

Centre for Health Promotion

**Department of Public Health Sciences
UNIVERSITY OF TORONTO**

**TENTH
ANNUAL
REPORT
1999/2000**

**The Centre for Health Promotion
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Foreword

What we're about...

The Centre for Health Promotion was established in 1989 within the Division of Community Health, Faculty of Medicine, in Partnership with the Canadian Public Health Association and with strong support from other health sciences at the University of Toronto. Seed funding was provided by the Bertha Rosenstadt Endowment Fund. In 1998 it became part of the Department of Public Health Sciences.

The Mission

The Mission of the Centre for Health Promotion is to contribute to the health and well being of Canadians through basic and applied health promotion research, education and service. The Centre builds on existing strengths in the University of Toronto, collaborating partners and community institutions. In a multi-disciplinary context it activates, develops, and evaluates new approaches to health promotion.

The Role

The Role of the Centre for Health Promotion is to be a focal point and catalyst for Health Promotion activities at the University of Toronto, and in the wider community (local, regional, provincial, national and international).

Principles

The Centre carries out its mission acknowledging that the main purpose is to enable individuals and communities to increase control over the determinants of their health and thereby to improve their health.

The Centre itself serves as a model for experimenting with partnerships and collaboration. The activities of the Centre are influenced by its community partners. Every collaboration/partnership brings new challenges, expectations and skills and requires unique approaches and working relationships.

The Centre adopts a broad perspective on health promotion research, which incorporates the development and testing of basic theory, the design and evaluation of specific applications in practice and the formulation and analysis of public policy options.

The Centre fosters activities that are integrative and trans-sectoral - cutting across traditional academic disciplines and established community sectors,

Goals

1. To develop a comprehensive program of basic and applied research in health promotion.
2. To increase the scope and quality of education and training in health promotion.
3. To develop ways of providing service which will improve health promotion activities.
4. To maintain an infrastructure that ensures the long-term viability of the Centre.

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Director's Report

It is hard to believe that ten years have passed since the official opening of the Centre on November 30, 1990. I am looking forward to celebrating that milestone at our Annual Meeting on December 1. And we have a lot to celebrate! The Centre certainly has exceeded my wildest expectations for success. We are truly a key focal point for activities in health promotion from the local to the international level. According to Maurice Mittelmark, the Director of the Centre for Health Promotion at the University of Bergen in Norway, we are the leading university-based Centre for health promotion in the world. Whether or not this is true is for others to judge, but we can be proud of our accomplishments over the past decade. Among them are the establishment of six internal Units, the development of an internationally recognised conceptual model and program of research on quality of life, an innovative approach to identifying "best practices" in health promotion, models for monitoring and evaluating complex health promotion programs and for synthesising knowledge on health promotion effectiveness, and models for developing capacity in health promotion at the local, provincial, national and international levels including our widely recognised summer school. So let us celebrate our accomplishments with our friends and colleagues at our Tenth Annual Meeting. We hope that those of you who are not able to attend will also feel proud of what has been accomplished because it could not have been done without the help of so many of you.

As this is an Annual report, I'd like to highlight some of the accomplishments of the past year. One that clearly stands out for me is our Eighth Annual Summer School, which took place in Toronto this year. We were delighted that so many colleagues from the Aboriginal Community in Ontario were able to join us for the event. This certainly affected the nature and quality of the learning experience. Many of us took full advantage of the sessions devoted to Aboriginal issues and approaches. Those who didn't, had the opportunity of participating in the Aboriginal ceremonies, both at the beginning and the end, and were moved by the experience. In addition, the summer school added other successful elements including one on the environment and health, which carried through the Anglophone, Francophone and Aboriginal streams. Once again, we stood on the shoulders of those who had organised previous summer schools to produce an even better learning experience for participants. Our ability to do so was facilitated by the Co-ordinating Team led by Colleen Stanton and Linda Kremer as well as an outstanding Planning Committee. Many thanks to everyone who was involved.

A new capacity-development initiative which we embarked on this year with funding from The Invest in Kids Foundation, and in partnership with the Faculty of Community and Social Services at Ryerson Polytechnic University and The Hincks-Dellcrest Institute, was a Professional High Risk Home Visiting Training Institute. The curriculum was developed by a group representing the funder, partners, and public health nursing, and was delivered for the first time early in November to approximately 100 public health nurses. Thanks to the tremendous co-ordinating efforts of Dia Mamatis and Joanne Taylor Lacey, this pilot was a great success and has paved the way for similar events over the next few years. We already have a waiting list from throughout Canada.

Thanks to Larry Hershfield and his team, our Health Communication Unit also continued to provide outstanding training and support to practitioners in health promotion throughout Ontario through workshops, consultations and the Ontario Health Promotion Email Bulletin (in partnership with OPC).

Our international work also continued to develop under the leadership of Fran Perkins. Among the key activities were: a workshop on healthy public policy organised and delivered by Fran in Monserrat in partnership with PAHO, a visit of Deputy Mayors from Kyiv who had participated in our Youth for Health Training Program in Ukraine organised by Barbara Ronson; and a visit of 19 Chileans to Canada for a week-long training on the Canadian Active Living Challenge, as well as three visits of Canadians to Chile organised by Paulina Salamo. In addition a Canadian Satellite Office of the International Union for Health Promotion and Education was established, with Health Canada funding, in the Centre under Fran's direction. Among other things related to this initiative, Fran and I met with faculty and staff of the School of Public Health at the University of North Texas who are establishing the North American Region main office. Fran also represented us at the IUHPE Board Meeting in India.

The Quality of Life Research Unit under the Direction of Dennis Raphael and Rebecca Renwick also had a productive year, initiating two projects on Children's Quality of Life and releasing a report representing the completion of Part 1 of the Seniors' Quality of Life Project for Toronto. Similarly, the Disability Support Unit under the direction of Ivan Brown undertook three projects -- an international project on factors that enhance and detract from the lives of families who have sons or daughters with developmental disabilities; an evaluation of an innovative initiative to provide vocational and volunteer experiences to young people with developmental disabilities; and a project examining the effects of computers and related electronic equipment in the homes of families with disabled children. It is notable that the book, Developmental Disabilities in Ontario released at the last annual meeting, has been adopted as a text in almost all of the developmental worker support programs in Ontario, and a number of university courses.

Our Best Practices and Evaluation Unit under Michael Goodstadt's direction continued the excellent work on Best Practices in health promotion supported by the Regional Office of Health Canada. Several successful pilot studies using the methodology were successfully undertaken and a web-based support program is under development. The possibility of doing a pilot study in Chile is also being explored. In addition our Ottawa staff, led by Rick Wilson and Reg Warren, worked on several important national projects including developing a method for synthesising experiential and scientific knowledge in relation to CAPC/CPNP projects, developing an accountability framework for community services, and developing a monitoring and evaluation strategy for the Canadian HIV/AIDS Legal Network.

The Ontario Tobacco Research Unit also continued to thrive under Roberta Ferrence's direction. Among other things, the Principal Investigator team was involved in 28 new research grants in 1999-2000 and produced 40 articles for peer-reviewed journals. As a result of this productivity and the important contribution that it has made to the Ontario Tobacco Strategy, funding for the Unit was extended for another five years. Congratulations and many thanks to Roberta and her outstanding team!

Finally, work that the Centre is doing in co-ordinating the Canadian Consortium for Health Promotion Research directed by Suzanne Jackson, continued apace during the past year. Among other things, tools for evaluating health promotion were put on the web site, a project to list francophone teaching and training resources in Canada was underway, inventories of poverty and health research and workplace health promotion research by member Centres were developed, proposals related to community indicators were formulated, and a proposal to synthesise the evidence of the effectiveness of health promotion interventions was prepared. The Consortium also sponsored two Symposia linked to the CPHA Conference in Ottawa and facilitated the submission of several research proposals involving Consortium Members, including one on Health Reform submitted to the Canadian Institutes for Health Research.

Thus, once again, the Centre had a very active and positive year, the details of which you can find in this annual report. On the other hand, we were saddened greatly by the death of Paul Steinhauer in August. Paul had been a Visiting Scientist at the Centre for about one year following his retirement from the Hospital for Sick Children. During the short time that we had him with us for a day a week, we all became very fond of him and admired him greatly for his commitment to children. His passing was a great loss for everyone who knew him and for many that didn't. His influence will continue to be felt through the Sparrow Lake Alliance and the other organisations that he supported. We were particularly pleased that the proposal for a Centre of Excellence on Children's Health, which he initiated while he was here, was one of the five funded by the Federal Government last month.

In concluding, I would like to thank everyone who has contributed to our success over the past year. At the risk of omitting someone who deserves special mention, I would like to especially acknowledge the contribution of the following individuals during 2000: Ivan Brown, Roberta Ferrence, Michael Goodstadt, Myrna Gough, Larry Hershfield, Brian Hyndman, Suzanne Jackson, Barbara Kahan, Linda Kremer, Joanne Taylor Lacey, Heidi Liepold, Barry MacDonald, Dia Mamatis, Fran Perkins, Lavada Pinder, Heather Ramsey, Dennis Raphael, Rebecca Renwick, Barbara Ronson, Paulina Salamo, Martin Shain, Colleen Stanton, Harvey Skinner, Reg Warren, and Rick Wilson. I would also like to express my thanks to our Advisory Board, Community Advisory Committee, Affiliated Units, Members, Associates, the University of Toronto Office of Research Services, Health Canada, The Invest in Kids Foundation, The Ontario Ministry of Health and Long-Term Care, The Department of Justice and The Social Sciences and Humanities Research Council. I would especially like to thank Barbara Rootman for her support during the past year.

Irving Rootman, Director

Reports from our Internal Units

The Best Practices & Evaluation Unit

Best Practices Activities & Research

During 1999-2000, the Best Practices Work Group, continued its exploration of a best practices approach to health promotion. As described elsewhere we are taking a "best practices approach", rather than a prescriptive identification of "what works". This year, work was focused on pilot testing the Interactive Domain (Conceptual) Model and its corresponding Operational Framework in three Ontario sites, including: a public health department, a community health centre, and a rural hospital. This pilot test was designed to answer the following questions:

1. How do the Interactive Domain Model and Operational Framework work in the real world of health promotion practitioners?
2. How should they be modified to make their use easier and more effective?

The pilot test demonstrated that the Interactive Domain Model and its Operational Framework are able to contribute significantly and positively to the practice of the three sites. Through the pilot testing we now have specific directions for improving the Framework and the way it is introduced to practitioners, and the promise of very significant benefits for health promotion practice. Primary attention is now being given to:

- exploring how the three sites are able to integrate their use of the Model and Framework into the general planning of their organisations; and
- developing computer-based materials (e.g., CD ROM, Website) to capture the experiences and resources associated with the project in a way that will make them immediately accessible for practitioner training/education and implementation.

Workshops

- Best Practices Project Annual Stakeholders Meeting, Toronto, March 27, 2000.

Consultation

- Presentation to the Ontario Francophone Best Practices Work Group, Toronto, February 23, 2000.
- Presentation at The Willett Hospital Board Retreat, Paris, Ontario. April 29, 2000.
- Presentation to Ukrainian team members, Ukraine-Canada Youth For Health Project, Toronto, September 25, 2000.
- Presentation to the Chile Community Health Intern Program, Toronto, November 9, 2000.

Schools

- *The Interactive Domain Model of best practices in health promotion.* Prepared for the Ontario Health Promotion Summer School, June 28-29, 2000.

Evaluation Activities & Research

CAPC/CPNP Think Tanks

This is a unique experimental model where CAPC/CPNP project representatives, with knowledge and experience on specific issues are invited to participate in a two-day, facilitated "Think Tank". Researchers are also invited to participate and share current research on the issues. The Think Tank results are captured in papers co-authored by the researchers and the representatives of CAPC/CPNP projects, with support from the project sponsor. Key activities include:

- identifying major challenges that have been faced in addressing the issues;
- identifying learnings and innovative ideas worth sharing;
- reviewing existing research to determine whether or not it reflects the experience of the project representatives;
- identifying areas where there are gaps in the existing research; and
- facilitating dialogue between the CAPC/CPNP project representatives and the researchers.

In Phase I of this pilot project, the Think Tank resulted in the production of four papers related to specific issues that combine the experience and expertise of project representatives and community-based participatory researchers. Phase II of the pilot project focused on sharing these papers and the results of the Think Tank with CAPC/CPNP projects and various other audiences using several different dissemination vehicles. The four issues addressed at the Think Tank were:

Maximising parental involvement

This issue addresses moving from relating to parents and pregnant women as participants, to seeing them as partners. What were the strategies, challenges, innovations and outcomes for involving participants in program development, delivery, management and evaluation?

Reaching and maintaining the focus population

This issue addresses outreach to families that are difficult to reach and involve, such as parents who are teenage, low literacy, transient/homeless, distrustful of services, depressed or isolated. What were the basic principles and practices that enable projects to involve hard-to-reach families on an ongoing basis?

Factors that contribute to increased breast-feeding in the CAPC/CPNP population

This issue focuses on projects that have been highly successful in breast-feeding initiation and duration among women within the focus population. What were the best practices and innovations that result in higher breast-feeding rates among the target population?

Partnership and intervention in dealing with child abuse prevention

This issue addresses how programs that focus on parent strength, and are based on trust, can establish partnerships and programs to prevent, identify and respond to child abuse and neglect. The issue also addresses developing positive working relationships with child welfare organisations.

FNIHB Health Plan and Accountability Framework Support

The intent of this project is to develop a Health Plan related accountability framework concept model as well as a process model. The template outlined in the document is intentionally generic in nature. The template attempts to identify components for a health plan and related accountability framework applicable for *all* programs and services that may be delivered in a community (not simply Health Canada related programs and services) and for *all* types of communities (not just transferred communities).

A Health Plan (HP) assesses the health needs of the community, establishes goals and objectives for the delivery of community health programs, identifies the programs and services that will be delivered, the resources that will be allocated to program delivery, and the mechanisms that will be implemented to monitor and to report on these activities to various stakeholders. An Accountability Framework is essentially a description of the processes and mechanisms that will be used to report to various stakeholders on the implementation of the Health Plan. It describes, in an ongoing fashion, how resources were allocated, what types of programs and services have been implemented, the activities that were used to deliver these programs, the impacts of these programs on the health and well-being of the community, and the progress being made toward the long range health goals of the health plan. The Accountability Framework builds on the information that was used to develop the Health Plan itself.

The Health Plan (HP) provides a framework for the planning, delivery and evaluation of community health programs. The HP provides details about the community, its health needs, and describes how the community will deliver health services and programs to meet those needs. A Health Plan provides direction for the future, a decision-making framework for how to get there and will assist in the development and delivery of health programs to meet your community needs. The HP also provides a process and framework to help a community establish common health goals, priorities and health strategies to best use available resources. The HP becomes the key document for discussions within the community, and between the community and its health services partners such as the First Nations and Inuit Health Branch at Health Canada. The HP also forms the basis for accountability within the community and with other stakeholders including Health Canada. These process and results components include:

- Setting up a planning and management committee. Result: Management and direction for health planning processes.
- Carrying out an environmental scan /needs assessment for your community. Result: Identification of community health needs, issues, resources and capacities.
- Establishing the goals and objectives for the delivery of community health programs. Result: Community health goals and objectives.
- Designing the services and programs for the community. Result: A comprehensive program of community

health services.

- Planning the allocation of your resources. Result: Allocated human and financial resources.
- Designing the monitoring/reporting and accountability framework. Result: Detailed program reporting and accountability mechanisms.
- Reporting back to the community and to other stakeholders.
- A feedback loop. Result: Ongoing integration of processes and continual improvement in Effectiveness and Efficiency Review and revision of the Health Plan as required.

Canadian HIV/AIDS legal network Evaluation Planning

The Canadian HIV/AIDS Legal Network required an ongoing Monitoring and Evaluation Strategy that would assist with the management of network activities, provide information, and a methodology to evaluate the effectiveness of activities and projects. The Strategy also needed to provide cost effective information collection mechanisms (including statistics, surveys and other mechanisms), ensure integration of existing information sources, and maximise processes and mechanisms for member input while ensuring integration with other related evaluation processes.

The report:

- \$ Developed a logic model and evaluation framework that described key activities, outputs and expected impacts of the Canadian HIV/AIDS Legal Network.
- \$ Identified key indicators for monitoring and evaluating performance on an ongoing basis.
- \$ Developed an ongoing monitoring and evaluation strategy that would assist with the management of Network activities.
- \$ Recommended a methodology and information collection options, to monitor and evaluate the effectiveness of activities and projects.
- \$ Provided pragmatic, cost-effective, information collection mechanisms that are easily implemented.
- \$ Ensured integration of existing information sources.
- \$ Recommended website evaluation options and tools.
- \$ Maximised processes and mechanisms for member input.
- \$ Provided an implementation strategy for the above.

Publications

- Kahan, B., & Goodstadt, M. Understanding the determinants of health: Key decision-makers in Saskatchewan Health Districts and Saskatchewan Health. *Canadian Journal of Public Health*, 1999, November/December, 90, Supplement 1, S47-S52.
- The Interactive Domain Model of Best Practices in Health Promotion: Developing and Implementing a Best Practices Approach to Health Promotion (In press). *Health Promotion Practice*, 1 (1), January, 2001.
- Pilot Testing the Best Practices in Health Promotion Framework: A Report. Toronto: Centre for Health Promotion, University of Toronto.
- Workshopping a Best Practices Approach to Health Promotion. International Union of Health Promotion and Education 1999 Best Practices Conference (Helsinki & Tallinn). Proceedings of Conference.
- An Evaluation of Sheena's Place: A Community-based Support Centre for People with Eating Disorders. Ellingson, L., Gottlieb, B., De Groot, J., Goodstadt, M.S., Young, G., Kerr, A., & Wygant, M.. Sheena's Place, October 24, 2000.
- Developing an Impact Evaluation Framework for the Ontario Health Promotion Resource System." Goodstadt, M.S. & Kahan, B.. Developed for the Ontario Ministry of Health & Long-term Care, June 19, 2000.

The Ontario Tobacco Research Unit

The Ontario Tobacco Research Unit (OTRU) was established by a grant from the Ontario Ministry of Health & Long-Term Care in 1993. Our initial mandate was to undertake a program of research, development and dissemination of knowledge about effective tobacco control programs and policies. As well, we ensured that existing knowledge was critically evaluated, summarised appropriately, and made available in the most useful form. We also played a key role in monitoring the Ontario Tobacco Strategy. We developed and strengthened linkages and working partnerships with persons, groups and agencies interested in and committed to the reduction and elimination of tobacco use.

By 1995, we clarified that our mission was to stimulate the conduct, synthesis and dissemination of research to help reduce tobacco-related problems in Ontario. We conducted a strategic planning exercise in April 2000 to review our mission and mandate and to envision OTRU's direction for the next five years.

OTRU's Mission in the year 2000

We are a network that fosters and conducts research, monitoring, and evaluation - contributing to programs and policies to eliminate tobacco-related health problems in Ontario. Our mandate is to:

- monitor programs and activities conducted under the auspices of the Ontario Tobacco Strategy, and to provide advice and technical expertise on program evaluation;
- analyse and disseminate science based-information for the research and public health communities;
- exercise leadership on the design and conduct of research projects;
- increase Ontario's capacity to conduct research, monitoring and evaluation; and
- strengthen and broaden our provincial, national and international network of researchers, programmers and policymakers.

We believe that to be successful, our work must be collaborative, of the highest academic quality, and based on priorities we establish in concert with Ontario's public health practitioners and policy makers. We believe that we must be accountable to our funders, our institutions, and our partners in the Ontario Tobacco Strategy. We believe that the body of knowledge created by our work must act as a catalyst for the development and implementation of innovative public health policies and practices.

Advisory Board

During the 1999-2000 operational year, the OTRU Advisory Board met three times. After six years of excellent service, most recently as Chair of the Board, Josie d'Avernas, (PTCC) stepped down. Christina Mills, (Cancer Bureau, Health Canada), is the new Chair of the OTRU Advisory Board. David Sweanor (Non-Smokers' Rights Association) stepped down from the Board when his term expired, and Bill Corrigan, (Centre for Addiction and Mental Health) resigned. New Board members include: Michael Perley (Ontario Medical Association), Doug Angus (University of Ottawa), Harvey Skinner (University of Toronto), Lorraine Fry (Non-Smokers' Rights Association), and John Garcia (Ontario Ministry of Health and Long-Term Care). Joanne Bergen, manager of the Ontario Tobacco Strategy became the Ministry's ex-officio representative on our Board, replacing Barbara Bridgehouse. The Advisory Board constituencies were expanded to include one representative from Health Canada and at least one member at large.

The Unit organises research activities around four working groups: Monitoring and Evaluation; Program and Policy Research and Development; Information Analysis and Dissemination; and Communication and Networking.

Monitoring and Evaluation Working Group

The Monitoring and Evaluation group provides monitoring and evaluation advice for the Ontario Tobacco Strategy (OTS). During 1999-2000, the Working Group released the Fifth Annual Monitoring Report and began work on the Sixth Annual Monitoring Report, released October 23, 2000. The Working Group prepared a supplementary report: Smoking Cessation in Ontario 1998-99, which was released in January 2000. The Monitoring and Evaluation Working Group played a major role in the co-ordination of the OTS sole-source and competitive bid provider evaluations.

Program and Policy Research and Development Working Group

The Program and Policy Research and Development Working Group supports development of effective and efficient OTS program and policy initiatives. During 1999-2000, the Working Group expanded the Searchable Compendium of Questionnaire Items for Studies in Smoking, and has begun developing a version compatible with Windows 2000; enhanced the listing of public use data bases; continued its collaboration on the Tobacco Resources Dissemination Service; and held the workshop on Smoking and Pregnancy in June 2000.

OTRU's Principal investigator team was involved in 46 unique projects under 37 research grants, 28 of which were new in 1999-2000. The annual value of these grants totals \$3,076,300. Collectively, the six OTRU Principal Investigators produced 40 articles for peer-reviewed journals. The Program and Policy Research and Development Working Group played a major role in the development and implementation of enhanced surveillance and research under the renewed OTS. OTRU was also involved in the research network developing significant national proposals during 1999-2000. The first proposal, Tobacco Control Policies: A Program of Research will attempt to determine the most effective mix of tobacco control policies on reducing the prevalence and amount of tobacco use and eliminating exposure to environmental tobacco smoke in Canadian jurisdictions. The project will also examine the policy-making process itself to identify factors influencing decision-makers at different stages in the policy cycle.

The second, Development of a Population-Based Strategy for the Treatment of Smokers will enhance Canada's capacity to support science and evidence-based practice in the treatment of smoking from a population perspective. It is also intended to stimulate development of a new generation of public health research concerned with population level interventions to reduce the burden of preventable illness.

Information Analysis and Dissemination (IAD) Working Group

The Information Analysis and Dissemination Working Group oversees the production of regular literature reviews and analyses of ongoing research in priority areas. During 1999-2000, the group published 11 issues of Current Abstracts on Tobacco plus 1 index issue, 2 Special Reports, and 9 Working Papers.

Library Services

During 1999-2000, the OTRU Information Co-ordinator conducted 24 major literature searches for investigators, updated the OTRU archive of over 334 literature searches, and expanded our Resource Centre.

Communications and Networking Working Group

This Working Group is mandated to develop a network of provincial, national and international tobacco researchers, to act as a focal point for provincial tobacco research, and to build communications links with partner organisations and community health systems. OTRU research membership (investigators, consultants and affiliates) increased from 111 to 126.

OTRU-NET

Membership in the OTRU-NET electronic forum increased from 111 to 130 during 1998-99. OTRU-NET is now the primary vehicle for communication among OTRU investigators, associates and other interested participants.

WWW

The OTRU Home Page on the World Wide Web can be found at www.camh.net/otru. During 1999 - 2000 the OTRU web site averaged 82 unique visits and 188 page hits per week, more than double the previous year.

Tobacco Research News

The Principal Investigator team decided to end production of the OTRU newsletter in 1999-2000. The reasons cited were that the newsletter was too labour-intensive, too costly, too ineffective a vehicle for delivering time-sensitive information, and reached too small an audience.

OTRU Administration

During 1999-2000 The OTRU Principal Investigator team met ten times in person or by teleconference. In March of 2000, OTRU conducted a survey of our investigator network to evaluate our progress. Simultaneously, we conducted an internal management effectiveness survey to evaluate how well our internal processes functioned. In April 2000, the PI team held a strategic planning exercise. This exercise yielded a revised mandate and a vision for the period 2000-2005.

For more details regarding the work of OTRU, including publications, visit the web site (www.arf.org/otru) or consult the OTRU Annual Report.

The Quality of Life Research Unit

Research Activities

Improving the Quality of Life of Canadian Seniors

This national project, funded (\$263,000) by the Population Health Fund of Health Canada, is being carried out in eight cities across Canada: Halifax, Quebec City, Montreal, Ottawa, Toronto, Regina, Vancouver and Whitehorse. It is a participatory project that examines the effects of government policy decisions on the lives of seniors. The project began April 1, 1999 and is scheduled to be completed March 31, 2001. The major accomplishments of the Toronto project include:

- co-ordination of the national project: working with an 8-person Seniors Co-ordinating Committee and a 45-member Advisory Committee consisting of seniors' organisations and service providers;
- completion of Part 1 of the Toronto project on seniors family quality of life: gathering information from informed seniors and seniors organisations about the effects of government policy decisions on their quality of life;

- production and distribution of a 262-page report entitled, *A City for All Ages: Fact or Fiction? The Effects of Government Policy Decisions on the Quality of Life of Toronto Seniors*;
- development of a seniors' website; and
- beginning to implement an Action Phase of the project, whereby the findings are disseminated and ways to accomplish the recommendations are put into place

Development and Validation of the Quality of Life Profile for Adults with Physical Disabilities

This is an ongoing project involving researchers from the Unit and undergraduate students. The long form of this instrument for adults with physical disabilities has already been developed and has been validated in the context of a research study. A shorter, more easily administered version of the instrument has also been developed and is currently being validated.

Development of Quality of Life Instrumentation for Children with Disabilities

This preliminary qualitative study is funded by the Cloverleaf Foundation (\$10,000) and The University of Toronto (\$5000). It is focussed on the development of an instrument to assess quality of life for children aged 3 to 12 years, who have developmental delays and disabilities and who may also have physical disabilities. Currently, there exist no standardised instruments tailored for this population. This phase of the Children's Quality of Life Project will begin to develop an instrument that captures the parents' perspectives on their children's quality of life. Later phases of the project will focus on developing two other instruments that capture the perspectives of the children themselves and professionals, respectively. The research team include investigators from several disciplines and three parents who themselves have children with developmental disabilities.

Quality of Life for Children with Long-Term Disabilities: Instrument Development and Validation

Funding for this study from the Hospital for Sick Children Foundation (\$85,000) will begin in March, 2001. It will continue the work of the preliminary study described above and also validate the new instrument in the context of a telephone interview study with parents of children with disabilities, aged 3 to 12 years, as described in above. The new instrument developed and tested will be useful for researchers and practitioners.

Publications

Books, Book Chapters, and Reports

- Raphael, D., Brown, I., & Wheeler, J. (Eds.). (2000). *A City for all Ages - Fact of fiction?: Effects of government policy decisions on Toronto seniors' quality of life*. Toronto, Canada: Centre for Health Promotion, University of Toronto.
- Raphael, D., Phillips, S., Renwick, R., & Sehdev, H. (2000). Government policies as a threat to public health: Findings from two community quality of life studies in Toronto. *Canadian Journal of Public Health*, 91, 181-187.
- Raphael, D., Waalen, J., & Karabanow, A. (2000). Factor analytic properties of the quality of life profile: validation of the nine sub-domain quality of life model. Submitted to *Psychological Reports*.
- Waalen, J., Raphael, D., Karabanow, A., & Haubrich, D. (2000). Assessing the quality of life of gay men in Ontario: psychometric properties of the Quality of Life Profile. Submitted to *Quality of Life Research*.
- Raphael, D., Brown, I., Bryant, T., & Wheeler, J. (2000). How government policy decisions affect seniors' quality of life: Findings from a participatory policy study carried out in Toronto, Canada. Submitted to *Canadian Journal of Public Health*.
- Raphael, D., Bryant, T., & Brown, I. (2000). Opening up the public policy analysis process to the public: participatory policy research and Canadian seniors' quality of life. Submitted to *Canadian Review of Social Policy*.
- Renwick, R., Brown, D., and Raphael, D. (2000). Person centred quality of life: Canadian contributions to an international understanding. In: R. Schalock and K. Keith, (Eds.), *Cross-cultural perspectives on quality of life*. Washington, DC: American Association on Mental Retardation. (No page numbers available yet).
- Renwick, R., Halpen, T., Rudman, D., and Friedland, J. (1999). Description and validation of a measure of received social support specific to HIV. *Psychological Reports*, 4, 663-673.

Proceedings and Abstracts

- Renwick, R., King, S., & Salter-Goldie, R. (2000). Children with HIV: Implications for the field of developmental disabilities, p.1. *Proceedings of the Annual Research Interest Group Research Day of the Ontario Association on Developmental Disabilities*, Richmond Hill, ON.

- Renwick, R. (1999). Quality of life for adults with developmental disabilities: Findings from a large regional study. *Visions for the New Millennium*, pp. 111-112. *Abstracts and Proceedings of the 123rd Annual Meeting of the American Association on Mental Retardation*, New Orleans, Louisiana.
- Renwick, R. (1999). Quality of life for families living with adults who have developmental disabilities. *Visions for the New Millennium*, pp. 14-15. *Abstracts and Proceedings of the 123rd Annual Meeting of the American Association on Mental Retardation*, New Orleans, Louisiana.

Advisory and Other Activities

- Consultation on a research study (1999-2000): Garber, S., White, V., & Davidson, H. (of Texas Woman's University, Houston, TX). *Enhancing quality of life through occupational wellness*.
- Represented the University of Toronto at a forum of invited participants concerning current issues and needs in the developmental disabilities field, sponsored by the Ministry of Community and Social Services, Government of Ontario. (R. Renwick and I. Brown).
- Key contributions (contributing authorship and editing) to an international consensus document on quality of life, *Quality of life: Its conceptualisation, measurement, and application*, sponsored by the International Association for the Scientific Study of Intellectual Disabilities (R. Renwick and I. Brown).
- Participation in *Catalysts for education in developmental disabilities: The national search symposium for educators, practitioners, and community leaders*. Queen's University, November, 2000. (R. Renwick).
- Additions and updates were made to the Quality of Life Research Unit website over the year at www.utoronto.ca/qol
- Numerous materials were distributed in response to national and international requests during the past year. Quality of life materials that have been produced in the Quality of Life Research Unit are available to purchase on our website on a cost-recovery basis.

The Disability Support Unit

Research Activities

Families with sons or daughters with developmental disabilities: An international project

This project is taking place in Toronto, Israel and Australia, and collaborating with a similar project at the University of Kansas. It explores, by collecting both quantitative and qualitative data, factors that enhance and detract from the lives of families who have sons or daughters with developmental disabilities. Collaborating organisations in Canada are Surrey Place Centre, and the Muki Baum Association who provided funding of \$25,000. Key accomplishments include:

- the completion of a first study of 28 families, including data analysis and a paper;
- a 2-day co-sponsored international symposium: the Family Quality of Life Symposium, in Seattle July 30-August 1, 2000;
- presentation of results of the above study at the Family Quality of Life Symposium in Seattle, and at the conference of the International Association for the Scientific Study of Intellectual Disabilities;
- the beginning of a second study of 32 additional families; and
- co-editing of a book to be published in 2001 by the American Association on Mental Retardation.

Evaluation of Youth to Work

Collaborating with the Toronto Association for Community Living, this is a project evaluation of an innovative initiative to provide vocational and volunteer experiences to teens and young adults with developmental disabilities. Outcome measures include the number and quality of vocational experiences, life skill development, and family and community participation. Key accomplishments were: the completion of Phase I of the project evaluation; the presentation of the theoretical framework of the project at the conference of the International Association for the Scientific Study of Intellectual Disabilities in Seattle, August 1-6, 2000; and the beginning of work on a manual for carrying out the project.

Evaluation of ConnectAbility

Another collaboration with the Toronto Association for Community Living, ConnectAbility examines the effects of computers and related electronic equipment in the homes of families who have sons or daughters with disabilities.

Hospital for Sick Children: Evaluation of Emergency Department Use

This project, funded by The Hospital for Sick Children (\$31,500) was begun in February 1999 and completed October 31, 2000. Accomplishments included an analysis of the use of the emergency department from the patient database, completion of interviews with parents of 200 non-urgent patients, analysis of interview data, and the publication of academic papers

Publications

- Brown, I. (1999). Embracing quality of life in times of spending restraint. *Journal of Intellectual and Developmental Disability, 24*(4), 299-308.
- Brown, I., Brown, R., Cummins, R., Felce, D., Matikka, L., Keith, K., Parmenter, T., & Schalock, R. (2000). *Quality of life: Its conceptualization, measurement, and application: A consensus document*. Document for the WHO-IASSID Work Plan. The Special Interest Research Group on Quality of Life, The International Association for the Scientific Study of Intellectual Disabilities.
- Brown, I., & Shaw, B. (2000). Use of a hospital emergency department by young children. *Early Childhood Development and Care, 163*, 1-12.
- Brown, I., & Shaw, B. (1999). Routine child health care in the emergency department. *Canadian Journal of Public Health, 90*(6), 424-425.

Advisory and Other Activities

- Edited issue of *Journal on Developmental Disabilities, 7*(1), (2000) - Focus on sexuality.
- Edited issue of *Exceptionality Education Canada, 9*(2), (1999) - Special theme issue: Inclusion & quality of life
- Member of 3-person Chief Editorial Committee, *Journal on Developmental Disabilities*.
- Executive member, 2nd Annual Scientific Conference, Down Syndrome Association of Canada.
- Co-Chair, Research Special Interest Group, Ontario Association on Developmental Disabilities.
- Board of Directors member, Ontario Association on Developmental Disabilities.
- Co-Co-ordinator, Measurement Committee, Quality Of Life International Consensus Document, Quality Of Life Interest Group, International Association for the Scientific Study of Intellectual Disabilities.
- Advisor, Policies Affecting Families of Children With Disabilities, Beach Center on Families and Disability, University of Kansas.
- Advisor, Toronto Association for Community Living committee on Quality Assurance.

The Health Communication Unit

Summary of Activity

In 1999/2000 THCU continued to support the Ontario health promotion community in the areas of program planning, evaluation, health communication, and policy change. We also provide support on sustainability of issues, behaviour changes, programs and partnerships. Here are some highlights:

- Through our workshops and speaking engagements we trained over 1200 people. Demand for our core workshops in Evaluation, Health Communication and Planning keeps growing and our "Special Topics" and "Making the Case" workshops are also favourites.
- Our network of consultants and staff continued to work with over 800 people to help them do what they wanted, and needed to do. Increasingly our clients are realising the value of the guided process approach in which the consultant works closely with the client over a longer period of time.
- Using our website, the Ontario Health Promotion Email Bulletin (OHPE), and our print newsletter The Update, we continued to let people know about our academic and community resources, tips and tools. The OHPE alone now has an estimated reach of over 5000 people.

- Partnerships and collaboration continued to be important. For example, again we worked with the Program Training and Consultation Centre (PTCC), the Heart Health Resource Centre, the Centre for Health Promotion and U.S. Colleagues to develop new workshops and resources. Partnerships with regional hosts and colleagues helped to reduce location and language barriers.

Publications

Newsletters

- *The Update, Spring 2000*: Special Issue on 2nd Report on the Health of Canadians.
- *The Update, Fall 1999*: Special Issue on the Internet.
- *The Update, Fall 2000*: Risk Communication with supplement on developing risk communication messages.

Sourcebooks (Joint THCU/PTCC publication series)

- Understanding and Using Audience Analysis and Segmentation for Tobacco Control.
- Understanding and Using Fear Appeals for Tobacco Control.
- Understanding and Using Process Evaluation for Tobacco Control.
- Understanding and Using Media Advocacy for Tobacco Control.
- Understanding and Using Mass Media for Tobacco Control.

Other Publications

- Sustainability Workbook and Presentation Materials (inherited from HHRC and updated in accordance with extensive feedback).
- Social Science Variables Infopack.
- Media Relations Toolbox.

Ontario Health Promotion Email (OHPE) Bulletins

- Fear Appeals, Risk Communications, The Use of Social Science Theories.

Schools

- Organised presentations and workbook on Interactive Health Communication for Annual Health Promotion Summer School, June 26-29, 2000.

International Health Promotion Unit

Activities and Research

The International Health Promotion Unit was established in 1998. The purpose of the unit is to bring a co-ordinated approach to the international work of The Centre whilst further developing the international profile. During the past year, the Unit has been actively involved in the following projects, which are based across The Centre in different programs.

Canadian Technology Transfer Project for the Implementation of a Health Promotion Model in Chile

The Centre has continued to work with the Chilean Ministry of Health (MINSAL) to support and strengthen, through the transfer of Canadian expertise, the implementation of the MINSAL's National Health Promotion Plan. The Project, funded by CIDA and PAHO, continues to build and strengthen partnerships in both countries, with government bodies, universities and NGOs. Project activities include: on-site consultations in both countries, compilation of materials, validation projects as well as capacity-building activities.

In 2000, the MINSAL developed three pamphlets on healthy lifestyles (tobacco, healthy living), based on adaptations of Canadian resources. Over 100,000 copies of these pamphlets have been distributed throughout the country and have been used to support local activities and programs. There were also two visits to Chile. During the visit in January, the Project Co-ordinator, Paulina Salamo, took part in the first meeting of the Health Promotion Academic Resource Centres, established as part of the Project. In May, Lavada Pinder, Lowell Levin (Yale

University and WHO Consultant) and the Project Co-ordinator provided training on healthy public policy development and investment in health to the National and Regional Inter-sectoral Health Promotion Councils. During this consultation visit, there were planning meetings with the Ministry of Education, Universities and the National Sports and Recreation Directorate to plan the adaptation of a physical activity program for schools and communities (the Canadian Active Living Challenge - CALC) to the Chilean context.

This past summer 19 Chileans from health, education and sports/recreation sectors came to Canada for a week long training on the CALC and to meet with various government and NGOs. This group took the lead in the development of subsequent trainings in Chile and the development and implementation of pilot projects throughout the country to adapt the CALC to the Chilean context.

Training Course for Primary Care Workers from Chile

Building on last year's experience, the Centre continued to lead the health promotion stream of a six-week training course for primary care workers from throughout Chile. The course, in partnership with the Department of Family and Community Medicine, was delivered in Toronto in the fall. The program also covered primary care and health administration and appeared to have been very successful from the point of view of participants.

Visit to Chile to Explore Other Collaborative Possibilities

Irv Rootman was invited by the Dean of the School of Public Health at the University of Chile to visit in October to explore possible collaborative opportunities and to deliver a keynote address at a public health conference sponsored by the School. As a result of the visit a number of possibilities for collaboration are being considered, including research on quality of life and on tobacco use as well as training. Dr. Rootman also used the occasion of his visit to meet with officials of the ACHS (Chilean Health Insurance Association) and the Ministry of Health to explore possibilities for collaborative work in best practices and workplace health promotion.

Youth for Health, Ukraine-Canada Project (2nd year)

The purpose of this 4-year project, which is sponsored by CIDA and managed by The Canadian Society for International Health, is to contribute to the development of a sustainable national health strategy in Ukraine by assisting in the development and implementation of health promotion policies in support of youth. It involves eight different activities carried out by different partners both in Canada and Ukraine. The activities are:

1. Assist the Ukrainian Ministry for Youth in the development and decentralisation of policy on health promotion.
2. Assist the Ministry of Health in the development and decentralisation of policy on health promotion and youth.
3. Establish and co-ordinate the Ministry of Health Information Centre for Health Promotion and Youth.
4. Establish and co-ordinate a Youth for Health Reform Secretariat Resource Centre.
5. Enhance Kyiv City Government's capacity in the administration and development of health promotion for youth programs through a 30-hour certificate program.
6. Develop life skills Thematic Packages for training trainers.
7. Develop a Health Education Curriculum for integration into Healthy Schools.
8. Assist in the ongoing assessment of the effect of Thematic Packages and the Integrated Health Education Curriculum.

The Centre for Health Promotion has primary responsibility for Activity 5 the development of a curriculum for city administrators. During 1999/2000 activities included:

- a presentation to the Minister of Health of Ukraine about the first year of activities on the occasion of her visit to Ottawa, August 21, 2000;
- participation by Michael Goodstadt in the second delivery of the course for public servants on Youth Health Promotion in Kyiv, November, 1999; and
- co-ordination of a training/curriculum development session with our partners in Toronto February 12 -16, 2000, based on the first draft of nine proposed modules.

Based on this work, our partners in Ukraine were able to successfully deliver the course for a third time to another group of public servants and heads of youth and social services departments in June, 2000.

One outcome of the first pilot run of the course in June 1999 was the proposal that the original participants in this course, Deputy Mayors from the regions of Kyiv in charge of Health, Education, Social Services and Youth, come to Canada to learn more about youth health promotion. The Canadian Society for International Health (CSIH) assisted them in putting a proposal forward to the Canadian Bureau of International Education (CBIE) for this purpose. The proposal was accepted in July 2000. Barbara Ronson (CHP) co-ordinated the educational components and Patricia Maruschak of CBIE organised the other logistics and cultural activities. The study tour took place in Ottawa from September 16-20 and Toronto, September 21-27 and involved a wide number of speakers and contributors including politicians, academics, health administrators, medical doctors, social workers, youth programmers, and public servants.

The major outcome of the work this year was the publication of a textbook on health promotion in Ukrainian, by our partners. This is the core curriculum set out as the major goal of activity #5. Fran Perkins attended the conference held in Kyiv in October 2000 when this and other successes of the project were presented and initial discussions took place on proposed next phases.

Building Capacity in Health Promotion and Healthy Public Policy -- Eastern Caribbean

The Office of Caribbean Program Co-ordination, Pan American Health Organization (CPC/ PAHO) requested our collaboration for this project, the objectives of which are intended to:

- strengthen the capacity of decision makers and health program managers in eastern Caribbean countries to integrate health promotion strategies into national plans; and
- to enhance skills in healthy public policy formulation and analysis.

A curriculum for a four-day workshop was developed which includes a self-explanatory handbook that can be adapted locally. Fran Perkins developed the course in partnership with Barbados in 1999. People trained in the original workshop have replicated it in the region. Ms. Perkins also carried out a four-day follow up workshop in Montserrat in January 2000. The two areas chosen for policy planning were healthy youth, and food access and nutrition, with project groups being established. The next phase for co-operation will take place in late 2000 with a meeting in Barbados that will bring key people together to carry out a needs assessment and prepare a proposal for further collaboration.

International Union for Health Promotion and Education, North American Region (IUHPE/NARO) -- Canadian Satellite Office

In April 2000 the Canadian satellite office of IUHPE/NARO was established at The Centre for Health Promotion, with a grant from Health Canada to IUHPE headquarters in Paris. IUHPE is an association of individuals and organisations concerned with the improvement of health through education, community action and healthy public policy. The organisation 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 first office of the North American Regional Office (IUHPE/NARO) resided in Canada before it moved to Washington, DC. In 1999 NARO made the decision to relocate its offices. The University of North Texas (UNT) in Fort Worth is now the IUHPE/NARO official headquarters in North America with special responsibility for the United States and the Spanish speaking Caribbean. The Centre for Health Promotion became the Satellite Office for Canada and the English and French speaking Caribbean. Activities that cover the whole NARO region are developed collaboratively.

The purpose of the Canadian office is to promote a broader North American participation in IUHPE particularly the NARO region. Fran Perkins is the co-ordinator of the office and Geeta Yadav is the administrative assistant. The initial work has been to establish relationships, carry out a membership recruitment strategy and partake in NARO meetings including the Executive meetings. Irv Rootman as a member of IUHPE board also attends. Other activities have included Fran Perkins attending the IUHPE Board meeting in India in April and representing IUHPE Paris at a meeting of Non-Governmental Organisations in the Americas in Support of the WHO Framework Convention on Tobacco Control in Atlanta Georgia. Geeta Yadav prepared a background research paper on "Peace and Health" which has been used by The Canadian Society for International Health and IUHPE.

Current priority activities include: seeking funding for and promoting the dissemination of "The Evidence of Health Promotion Effectiveness II" from IUHPE/ European Commission; and working in conjunction with UNT [IUHPE/NARO] to promote the development of joint projects that enhance health promotion research and practice, and technical expertise in the North American Region.

World Health Organisation (WHO), Fifth Global Conference on Health Promotion -- Health Promotion, Bridging the Gap, Mexico City

Fran Perkins, Irv Rootman and Paulina Salamo were invited to attend this invitee's only conference. This conference built on four previous WHO health promotion conferences. A wide range of participants attended from over 100 countries. The program had two components -- technical and ministerial. After each keynote session, 15 breakout sessions were held. The three participants from CHP all acted as facilitators of these sessions. Six technical reports are available on the WHO website.

WHO

Irv Rootman worked with a technical editor at WHO-EURO to prepare the final version of the book Evaluation in Health Promotion: Principles and Perspectives for publication. It is expected that it will be published early in 2001. In addition, Michael Goodstadt attended a technical meeting on the Verona project sponsored by the European Office of WHO.

Paulina Salamo and Irv Rootman drafted a proposal for capacity development in the Americas on behalf of the Pan American Health Organisation (PAHO). Dr. Rootman also attended a meeting on Health Literacy sponsored by PAHO.

Finally, Irv Rootman drafted a plan for implementing the Fifth International Conference on Health Promotion recommendation on developing evaluation capacity in health promotion for the global office of WHO.

Special Projects

Activities and Research

Low-Income Consumers' Perspectives on the Determinants of Health Services Use

The Centre for Health Promotion Studies of the University of Alberta and the Centre for Health Promotion are jointly working on this community-based project. The purpose of this project is to understand the factors that influence low-income individuals to seek medical, health, and health-related services in Toronto and Edmonton and to understand the experiences of this group in gaining access to and using these services. The Edmonton and Toronto research teams have maintained regular communication to ensure consistency across sites. A unique aspect of this two-site project is that low-income individuals were recruited and trained to carry out the qualitative interviews.

Recognising the direct relevance of this project to their mandates, four community health centres (CHCs) - Lawrence Heights, Regent Park, South Riverdale, and York - joined the Toronto Research Team. To ensure the utility of the findings, the CHCs identified the criteria for sampling low-income individuals in their own community. In each site, 100 interviews were conducted in Phase 1 of the project. The interviews were analysed and a summary was prepared for each community. In Phase 2, focus groups were conducted with a mix of Phase 1 low-income participants and newly recruited individuals. The findings from Phase 1 were presented in order to seek verification and to elicit additional recommendations. The final phase and object of the project is to initiate the process of change based on the recommendations derived from the individual and focus group data. This will be done through conducting focus groups with members of health-related policy groups, service providers, and advocacy groups.

Team members from both the Toronto and Edmonton sites have also presented key findings at conferences including the Canadian Public Health Conference in Ottawa in October, 2000, and at the University of Toronto Community Health Research Day in February, 2000.

National Crime Prevention Centre, Community Mobilisation Project

In 1998, the federal government launched Phase II of the **National Strategy on Community Safety and Crime Prevention**. Enabling it to broaden its partnerships and assist communities in their efforts to design and implement innovative ways to prevent crime and victimisation. The National Crime Prevention Centre within the Department of Justice is responsible for implementing the National Strategy, in partnership with the Solicitor General of Canada.

The **Community Mobilisation Program (CMP)** is just one of four funding programs under the National Strategy's Safer Communities Initiative. The CMP, managed jointly with each province through the appointment of a Joint Management Committee, aims to support a wide range of community groups in their efforts to develop strategies to prevent crime and victimisation by addressing their root causes. The goals of the CMP are to:

- increase the development of broad, community-based partnerships that can deal with local crime prevention issues;
- increase public awareness of and support for crime prevention;
- increase the capacity of diverse communities to deal with crime and victimisation.

Through a social development approach, the Community Mobilisation Program helps communities address the root causes of crime, and works to alleviate the social and economic problems that can increase the risk of crime. The CMP is intended to complement activities that are already under way within communities and provides support for projects that address "crime prevention through social development". Some of the components that projects share in common include a focus on partnership building, fostering community-based action and leadership, the ability to emphasise both existing strengths and capacities of communities as well as identify needs, and mobilise a range of key players

from a variety of sectors including: housing, social services, public health, education, policing, recreation, and a wide array of community-based agencies, coalitions and networks.

The role of the Centre for Health Promotion

Early this year the Centre for Health Promotion was invited by the National Crime Prevention Centre to act as a regional co-ordinating office for the Community Mobilisation Program (CMP) in the Greater Toronto Area, including Peel, Halton, York Region, Durham and Simcoe County. This role includes conducting outreach to community groups who may have an interest in developing projects that address crime prevention through social development; providing ongoing support to groups in the proposal development process and assisting them in setting goals, objectives and identifying appropriate activities; conducting ongoing support and monitoring of funded projects through site visits and review of final reports and evaluations; and collaborating with the Joint Management Committee to ensure that projects supported under the CMP continue to meet the objectives of the overall program.

This has been a very busy year and many exciting and worthwhile projects have been supported. A series of workshops on proposal development and general information sessions have been held at the Centre, and have been well received by representatives from community-based agencies interested in submitting proposals. To date, approximately 35 projects have been supported in the GTA region in 2000 alone and approximately 20 more have been recommended for funding. Below are just a few exemplary projects that have been supported to date. For more information please visit the National Crime Prevention Centre's website at www.crime-prevention.org and look for the Community Mobilisation Program.

Anti Bullying Program for York Region - Community Alliance for York Education (CAYRE)

This program is designed to create a safer York Region by addressing the issue of bullying in young children with a focus on raising public awareness, providing proactive information and developing tools and resources needed to reduce bullying behaviour. A media campaign and a one-day forum to raise public awareness and build a community alliance network that will increase York Region's capacity to deal with this issue was organised. Resource kits and workshops were developed and delivered throughout the community in order to provide information and tools on how parents, caregivers, educators and others can deal with bullying, model appropriate behaviour and reinforce positive societal values.

Yorkwood's Safe Neighbourhood Project - Doorsteps Neighbourhood Services

This project identified community leaders through intensive outreach in the Yorkwoods/Grandravine Neighbourhood of Jane and Finch, providing training, educational workshops, programs and services and has worked to increase the capacity of an ethno-cultural, multi-lingual community to develop a safe and healthy community and engage residents in community events.

Professional High-Risk Home Visiting Training Project

In March 2000, Invest in Kids Foundation funded the Centre for Health Promotion to lead a team to develop a training manual and institute for professionals who use home visits with high-risk families with children 0-6 years of age. The Faculty of Community Services of Ryerson Polytechnic University (through the Schools of Nursing, Social Work, and Early Childhood Education) and the Hincks-Dellcrest Institute joined as partners.

Project Goals

- To contribute to the development of a highly trained group of professional home visitors who possess the most current and comprehensive knowledge of related research and practice enabling them to meet the needs of high-risk families with 0-6 year old children in the most appropriate and effective way.
- To develop and deliver a training experience for professionals that will raise the level of knowledge and skills of those professionals that visit high-risk families in their homes to the highest level possible in terms of effective strategies, skills and breadth of information.
- To provide an annual opportunity for professionals to increase their understanding of home visiting within the context of programs for families with young children in Ontario.
- To develop a comprehensive training package that can be customised for other provinces using professionals to home visit with high-risk families.

A Steering Committee was formed by the consortium partners and the Integrated Services for Children Division of the Ministries of Health & Long-Term Care and Community & Social Services. This Committee was instrumental in the development of a conceptual framework that guided the development of the manual and institute. Dia Mamatis, of the Centre for Health Promotion, co-ordinated and also contributed to the conceptualisation and development of the training manual. An Advisory Committee was formed and was comprised of an interdisciplinary team

representing critical provincial bodies that guide and set policies affecting service delivery to children and families. A Review Committee consisting of public health nursing managers was also struck in order to ensure that the training guide would be current, meaningful, and helpful to the audience of the first Institute -- public health nurses of the Healthy Babies, Healthy Children Program of Ontario.

Over the spring and summer, several committee members, in addition to other experts in the field, contributed to the writing of the manual, *Guide to Professional Home Visiting: A Strategy for Intervention with High-Risk Families*. Joanne Lacey, of the Centre for Health Promotion, and Dia Mamatis co-ordinated the first 5-day Institute where the Guide was launched.

The great demand for this type of training was reflected in the number of registrants for the first institute that was implemented from October 30 to November 3, 2000. Twenty-four health units from across the province registered 108 public health nurses for this training. We are currently in the process of evaluating the pilot implementation of the Institute and *Guide*. A preliminary look at the data suggests that it was well received and useful.

We look forward to continuing to work with the Invest in Kids Foundation and our Ryerson and Hincks-Dellcrest partners to build on the success of the first Institute and to creating many more high quality, interactive training opportunities for professionals working with high-risk families. The intent is to open the next Institute to a multidisciplinary group of professionals. This will have the dual benefit of ensuring consistency in work with a vulnerable population across disciplines and of promoting well-integrated, interdisciplinary practice.

Publications

- *Low-Income Consumers' Perspectives on Determinants of Health Service Use: Summary of Phase 1 Findings - Toronto Site, October 2000*, by Karen Hayward and Lynn Lavallee.

The Canadian Consortium for Health Promotion Research

Activities and Research

The Centre for Health Promotion serves as the co-ordinating centre for the Canadian Consortium for Health Promotion Research. The webpage is connected to and maintained through the CHP, the Co-ordinator, Suzanne Jackson, is located at the Centre, and Irv Rootman chairs the Consortium. The fourteen centres from across Canada who are members of the Consortium have been in existence for 6 to 15 years and represent a wealth of experience in applying health promotion-related research to policy development and practice.

The Consortium now meets twice a year -- once in the fall and once in the Spring. The period from November 1999 to November 2000 represented the second of three years of funding for the Consortium from Social Sciences and Humanities Research Council and Health Canada. Working groups have been focused on communications (setting up a web page, brochures, and PowerPoint presentations about the Consortium), special topics (poverty and health, health promotion and health reform, inter-sectoral collaboration, workplace health promotion, synthesis of the evidence of the effectiveness of health promotion interventions, and a consolidation of evaluation tools across Canada), as well as a working group on teaching and training in health promotion. Consortium members developed a paper on "Healthy Lifestyle: Strengthening the Effectiveness of Lifestyle Approaches to Improve Health" at the request of Health Canada. The Centre for Health Promotion has been represented on most of these working groups and provided leadership for two of them.

Over the past year, tools for evaluating health promotion were put on the web site, a project to list francophone teaching and training resources in Canada was underway, inventories of poverty and health research and workplace health promotion research by member Centres over the last 10 years were developed, proposals related to community health indicators were formulated, and a proposal to synthesise the evidence of the effectiveness of health promotion interventions was prepared.

The Consortium has also been active in planning symposia and conferences. Linked to the CPHA Conference in Ottawa in October 2000, the Consortium organised symposia on "Teaching Knowledge, Skills and Attitudes about Health Promotion in the New Millennium" and on "Health Promotion Evaluation". Planning is underway for a symposium on inter-sectoral collaboration in 2001, and a health promotion research conference in Victoria, BC in 2002. In addition to these activities, the Consortium has been active in providing health promotion input into the

research directions of the Canadian Population Health Institute and research committees of the Canadian Institutes of Health Research.

Consortium Publications

- Jim Frankish, Glen Moulton and Diane Gray, Guidelines for Health Promotion in Primary Health Care Settings, Institute of Health Promotion Research, UBC, May 29, 2000. On behalf of the Working Group on Health Promotion and Health Reform of the Canadian Consortium for Health Promotion Research.
- Marcia Hills and Michel O'Neill, editors. Special Issue of Health Education, June 2000. (Consortium's Working Group on Health Promotion Training and Education).
- Renee Lyons and Lynn Langille, Healthy Lifestyle: Strengthening the Effectiveness of Lifestyle Approaches to Improve Health, Health Canada, November 2000. On behalf of Atlantic Health Promotion Research Unit and Canadian Consortium for Health Promotion Research.

Reports from the Interest Groups

Cancer Prevention Interest Group

The Centre's Cancer Prevention Interest Group continued to meet regularly during the past year. Among other things, it supported the writing of a book by Sara Rosenthal for the public based on the Report of the Task Force on the Primary Prevention of Cancer. It also supported the development of a module on Environment and Health for the Health Promotion Summer School by Dorothy Goldin-Rosenberg, co-chair of the group. The interest group also stimulated the submission of a letter of intent to the Community Research Alliance Program, administered by the Social Sciences and Humanities Research Council as part of the Canadian Institutes for Health Research. Although it was not one of the ones that was recommended to go on to the full proposal stage, the comments of the reviewers were encouraging enough to support efforts to further develop the ideas for future work.

Healthy University of Toronto Interest Group

The Healthy UofT Interest Group continued to hold regular meetings until the summer of 2000. At that point the group decided to put activities on hold in order to spend time re-evaluating the goals and objectives outlined in the Strategic Plan prepared in 1999. This is currently underway as is a project to prepare a "Healthy University Declaration" for the campus that will be presented to the President, and the Chair of Governing Council.

At the Centre's 9th Annual General Meeting in December of 1999, Irv Rootman presented the Food Issues Action Group of the Ontario Public Interest Research Group with the 1st Annual Healthy University Award. In 1999 the group opened "The Vegetarium Café", a non-profit, student run collective management structure business that uses ethical purchasing policies, and offers food for vegan, halal, and kosher diets. This year, the awards committee decided to present two awards – one for an individual and one for a group. The award will be presented at the 10th Annual General Meeting.

School Health Interest Group

This group was initiated in 1997 by Andy Anderson, of OISE/UT, and Irving Rootman. They knew that the future of our school system required active, thoughtful teamwork by leaders in public health and health promotion as well as education. This group, designed to encourage such leadership, has had a very active third year. Several proposals were developed with input from the group and sent to possible funding partners such as Health Canada. A paper entitled "Partners for Health – Schools, Communities, and Young People Working Together" was produced by a subcommittee of this group in collaboration with Dennis Raphael (Public Health Sciences), Health Canada, CAHPERD, and Canadian Association for School Health. Meetings were held monthly on Wednesday mornings. Meeting had project updates from members including, Fran Perkins, Ilze Kalnins, Barbara Ronson, Andy Anderson, Shawn Chirrey & Oonah Maley, Paul Steinhauer, Bruce Ferguson, Michael Cusimano, Andrea Stevens-Lavigne, Ruth Stirtzinger, and Gail McVey, on a range of topics from online resources for teens, to childhood mental health, and school curriculum projects.

We mourned the loss on May 27th of Dr. Paul Steinhauer who had been an active participant this past year while he was a scholar in residence at the Centre for Health Promotion. His energy and contribution had been immeasurable. Many of us, I know, have felt called to pick up the torch for the sake of all our children.

Education & Information

Conferences, Seminars & Panels

- **Job Satisfaction and Upper Extremity Musculoskeletal Disorders**, March 9, 2000, Centre for Health Promotion. Seminar by Johnathan Smith.
-

Schools

- **Annual Health Promotion Summer School**. June 26 - June 29, 2000, Toronto, ON.
 - **Professional High Risk Home Visiting Training Institute**. October 30 - November 3, 2000, Toronto, ON.
-

Other Publications

Chapters in Books

- *Rootman, I.* and Hancock, T., "Canada", In C.E. Koop, C. Pearson and M.R. Schwartz, Global Health in the 21st Century, New York: Jossey-Bass, 2000.

Papers in Refereed Journals

- O'Neill, M., Pederson, A. and *Rootman, I.*, "Health Promotion in Canada: Declining or Transforming?", *Health Promotion International*, 15:2, pp. 135-141, 2000 (reprinted in French with permission in *Ruptures*, 7:1, pp.20-31, 2000).

Reports

- Sahay, T., Ashbury, F. and *Rootman, I.*, "Lessons from Nutrition and Cancer: A Review of the Intervention Literature", Toronto: Cancer Care Ontario, April 18, 2000.

Articles

- *Rootman, I.*, "Health Promotion and SECEM", Healthstyle, Toronto: Society for the Aid of Ceylon Minorities, August 2000, pp. 15-16.
- *Rootman, I.*, "Editorial", *Health Promotion in Canada*, Vol. 36:1, 2000, p.4.

Newsletters

- **Information Update**, Winter 2000. Centre for Health Promotion.
- **Information Update**, Spring/Summer 2000. Centre for Health Promotion.

Appendices

A - Those Who Make it Happen...

Partners

Canadian Public Health Association
Centre for Addiction & Mental Health
Ontario Prevention Clearinghouse

Staff

Ayesha Alli	Office Administrator, The Health Communication Unit
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Roberta Ferrence	Director, Ontario Tobacco Research Unit
Noelle Gadon*	Office Administrator, The Health Communication Unit
Michael Goodstadt	Director, Best Practices & Evaluation Unit
Karen Hayward	Co-ordinator, Low Income & Health Services Project
Larry Hershfield	Manager, Health Communication Unit
Brian Hyndman	Consultant, Health Communication Unit
Suzanne Jackson	Co-ordinator, Canadian Consortium for Health Promotion Research
Barbara Kahan	Consultant, Best Practices Project
Linda Kremer*	Co-ordinator, 2000 Health Promotion Summer School
Lynn Lavallee*	Research Assistant, Low Income & Health Care Project
Barry MacDonald	Business Officer
Dia Mamatis	Co-ordinator, Low Income & Health Care Project, & Curriculum Development Co-ordinator, High Risk Home Visiting Training
Mel Martin	Program Manager, Ontario Tobacco Research Unit
Ted Meyerscough*	Research Assistant, Quality of Life Project
Shawn O'Connor	Research Officer, Ontario Tobacco Research Unit
Katherine Osterlund	Research Officer, Ontario Tobacco Research Unit
Fran Perkins	Director, International Projects Unit
Marilyn Pope*	Research Associate, Ontario Tobacco Research Unit
Dennis Raphael	Co-Director, Quality of Life Research Unit
Rebecca Renwick	Co-Director, Quality of Life Research Unit
Barbara Ronson	Co-ordinator, Youth for Health Project, & Co-ordinator, NCPC Community Mobilisation Project
Irving Rootman	Director
Paulina Salamo	Co-ordinator, Health Promotion in Chile Project
Colleen Stanton*	Co-ordinator, 2000 Health Promotion Summer School
Kim Swartz	Co-ordinator, NCPC Community Mobilisation Project
Lorraine Syrett	Office Assistant, The Health Communication Unit
Joanne Taylor Lacey	Information Officer
Lorraine Telford*	Consultant, Health Communication Unit
Jodi Thesenvitz	Consultant, Health Communication Unit
Dianne van Abbe	Information Co-ordinator, Ontario Tobacco Research Unit
Reg Warren	Consultant, Best Practices & Evaluation Unit
Saman Wickramasinghe*	Research Assistant, Low Income & Health Care Project
Richard Wilson	Consultant, Best Practices & Evaluation Unit
Geeta Yadav	Office Assistant, IUHPE-NARO Canadian Satellite Office

* No longer staff of the Centre

Affiliated Units (& Contact Person)

Centennial College, Wellness & Lifestyle Program (Coreen Flemming)

Centre for Addiction & Mental Health, Workplace Program (Martin Shain)
 Envirosesic (Bruce Small)
 Health Promotion & Program Branch, Ontario Office, Health Canada (Pegeen Walsh)
 Homewood Behavioural Health Corp.
 Centre for Health Information & Promotion, Hospital for Sick Children (Joanne Ebenoff)
 Innis College Environmental Studies Program (Beth Savan)
 Nortel Networks (Anda Bruinsma)
 Ontario Ministry of Health & Long-Term Care, Public Health and Community and Health Promotion Branch (Jerome Conway)
 Ontario Prevention Clearinghouse (Peggy Shcultz)
 ParticipACTION (Christa Costas-Broadstreet/Russ Kisby)
 Self-Help Resource Centre of Greater Toronto (Lynda MacInnes)
 Smaller World Communications (Braz King)
 (Bruce Small)
 The Toronto Hospital, Women's Health Program (Donna Stewart)
 Toronto District Health Council (Lynne Lawrie)
 Toronto Healthy City Office (Lisa Salsberg)
 Toronto Public Health
 Regional Women's Health Centre, Sunnybrook & Women's College Health Sciences Centre
 (Jan Silverman)
 YMCA of Greater Toronto (Laura Palmer-Korn)

Advisory Board

Peter Elson	Ontario Public Health Association
Denise Gastaldo	Faculty of Nursing, UofT
John Hastings	Canadian Public Health Association
Bryan Hayday	OPC
Ilze Kalnins	Public Health Sciences, UofT
Russ Kisby	ParticipACTION
Jack Shapiro	Community
Wes Shera	Faculty of Social Work, UofT
Harvey Skinner	Chair, Public Health Sciences, UofT
Lorne Tepperman*	Faculty of Arts & Science (Sociology), UofT

* for Bonnie Erickson (Sociology) who is currently on leave.

Community Advisory Committee

Neville Chenoy	Amy Thompson
Eva McPhail	Sue Wong
Joyce Scott	Hideko Yamashita
Myrna Slater	

Members

Tom Abernathy	Health Planning Network
Mary Jane Ashley	Public Health Sciences, UofT
Steve Brown	Health Behaviour Research Group, University of Waterloo
Nancy Craig	Community
Suzanne Jackson	Canadian Consortium for Health Promotion Research
Ian Johnson	Public Health Sciences, UofT
Barbara Kahan	Community
Russ Kisby	ParticipACTION
Elizabeth Lindsay	Glaxo-Wellcome
Luba Magdenko	Canadian Diabetes Association
Dennis Raphael	Public Health Sciences, UofT
Rebecca Renwick	Rehabilitation Medicine, UofT
Lisa Salsberg	Toronto Healthy City Office
Peggy Schultz	Ontario Prevention Clearinghouse
Martin Shain	Workplace Program, Centre for Addiction & Mental Health
Malak Sidky	Community
Bruce Small	Envirosesic
Helen Suurvali	Centre for Addiction & Mental Health

Associates

Ken Allison	Public Health Sciences, UofT
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Fred Ashbury	Piceps Consultants
Poonam Bala	Community
Lee Bartel	Faculty of Music, UofT
Sheela Basrur	Toronto Public Health
Will Boyce	Rehabilitation Therapy, Queen's University
David Butler-Jones	Saskatchewan Health
Neville Chenoy	Community
Mary Chipman	Public Health Sciences, UofT
Bernard Choi	Health Canada
Cordia Chu	Griffith University, Australia
Robert Coombs	Community
Angela Colantonio	Occupational Therapy, UofT
Sue Corlett	Community
Doug Cowan	Health Systems Group
Adele Csimá	Public Health Sciences, UofT
Barbara Davis	Nutritional Sciences, UofT
Evelyne de Leeuw	Rijksuniversiteit Limburg, The Netherlands
Karin Domnick	Nutritional Sciences, UofT
Jenny Douglas	University of Birmingham, England
Joey Edwardh	Halton Social Planning Council
Marilyn Entwistle	Community
Gail Eyssen	Public Health Sciences, UofT
Hector Fernandez	Community
Roberta Ferrence	Ontario Tobacco Research Unit
Randi Fine	Community
John Frank	Visiting Professor, School of Public Health, UC Berkeley
Judith Friedland	Rehabilitation Medicine, UofT
Sharon Friefeld	Rehabilitation Medicine, UofT
Frances Gabriel	University of Luton, England
Judy Globerman	Faculty of Social Work/Status of Women Office, UofT
Vivek Goel	Public Health Sciences, UofT
Dorothy Goldin-Rosenberg	Community
Michael Goodstadt	Centre for Health Promotion
Myrna Gough	Ontario Ministry of Health
Doris Grinspun	Registered Nurses Association of Ontario
Trevor Hancock	Community
Corinne Hart	Faculty of Nursing, UofT
John Hastings	Community
Linda Hebel	Thames Valley District Health Council
Larry Hershfield	The Health Communication Unit
Chantal Hilaire	Community
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Ilze Kalnins	Public Health Sciences, UofT
Eva Klein	Community
Linda Kremer	Community
Karmela Krleza-Jeric	Community
Hans Kunov	Biomedical Engineering, UofT
Maria Lee	Toronto Public Health
Heather MacLean	Centre for Research & Women's Health, WCH
Robin Mason	Community
Ted Mavor	Grand River Hospital
Don McCreary	Psychology, Brock University
Diana Moeser	Urban Health Associates
Heather Munroe-Blum	Research & International Relations, UofT
Linda Muzzin	OISE/UT
Ted Myers	Public Health Sciences, UofT
Mark Nagler	Community
Don Nutbeam	University of Sydney, Australia
Michel O'Neill	École des Science infirmières, Université Laval
Laura Palmer Korn	YMCA of Greater Toronto
Linda Pedersen	Centres for Disease Control & Prevention, USA
Niva Piran	OISE/UT

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Barbara Ronson	Centre for Health Promotion
Robin Room	Centre for Addiction & Mental Health
Sara Rosenthal	Community
Paulina Salamo	Centre for Health Promotion
Mark Sarner	Manifest Communications
Beth Savan	Innis College, UofT
Claire Scrivens	Community
Bob Shantz	Campus Chaplains' Association, UofT
Gail Siler	Community
Jan Silverman	Women's College Hospital
Kristina Sisson	Circle of Change
Harvey Skinner	Public Health Sciences
Trevor Smith	University of Waterloo
Lydia Stewart Ferreira	Community
Yves Talbot	Family & Community Medicine, UofT
Pegeen Walsh	Health Canada
Barry Wellman	Centre for Urban & Community Studies, UofT
Lillian Wells	Faculty of Social Work, UofT
Elinor Wilson	Heart & Stroke Foundation
Linda Wilson-Pauwels	Biomedical Communications, UofT
Christine Zaza	Community

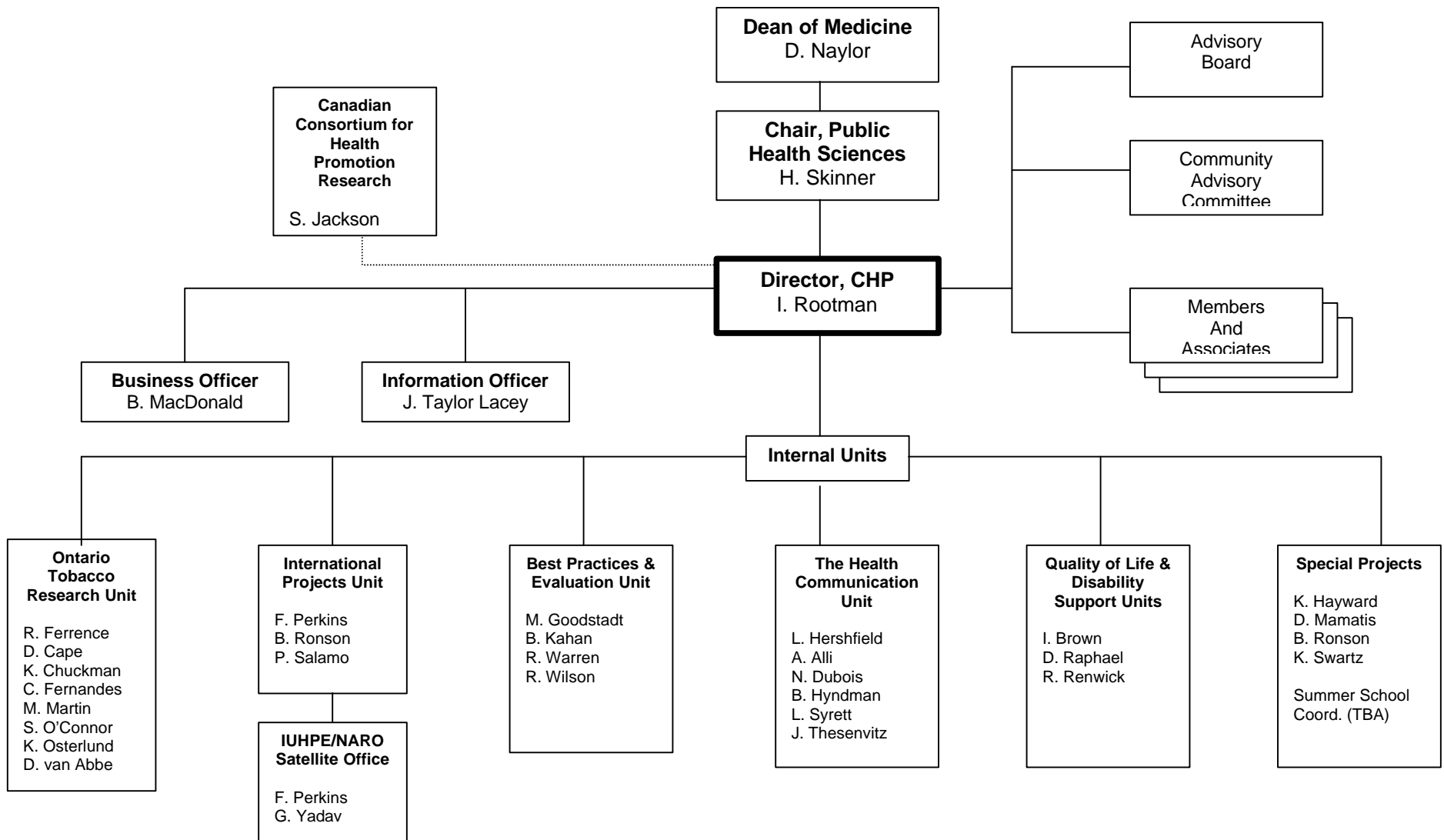
B - Funding 1999/2000

PROJECT TITLE	FUNDING SOURCE	GRANT PERIOD	CURRENT AMOUNT
ONTARIO TOBACCO RESEARCH UNIT (OTRU)	Ontario MOH<C	07/00-06/05	*\$400,000.00
HEALTH COMMUNICATION UNIT (HCU)	Ontario MOH<C	04/00-03/01	*\$415,000.00
Effectiveness of Health Promotion (CHP Best Practices)	Health Canada	04/00-03/01	\$60,000.00
Medical Services Branch Resource Package (CHP)	Health Canada	01/00--3/01	\$88,500.00
Ontario Tobacco Strategy (OTRU)	Ontario MOH<C	10/99-06/01	\$1,009,024.00
Health Communication Unit Website	Ontario MOH<C	11/99-09/00	\$100,000.00
National Think Tank (CHP)	Health Canada	11/99-12/00	\$320,000.00
Summer School Aboriginal Component	Ontario MOH<C	04/00-03/01	\$11,670.00
Summer School	Ontario MOH<C & Health Canada	04/99-03/00	\$85,600.00
Ukraine Canada Project Youth for Health	Canadian Society for International Health	07/98-02/02	*\$20,000.00
Canadian Consortium for Health Promotion Research	S.S.H.R.C. Health Canada	09/98-03/01	*\$50,000.00
Ontario Smoking Cessation Implementation	Boehringer Canada	11/99-10/01	\$105,000.00
High Risk Home Visiting Training	Invest in Kids Foundation	03/00**	\$125,000.00
National Crime Prevention - Community Mobilisation	Department of Justice	03/00-01/01	\$50,000.00
Poverty and Health Care Services Use	Cdn. Hlth Serv Res. Fdn. Alberta Heritage Fdn. for Medical Research	04/00-03/01	\$20,000.00
Seniors Quality of Life	Health Canada	04/99-03/01	*\$101,217.00
Chilean Technology Transfer	C.I.D.A.	12/98-06/01	*\$265,471.00
TOTALS			\$3,226,482.00

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

** End-date to be determined by the schedule of the training institutes (ongoing).

C - Centre for Health Promotion Organisational Chart – November 2000



D - How To Reach Us

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International Health Promotion Unit

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