHPE/NARO) was established at the Centre with a grant from Health Canada to IUHPE headquarters in Paris. IUHPE is an association of individuals and organizations concerned with the improvement of health through education, community action, and healthy public policy. The organization has an official relationship with WHO and UNICEF. There are regional offices in Europe, South America, North America, South-West Pacific, South-East Asia, and the North-East Pacific. The pur-

pose of the Canadian office is to promote broader North American participation in IUHPE, particularly the NARO region in Canada. Fran Perkins is a regional co-director and as such is a member of the board of trustees, along with the other regional co-director, Claudia Coggins from the University of North Texas. The NARO/IUHPE board is presently involved in setting priorities for membership development, financial stability, and advocacy. Efforts are still underway to reach out to the Caribbean for membership development. In addition, the IUHPE/NARO board has had a major change and now has six Canadian members.

IUHPE is undertaking the second phase of an Evidence of Health Promotion Effectiveness project. The Canadian Board members of IUHPE/ NARO met in Victoria in April, with Maurice Mittlemark, IUHPE Chair, to explore their involvement in this world-wide project. As a result of that meeting, an initiative was started to form a Canadian group to develop a project as part of the global initiative on health promotion. This was taken to the NARO and IUHPE Boards in June, and Irv Rootman is taking the lead on the North American initiative. He will work closely with people in the wider North American and Caribbean regions.

Another one-day meeting was held in April in Victoria, in partnership with Canadian Institutes of Health Research's (CIHR) Institute for Aboriginal Health, the National Aboriginal Health Organization (NAHO) and Health Canada (Aboriginal Health) and IUHPE. This meeting was held to bring people involved in Aboriginal health research together in preparation for the 18th IUHPE World Conference on Health Promotion in Australia in April 2004. A group was formed to work together, and with other networks, to foster collaboration in this field and prepare for the conference. In addition, the opportunity was taken to hold a workshop on this topic at the 6th National Health Promotion Conference. Preparations are underway for conferences in Los Cruces New Mexico (NARO conjoint) next year and Australia in 2004 (IUHPE global).

Ontario Tobacco Research Unit

Director: Roberta Ferrence

Since its inception in 1993 as the research component of the Ontario Tobacco Strategy (OTS), the Ontario Tobacco Research Unit (OTRU) has been a focal point for an active, tobacco-control research network in Ontario. The central office of OTRU is located at the 33 Russell Street site of the Centre for Addiction and Mental Health (CAMH).

OTRU is led by a multi-disciplinary team of six university-based principal investigators whose institutions have committed at least 20% of their time to OTRU activities: Dr Roberta Ferrence, director and senior scientist at CAMH; Dr Mary Jane Ashley and Dr Joanna Cohen, associate director of OTRU, both at PHS; Dr Stephen Brown, Department of Statistics and Dr Paul McDonald, Department of Health Studies and Gerontology, both at University of Waterloo; and Dr. Thomas Stephens, Department of Administrative Studies, University of Ottawa. Additionally, thirty-five co-investigators, twenty-seven collaborating investigators, numerous affiliates, consultants, and OTS partners make up the OTRU network.

Funding comes from the OMOHLTC, in-kind contributions from sponsoring institutions, and various external grants and contracts. OTRU's activities fall into the following functional areas based on our mandate.

Program and Policy Research and Development

The work of the Program and Policy Research and Development Working Group contributes to the development of effective and efficient OTS program and policy initiatives. During 2001–2002, the group conducted a survey of investigators and partners to collect data on skills, priorities, and perspectives. Preliminary analysis was completed and a survey report will be finished this year. As well, the group developed a Microsoft Access database to record information on currently-funded tobacco-control research projects in Ontario, which will be updated annually. These initiatives supported OTRU's successful completion of its first external program review in January 2002. Finally, this group

identified new survey instruments to add to our survey and questionnaire databases, identified new public-use data available for research, and provided support in the evaluation of tobacco-control materials.

Monitoring and Evaluation

Each year, the Monitoring and Evaluation Group produces a monitoring report assessing patterns and trends in smoking among adults and youth, public attitudes toward tobacco policies, and broad strategic issues in tobacco control. This report is central to OTRU's mandate to monitor progress of the OTS. During 2001–2002, the group prepared and released the *Seventh Annual Monitoring Report* and began work on the eighth (to be released in November 2002). This group also produced a special report on the evaluation of renewed OTS projects. In March, the group brought together leading experts from California, Florida, Ontario, and British Columbia for a one-day meeting to advise OTRU on the evaluation of comprehensive tobacco-control strategies.

The Monitoring and Evaluation group also provides monitoring and evaluation support for the OTS, including consultation on evaluation for community programs, development of monitoring and evaluation tools for OTS-funded projects, and collection of survey data on tobacco control for Ontario. The group also began the planning phase for a management information system that will provide support for the tobacco-control community and facilitate evaluation of the OTS.

Information Analysis and Dissemination

OTRU provides timely access to research materials relevant to our target audiences (principally other researchers, public health professionals, and policy-makers in Ontario) through the development, production, and monthly mailing of our current abstracts series, literature reviews, working papers, special reports, and research updates. During 2001–2002, the group published eleven issues of *Current Abstracts on Tobacco*, plus one index issue, four special reports, four research updates, two literature reviews, and six working papers. Our information coordinator improved the OTRU re-

source centre, which now contains more than 5,000 electronically catalogued documents, and conducted forty-six major literature searches for investigators, public health units, and other partners.

Networking and Communications

Since OTRU's launch in 1993, the goal for communications and networking has been to provide a provincial focus for tobacco-related research and community-health system networking. This year, OTRU collaborated with our OTS partners in organizing a provincial tobacco-control conference, held in Toronto in March, for researchers, practitioners, and policy-makers. Our website and listserv continue to provide key information on funding and research events, as well as discussion on research issues for investigators and practitioners across the province and beyond.

Teaching and Training

OTRU has undertaken a number of initiatives to develop a future cadre of researchers and practitioners with particular interest in and skills relevant to tobacco control. In 2001–2002, these initiatives included individual thesis research and field practica under the supervision of OTRU investigators and the U of T graduate-level course, Tobacco and Health: From Cells to Society, developed by Drs Ferrence and Cohen and video-conferenced to the University of Waterloo. This year also marked the beginning of the OTRU Studentships for Research in Tobacco Control. Ten studentships were awarded to students across the province who committed to undertake tobacco-control research projects. Recognizing the importance of activity in this area, we set up a new teaching and training working group at the end of the year.

Quality of Life Research Unit

Director: Rebecca Renwick

In 2002, the Quality of Life Research Unit did not develop any new joint projects with the Centre for Health Promotion. The area of indicators development continues to be a focus of the Centre and Rebecca Renwick

participated in a consultation about indicators of community health in February 2002 and in a workshop to develop a national research agenda on quality of life in Halifax in December 2002.

The Health Communication Unit

Manager: Larry Hershfield

The following summarizes THCU activities for fiscal year 2001–2002. Information on current events and publications is available at www.thcu.ca.

Workshops and Events

In 2001–2002, we held a total of nineteen regional workshops and nine provincial workshops, with high satisfaction ratings for both repeat and new events. THCU also conducted a number of presentations and shorter workshops, participating in events such as the Health Promotion Summer School. Through these events, and our regional and provincial workshops, we reached nearly 1,500 people.

In addition to repeating our core events (on planning, evaluation, and health communication), we piloted four half-day events on advanced topics: social-marketing tools of change, ethics, diffusion, and continuous quality improvement. These workshops helped meet the training and knowledge needs of the alumni of our introductory events. They also strengthened our connections with other organizations and academic institutions that do original research on relevant topics. I

The two-day, interactive-health-communication event was updated from the 2001 health promotion summer school and involved the use of an electronic classroom, two excellent panels, an online needs assessment, and a comprehensive workbook and PowerPoint slide set that can be used in a variety of settings.

Consultations

We provided over 200 consultations, exceeding our annual target, and continued to use external consultants throughout Ontario in addition to our core team. A research librarian provides information to help the con-

sultants provided up-to-date and seminal resources to the clients. Finally, we continued to add to our resource library to increase the accessibility and quality of our resources.

Products

The new THCU website was launched at the end of September 2001 with more tools and resources than ever before. THCU clients can now download resources, including new products such as

- our last newsletter, *The Update—Special Issue on Hard to Reach Audiences*;
- a new logic model workbook and a series of slides;
- updated policy development model with a slide show and matching worksheets;
- new French translations of our core planning, evaluation and communication workbooks and slideshows; and
- a package of eleven applied examples of THCU's twelve steps to designing a communication campaign.

As well, the Ontario Health Promotion Email Bulletin, produced in partnership with the Ontario Prevention Clearinghouse (OPC), and its online database (www.ohpe.ca) continue to grow in popularity and comprehensiveness.

The Ontario Health Promotion Resource System

We have continued to enjoy productive and rewarding partnerships with fellow resource centres such as OPC, the Program Training and Consultation Centre, the Heart Health Resource Centre and the Focus Resource Centre. Our staff are also active at the system level: Larry Hershfield chairs the Planning and Coordination Committee and the Information Coordination Committee, Jodi Thesenvitz co-chairs the Communications Committee, and Brian Hyndman sits on the Impact Evaluation Committee.

Vortal Project

The Tobacco Youth Vortal Project is funded by the OMOHLTC under the Ontario Tobacco Strategy. The vortal is a site for youth and serves as a gateway to CyberIsle and related local sites developed by affiliates of the project. The project has many aspects: development of the site by adding “sticky” features, such as downloadables, polls, and an interactive quiz; support to affiliates by providing design elements and a web-publishing wizard; evaluation through consumer/stakeholder feedback and web-traffic monitoring; and marketing and promoting (banner ads on MuchMusic website as well as print materials). THCU manages the project and is joined by partners from the affiliate sites, fellow resource centres such as PTCC and OPC, the TeenNet project, our suppliers at HJC New Media, and the ministry coordinator.

Workplace Project

The Supporting Comprehensive Workplace Health Promotion project was funded by the OMOHLTC under the Stroke Strategy. THCU conducted a wide variety of research: key informant interviews, extended observation of practitioners, and a literature review. This culminated in a variety of reports, as well as in recommendations for how intermediaries could be supported in the development of comprehensive workplace interventions. THCU was joined by a large and active advisory committee of researchers, intermediaries from public health and elsewhere, as well as representatives from a number of workplaces. THCU hopes to be funded in the coming year to provide training and consultation, as well as to disseminate the materials already produced.

Canadian Consortium for Health Promotion Research

Project Contact: Suzanne Jackson

The Canadian Consortium for Health Promotion Research has been without core funding since the fall of 2001. In 2002, a proposal for a funding agreement with Health Canada was tabled and discussed, and in November the final details were worked out. The Consortium will receive funding for core operations from Health Canada as part of a larger contract to conduct an evaluation of the Community Grants and Contributions Program. The new and exciting part is that all branches and regional offices of Health Canada have contributed funding to this initiative. The Centre will continue to be an active member of the Consortium, even if the coordination and the administration of funds are at another member centre.

Think Tank Fact Sheets

Project Contact: Rick Wilson

Over the last few months, the Ottawa office of the Centre completed the final phases of two major initiatives funded by Health Canada. Both related to the Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP).

The first was the preparation of a series of five fact sheets that summarize the papers produced after the think tanks that were held in Ottawa in 2000 (for a detailed summary of these events, please see the Centre's 1999–2000 Annual Report). The four issues that were addressed at the think tanks were maximizing parental involvement, reaching and maintaining the focus population, factors that contribute to increased breastfeeding in the CAPC/CPNP population, and partnership and intervention in dealing with child-abuse prevention. Four fact sheets were produced that related to the key findings in each of the above, and a fifth summarized the unique model and process that was used for the think tanks. All five were translated, have now been

released by Health Canada, and are available on their website at www.hc-sc.gc.ca/hppb/childhood-youth/cbp/npfproject/.

The second product was the final paper from the second think tank held in November 2001. Some twenty project coordinators and program participants from CAPC and CPNP projects across the country gathered in Ottawa to explore the theme of governance and decision-making in community-based projects. This theme was selected by a national advisory committee (consisting of representatives from CAPC/CPNP projects and Health Canada) because programs across the country wanted to learn more about the experiences of programs that had enjoyed some success in involving parents/participants in their governance structures. This paper captured the key themes and lessons from Think Tank 2001, as expressed by the participants themselves.

Also included in the report is a literature review conducted by a community-based researcher, Madine VanderPlaat of St. Mary's University, Halifax, Nova Scotia, which is a "conversation between the experience and knowledge of those involved with CAPC/CPNP projects and the experience and knowledge produced by researchers who work in the fields of community development, health promotion, social intervention, and social justice."

The paper will soon be posted on the Health Canada website at www.hc-sc.gc.ca/hppb/childhood-youth/cbp/npfproject/index.htm.

Health Promotion Information Kit

Project Contact: Suzanne Jackson

In the summer of 2002, the Health Products and Food Branch of Health Canada contracted the Centre to help them prepare an information kit for their staff on health promotion. This branch has a mandate to incorporate health promotion in all activities, including the old Food and Drug Directorate. Daniel McSweeney and Brian Hyndman were the consultants on this project.

Economic Evaluation Information

Project Contact: Suzanne Jackson

In the summer of 2002, the Prevention Dividend Project (PDP) contracted Rick Edwards to write a section of a document for practitioners on economic evaluation in health promotion. Rick and Graham Clyne (of the PDP) subsequently submitted the paper for publication in the *Canadian Journal of Evaluation*.

Health Impact of Waiting for Public Housing

Project Contact: Suzanne Jackson

In the summer of 2002, Andrea Norquay, an MHS student at U of T, did her practicum developing a funding proposal with Suzanne Jackson and a committee comprising Cyrus Vakili-Zad, Toronto Community Housing Corporation; Jim Armstrong, Wellesley Urban Health Corporation; and Anne Hewitt, Toronto Supportive Housing Coalition. The project focused on the health effects on people who have to wait about five years for public housing. The team will be piloting its interview guide and applying for funding in 2003.

Literacy and Health

Principal Investigator: Irving Rootman

As of April 2002, the Social Sciences and Humanities Research Council funded a project to develop a national program of research on literacy and health for a period of three years. The project is a partnership between the Centre and the Canadian Public Health Association. The principal investigator is Irving Rootman, professor and Michael Smith Foundation for Health Research Distinguished Scholar, University of Victoria, and the co-investigators are Deborah Gordon-El-Bihety, Canadian Public Health Association; Jim Frankish, University of British Columbia; Margot Kaszap, Laval University; and Heather Hemming, Acadia University. Collaborators are Ilona Kickbusch, Yale University; Paul

Roberts, Canadian Council for Social Development; and Millicent Toombs, Canadian Medical Association.

The objectives are to

- stimulate research on adult literacy and health in Canada,
- contribute to the development of research capacity on this topic in Canada,
- encourage and assist cooperation between researchers and literacy and health practitioners,
- improve the dissemination and application of research findings in this field,
- encourage the training of future researchers in literacy and health,
- stimulate collaboration among researchers from different disciplines, and
- stimulate research that will influence policy development in literacy and health.

It was proposed to achieve these objectives by

- establishing an advisory committee,
- conducting an environmental scan and needs assessment,
- submitting research proposals to funding agencies,
- establishing a website and electronic newsletter,
- holding a national workshop,
- making presentations at naturally-occurring meetings and conferences,
- developing training opportunities for graduate and postdoctoral students,
- evaluating the National Literacy and Health Program and the program of research, and
- developing a plan for sustaining the research program over the long-term.

Since the project's initiation we made progress in all of these activities. Specifically, we have

- established an advisory committee, with Peggy Edwards as Chair and Harvey Skinner as one of the members;
- completed an environmental scan and needs assessment, with Barbara Ronson responsible for key informant interviews and focus groups in Ontario and for writing the national report;
- submitted at least two proposals to research fund-

ing agencies, one on the measurement of health literacy;

- established a website, connected to the website for the National Literacy and Health Program at www.cpha.ca;
- held a national workshop, with sponsorship from three CIHR Institutes (Population and Public Health, Aboriginal Peoples, and Gender and Health), Pfizer Canada and US, and the Canadian Medical Association;
- made presentations at meetings and conferences, including the Social Determinants of Health Conference at York University;
- hired graduate and postdoctoral students to conduct the environmental scan;
- developed logic models for the evaluation of the National Literacy and Health Program and the National Literacy and Health Research Program; and
- initiated discussions with potential funders to establish a National Literacy and Health Research Foundation.

Over the next year we plan to continue the activities noted above and to add other components, for example, an electronic newsletter, training institutes for graduate and postdoctoral students, and provincial initiatives.

If you would like more information, contact Irv Rootman at irootman@uvic.ca.

Cancer Prevention Interest Group

Chair: Dorothy Goldin-Rosenberg

The Cancer Prevention Interest Group (CPIG) was formed in order to support the recommendations of the Ontario Task Force on the Primary Prevention of Cancer (1995), particularly in the areas of environmental and occupational health. The Centre was the secretariat for the task force, which was commissioned by Ruth Grier when she was the provincial minister of health. In 2002, the group held several meetings to explore and discuss cancer-prevention initiatives related to the precautionary principle at the provincial and national levels:

- Terry Sullivan, Cancer Care Ontario (CCO), met with the group to discuss CCO directions and strategy on cancer prevention. Following Terry's presentation, Trevor Hancock elaborated on a Delphi study he was leading.
- Information on pesticides was presented at a symposium held in Caledon, Ontario, by Dr. Barbara Wylie of the Canadian Cancer Society (CCS).
- Several members of CPIG are involved with the Toronto Cancer Prevention Coalition (environmental and occupational sector), the organization that evolved from the task force report at the City of Toronto.
- In September 2002, CPIG, together with the Toronto Cancer Prevention Coalition, Environmental and Occupational Working Group, convened a meeting with high-level (CCS) representatives. Present were CEO Julie White, Fran Walsh, Diane Finkle, Valerie Hepburn and twelve members of CPIG and the working group.

Healthy U of T Interest Group

Project Contact: Suzanne Jackson

Healthy Universities is connected to a bigger movement world-wide that connects Healthy Schools, Healthy Islands, Healthy Communities, etc. All of these movements uphold health-promotion principles, such as encouraging participation of people in making deci-

sions that improve their health, working across sectors or departmental boundaries, and understanding the connection between social and physical environments. Despite interest in such initiatives from other countries, our own group has been dormant for another year, with the exception of the Healthy U of T Award. Our thanks to the 2001 nomination review committee: Barbara Schaefer, Kathryn Haworth, and Michelle Manni.

Leave the Pack Behind won the group award. This multi-campus initiative involved nine university and community college campuses and other organizations such as the CCO and public health units. It used a variety of strategies, including communications campaigns, peer counselling, interactive computer-assisted smoking assessments, carbon-monoxide testing, a self-help program, access to a Smokers Helpline, a National Non-smoking week contest, and referral to health professionals. Early evaluation results indicated that the program was helping students reduce or quit smoking. Staff involved also learned a lot and became engaged in several different aspects of the program. Public health strategies addressing cigarette smoking rarely target post-secondary students. Thus, this program has made a contribution in developing materials and strategies suitable for young adults.

The individual award went to Douglas Moore for his work with the U of T Gardeners Collective. Doug was a Masters student at U of T and founded this group in 1997 (originally the Starving Gardeners Collective). They set up two international gardens at 43 and 47 Queen's Park Crescent, and there are plans to start one at Hart House and the Newman Centre. The work that Doug has been doing touches on many health promotion aspects: the collective promotes the health of the environment by using local organic seeds, no chemicals, and composting; they are addressing access to food issues by donating produce to the U of T Student Foodbank and other places; they are engaged in community action by having almost thirty staff, students, and community members involved and lobbying on environmental issues; and they work with many sectors.

Ontario Healthy Schools Coalition

Co-chairs: Barbara Ronson and Carol MacDougall

In December 2000, the Centre's School Health Interest Group merged with the Ontario Public Health Association's (OPHA) Healthy Schools Workgroup and the Coalition of Ontario Agencies for School Health to form the Ontario Healthy Schools Coalition (OHSC).

The OHSC is an Ontario-wide, broad-based coalition, with members from health units, school boards, hospitals, mental-health agencies, universities, health-related organizations, education-related organizations, parents, and students. At a recent strategic-planning day, we defined our vision: "every child and young person in Ontario will have the opportunity to be educated in a 'healthy school.'" A healthy school promotes the physical, mental, social, and spiritual health of the whole school community and constantly strengthens its capacity as a healthy setting for living, learning, and working. The OHSC members feel it is essential that Ontario takes steps to make this vision a reality in our province and to keep up with the work of the WHO's Global School Health Initiative, which has been embraced by many countries (including Australia, forty-one European countries, the US, and Canada)

In partnership with key stakeholders, who have an interest in the health and learning of the children and youth of Ontario, the OHSC will endeavour to

- raise awareness of the benefits of and need for healthy schools,
- influence policy development and the provision of adequate public funding to guide the implementation of a healthy schools approach, and
- provide a forum to share new and ongoing initiatives across health, education, and related sectors.

Among the activities undertaken by the OHSC since its inception in 2001 are the submission of briefing notes to government task forces and committees; presentations at conferences (e.g., Ontario Physical and Health Education Association, Health Promotion Ontario, OPHA, the Ontario Teacher's Federation); and the development of funding proposals, a three-year plan, and terms of reference. We have also developed a Healthy Schools Ontario logo; are in the process of developing a brochure for continued advocacy and identification;

and have developed and delivered a powerpoint presentation explaining the concepts of comprehensive school health and health promoting schools, the vision of our coalition, and recommendations for action, to leaders in health and education in all three political parties.

We recently drafted and submitted to three political parties a succinct Healthy Schools Ontario concrete proposal that identified the key pieces that need to be put in place in Ontario in order to effectively enhance schools as health-promoting settings. These were grounded in the experience of the European Network of Health Promoting Schools and the realities of Ontario. Seven initial steps were proposed: an overarching policy statement, a coordinating office, coordinating staff in every school board, a school profile tool, a healthy school team and coordinator in every school, adequate public health staff, and full implementation of the health and physical education curriculum. The Healthy Schools Ontario concrete proposal complements the Comprehensive School Guidance Program, Choices Into Action, introduced in 1999.

The OHSC now has an email distribution network of approximately 162 people. An average of eighteen people have been attending regular monthly meetings. The meetings serve as a sounding board for presenting and learning about projects and research related to school health across the province. We hear ongoing reports about a cross-national study on school health promotion by OISE/UT; the combined work of school boards and health departments in innovative regions such as Hastings and Prince Edward counties; a school-culture research project by CAMH; research in schools on healthy body image by the Hospital for Sick Children; the work of OPHEA; the work of the Canadian Association for School Health, for which we serve as the Ontario chapter; nutrition programs in schools developed by the Milk Marketing Board; injury prevention research in schools by St. Michael's Hospital and Think First Foundation; an innovative friendship class program developed by George Hull Centre for Children and Families and the Toronto Board of Education; a Newmarket Youth Health and Active Living project; publications about school health in academic journals by our members; and more.

MHSc Program in Health Promotion

Associate Director: Suzanne Jackson

The Centre continued to teach and provide practicum support for U of T's MHSc program in health promotion. Suzanne Jackson has succeeded Michael Goodstadt as associate director of the program. Courses in 2002 taught by Centre staff were Health Promotion Strategies (Michael Goodstadt), Critical Issues in Health Promotion Practice (Suzanne Jackson), Health Communications (Larry Hershfield), and Health Promotion Practice Field Inquiry (Suzanne Jackson). Coordinator of practica for Year I and Year II students is Suzanne Jackson (formerly Michael Goodstadt).

The Centre is also exploring new areas, including accredited courses from THCU and the summer school and the development of an international health promotion course.

Health Promotion Summer School

Coordinator: Colleen Stanton

Embracing Change

The 9th Annual Ontario Health Promotion Summer School (HPSS), Health Promotion in Action: Embracing the Winds of Change, was held in Toronto, June 24–27, with approximately 243 participants and over 100 speakers. The tremendous success of this event is a tribute to all the speakers, volunteers, planning-committee members, resource staff, participants, and funders. This year, embracing change was identified as the major theme and the curriculum was designed to address managing change (individual and system level), community and systems planning, community mobilization, aboriginal community health, community mobilization through the theatre, and social environments for health—aboriginal health in context.

Integrated Approach to Curriculum

The 2002 curriculum was designed to meet the needs of the broad and diverse Ontario community, and a specific curriculum was planned by and for the Aboriginal, Francophone and Anglophone communities.

HPSS Participant Profile

Approximately 243 participants attended the four-day sessions, and sixty-eight attended the one-day pre-school sessions. Participants were from diverse areas of the province and included both new and seasoned health promoters. Evaluation results indicated that 25% of the participants had less than one year of experience, 44% had between one and five years of experience, and 31% had six or more years of experience.

Highlights

This year, the HPSS offered participants a choice of eight concurrent sessions and approximately twenty-five toolbox sessions. Over 100 speakers contributed to the success of this year's program.

Participants really enjoyed their experience at the venue, The Institute for Learning. They liked the excellent speakers and resources, the opportunities to network with health promoters across the province, the planned social activities, and the opportunity to nurture themselves. They particularly enjoyed the keynote addresses and community stories by Jack Layton, Dalton Kehoe, and Gerry Martin, and the Aboriginal opening and closing ceremonies. Participants enjoyed the exciting volleyball games that were organized at the end of each day. The African musical group, Bassann, offered by the Francophone subcommittee, was also a highlight. The 2002 HPSS was considered by many to be a very enjoyable and interactive health promotion learning experience!

Next Year

A committee has been set up to review the curriculum and other aspects of this project beyond 2003. A second committee, chaired by a bilingual coordinator, has already started planning for 2003 and will focus on integrating the Francophone, Anglophone and Aboriginal streams.

Thank You

Thank you to the OMOHLTC (funder), planning committee members, Colleen Stanton (project manager), Michele Scott (communications and logistics coordinator), H  l  ne Gagn   (Francophone coordinator), and Gertie Mai Muisse (Aboriginal committee chair) for their hard work and dedication to a high-quality health-promotion learning experience.

Newsletters

Our newsletter, *E-info Update*, is available by email or on our website. To subscribe, send an email to centre.healthpromotion@utoronto.ca.

Centre for Health Promotion.

E-info Update.

Spring 2002.

www.utoronto.ca/chp/einfospring2002.html

Centre for Health Promotion.

E-info Update.

Fall 2002.

www.utoronto.ca/chp/einfofall2002.html

Those Who Make It Happen

Core Staff from 2002

Main Office

Noelle Gadon, Part-time Admin Assistant
Suzanne Jackson, Acting Director
Barry Macdonald, Business Officer

Best Practices & Evaluation Unit

Michael Goodstadt, Director
Barbara Kahan, Consultant
Reg Warren, Consultant
Rick Wilson, Consultant

The Health Communication Unit

David Comrie, Part-time Office Support
Nancy Dubois, Consultant
Noelle Gadon, Acting Office Administrator
Larry Hershfield, Manager
Brian Hyndman, Consultant
Jodi Thesenvitz, Consultant

International Projects Unit

Fran Perkins, Director

Ontario Tobacco Research Unit

Joanna Cohen, Associate Director
Rachel Dioso, Research Officer
Sandra Dimini, Temporary Secretary
Jacquie Drope, Research Associate
Roberta Ferrence, Director
Pam Kaufman, Research Associate
Rita Luk, Research Officer
Mel Martin, Program Manager
Shawn O'connor, Research Associate
Marilyn Pope, Research Associate
Diane Van Abbe, Information Coordinator
Bo Zhang, Research Officer

Quality of Life Research Unit

Rebecca Renwick, Director

Special Projects

Monique Beaudoin, Consultant
Ivan Brown, Consultant
Juliana dePaula, Consultant
Rick Edwards, Consultant
Brian Hyndman, Consultant
Augusto Mathias, Consultant
Daniel McSweeney, Consultant
Andrea Norquay, Student
Barbara Ronson, Consultant
Irving Rootman, Consultant
Colleen Stanton, Consultant
Lisa Weintraub, Consultant

Our Thanks to Staff Who Left in 2002

Paulina Salamo, Consultant, IHPU
Suzanne Stewart, Research Officer, OTRU
Lorraine Syrett, Office Assistant, THCU
Joanne Taylor Lacey, Office Administrator and
Client Services Coordinator, THCU
Bronwen Waller, Research Officer, OTRU

Centre Volunteers and Guests

Susan Aaron, Kari Alaleppi-Lampi, Jim Armstrong,
Jane Brown, Maureen Cava, Mary Cerré, Connie Clem-
ent, Peter Coleridge, Julie Faubert, Roberta Ferrence,
Hélène Gagné, John Garcia, Erin Gilgan, Dorothy
Goldin-Rosenberg, Myrna Gough, Ruth Grier, Leanne
Gruszecki, Romilla Gupta, Barbara Harris, John Hast-
ings, Kathryn Haworth, Denise Hébert, Lorna
Heidenheim, Anne Hewitt, Jessica Hill, Gina Hudel,
Liz Janzen, Elaine Kachala, Ilze Kalnins, Ros Kerr,
David Korn, Lynne Lawrie, Jana Luker, Jody
MacDonald, Khadija Mahi, Michelle Manni, Gertie Mai
Muisse, Margaret Malone, Ted Mavor, Pamela McKetsy,
Fay Parascandalo, Ruth Perkins, Kara Piels, Heather
Ramsay, Sara Rosenthal, Jacqueline Sadler, Nancy
Sagmeister, Jack Shapiro, Jan Silverman, Mina Singh,
Cyrus Vakili-Zad, Catherine Walker.

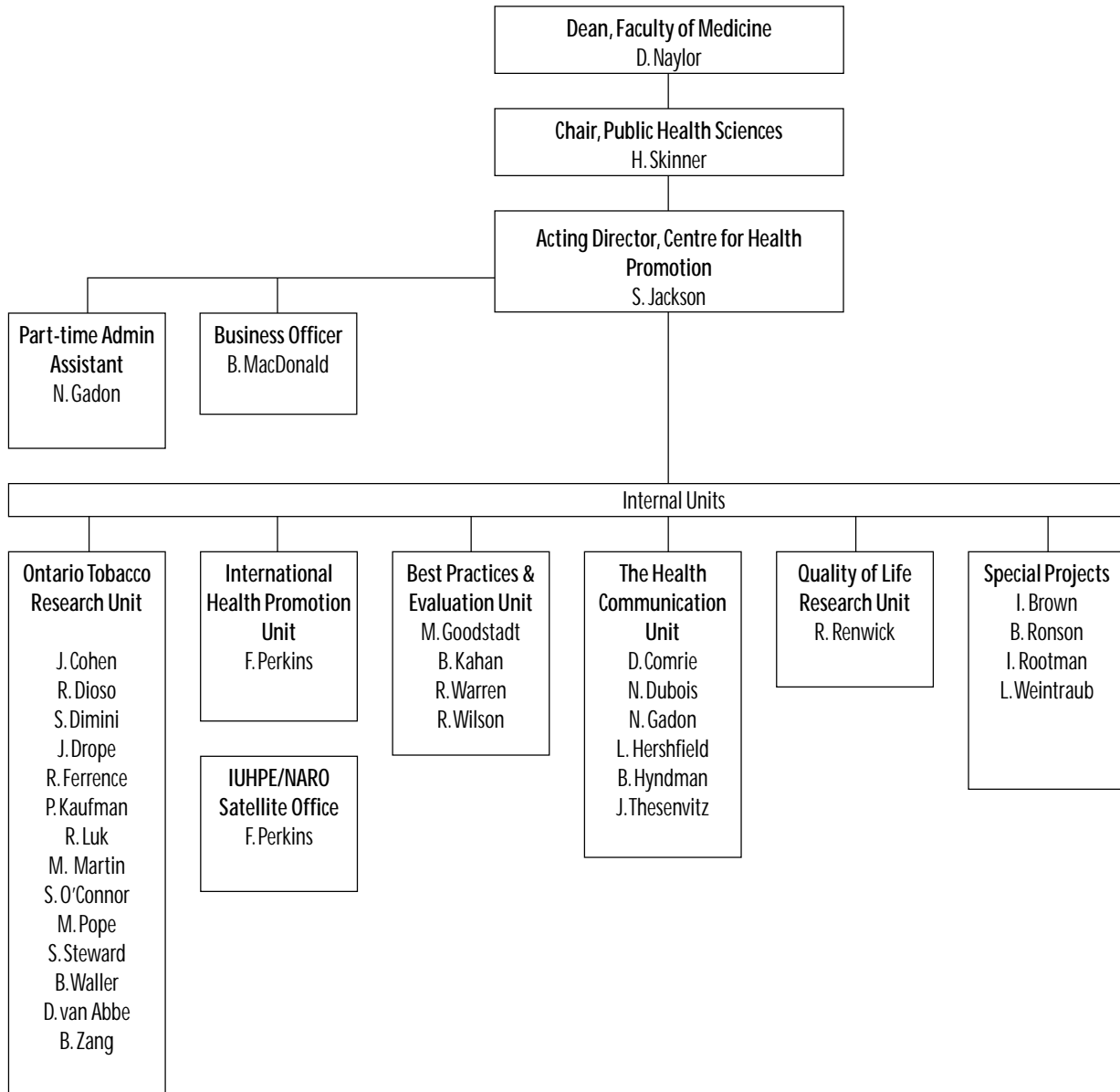
Funding 2001/2002

PROJECT TITLE	FUNDING SOURCE	GRANT PERIOD	CURRENT AMOUNT
Ontario Tobacco Research Unit*	OMOH<C	07/00-06/05	\$400,000.00
The Health Communication Unit	OMOH<C	04/01-03/03	\$415,000.00
Best Practices in Health Promotion**	Health Canada	04/01-03/02	\$50,000.00
Brasil Health Promotion Baseline Survey	Government of Brazil, PAHO	07/02-10/02	\$18,670.00
Cuba-Canada Cooperation	PAHO	01/05-11/02	\$17,543.00
Development of Health Promotion Info Kit	Health Canada	07/02-11/02	\$15,589.00
Economic Evaluation	Prevention Dividend Project	04/02-07/02	\$9,630
Effectiveness of Health Promotion (CHP Best Practices)**	OMOH<C	03/01-03/02	\$66,000.00
Health Promotion Evaluation for Policy-makers in Latin America and the Caribbean	PAHO	05/02-07/02	\$17,203.00
Healthy Municipality Evaluation workshop	PAHO	07/02-10/02	\$31,723.00
Literacy and Health*	SSHRC	04/01-03/03	\$50,000.00
Literacy Conference		07/02-11/02	\$40,000.00
Low-income Consumers Perspective**	Health Canada	05/01-03/02	\$8,400.00
National Crime Prevention, Community Mobilisation**	Department of Justice	01/01-02/02	\$50,000.00
National Think Tank (CHP)**	Health Canada	04/01-03/02	\$153,230.00
Ontario Tobacco Strategy (OTRU)*	OMOH<C	10/99-06/03	\$1,000,000.00
Summer School plus Aboriginal Component	OMOH<C	04/00-03/02	\$80,000.00
Think Tank Dissemination (CHP)**	Health Canada	08/01-03/02	\$29,692.50
Tobacco Youth Vortal (THCU)	OMOH<C	04/01-03/03	\$100,000.00
Workplace Health (THCU)	OMOH<C	03/01-03/03	\$200,000.00
TOTALS			\$2,752,686.50

* Represents amount for the current, report year, within a multi-year agreement.

** ended March 31, 2002

December 2002 Organizational Chart



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