Images of Hope

by Dr. Ronna Jevne

We think in pictures.

There is evidence that we thought in images long before we had language. Now we also use words to share these mental pictures. Our present language reflects our use of mental image. For example, when we speak of hope we might say, "There was light at the end of the tunnel" or "Her face lit up with the possibility or "It was a sight to behold." The picture the words create allows us to identify with a particular experience.

Visual images are important to our ability to change and grow. The writer points out in Phototherapy Techniques we speak of a change of outlook, a point of view, getting the picture, flashes of insight, bringing things into focus, having a blind spot, having a self-image. Almost everyone has a camera and most people are comfortable with the "technology" of film and cameras. This creates an opportunity for using photographs to explore our understanding of the world and ourselves. Photography can also be helpful as we provide care to, or work with, people dealing with challenges in their lives.

All photographs tell some kind of story.

Those who work in counseling situations will have noticed the importance of image as people talk. Using words, people share images which help us understand their story. The verbal images are like snap shots of their lives; powerful moments that explain something that words could not. Paul Tillich, a theologian, and Carl Jung, a psychoanalyst, suggest that part of the human condition is unexplainable. There are phenomena in the realm of the "partially understood and partially hidden". Sometimes a picture really is worth a thousand words in exploring these parts of us, which involve such fundamental human qualities as hope and fear, love, anger and sense of meaning.

Photography can be therapeutic.

If you are a parent or grandparent, you probably carry a few photos in your wallet. If you have a favourite place, it may be hanging on your wall as well as locked in your memory. Although the use of photography in the field of mental health dates back to 1885, it was not until the late 1970's that phototherapy began to truly emerge.

Phototherapy is the use of photographic images to create positive thoughts, feelings or even behaviours. Photographs have the "ability to immediately trigger memories" according to D. Kraus in "Photography and Mental Health". Seeing a picture of something that brings back good memories and or gives us something to look forward to is a step toward healing. By reviewing the family album, we often begin to see our relationship to our family, painful or wholesome as it might be.

Photography is ideally suited for the study of "intangibles". J. And M. Collier suggest in their book Visual Anthropology Photography as a Research Method that photographs can be communication bridges between strangers and become pathways into unfamiliar territory.

"Photographs are footprints of our minds, mirrors of our lives, reflections from our hearts, frozen memories we can hold in silent stillness in our hands - forever if we wish."

- J. Wiener

...continued on page 5
WHO TURNED OFF THE LIGHTS?

by Cynthia Lowe, Director

There is no fury to the future. No paved highway from here to tomorrow. There is only wilderness. Only uncertain terrain. There are no roadmaps. No signals. So pioneering leaders rely upon a compass and a dream.

—James Surowiecki and Barry Popkin, The Leadership Challenge

This quote outlines very well the environment of change and uncertainty we are immersed in. In order to adapt to change, both individuals and organizations need specific skills and support. An excellent opportunity for the development of these skills is through the sharing of experiences and learning from the successes and failures of others.

In the past, conferences and other educational opportunities provided the environment for the necessary transmission of information and the development of networks to ensure that this happened. However, at a time when these supportive learning environments are needed more than ever, many conferences are financially out of reach or have been cancelled due to poor registration. Why is this?

In the last Wellness I wrote about partnerships and how decreased funds have dictated a new style of doing business in the health promotion area. Collaboration is the wave of the future for public, private and not-for-profit organizations in all sectors. More and more of our time is being spent developing and fostering partnerships and we are being forced to learn as we go. At the same time, financial constraints have forced us to cut ‘expediente’ budget items such as professional development and training, one of the few opportunities for staff and volunteers to learn the new skills required for the challenges of the 90’s.

I was recently asked to write a letter expressing our concern cost of a recent conference to be held in Alberta. It was clear that those who wanted and needed to attend the conference would not be able to afford it. Someone remarked to me that it would be cheaper to attend a conference in California, even considering travel, accommodation and the exchange rate! At the same time, one conference was a partner in was cancelled due to a lack of registration. Another conference hosted by the Centre unexpectedly attracted a broad range of wellbeing practitioners. We were very excited that this impromptu one day event intended for an audience of wellbeing active living leaders, also attracted a variety of health promotion professionals from public health, environmental health, community members and a wide variety of private sector consultants.

I have heard more than one person remark that the changes we are experiencing are like turning off the lights — we have to struggle in the dark to find the old players, learn who the new players are, learn to make the connections and experiment with new ways of doing business.

Our community needs diverse and affordable educational offerings to be able to creatively and effectively adapt to this rapidly changing health promotion environment.

Let’s do something about it.

Cynthia Lowe
Director, Alberta Centre for Well-Being
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From the Resource Centre

by Tracy Chalmers, Network Resource Centre Coordinator, ACFW

Recent Acquisitions
Wellness Activities for Youth; Volumes 1 and 2
(By Sandy Queen, 1994. Published by the Who Pays? Movement. Available at the ACFW)

A book which works with youth who can make use of this fantastic two volume set of activities, designed for middle elementary grades through high school. Dynamic lecturers, humorists, and educator Sandy Queen focuses on all major areas of wellness including physical, mental, emotional, values clarification, substance misuse and abuse, communication skills and peer pressure.

Outlined in an easy-to-use format, the activities have been tested with real kids and have been found to be successful in creating a positive, caring and supportive environment for youth to learn about themselves and others. Volume 1 covers developing a wellness lifestyle, preparing for life changes, building social relationships, and making wise decisions. Volume 2 includes learning to cope with stress, defining personal values, improving self-concepts, and developing wellness skills.

On the Move: Increasing Participation of Girls and Women in Physical Activity and Sport

This is a handbook intended for recreation practitioners interested in making an initiative to organize sports activities for non-athletic girls in their community. It is based on a series of pilot projects which were designed to encourage non-acute teenage girls to participate in a fun-filled, supportive, low skill level, team recreational activity. A step-by-step guide to the process of implementing the program, the text covers such aspects as community involvement, staffing and in-service promotion, and evaluation. It also includes examples of successful programs operating in B.C. and Ontario, and a corresponding list of contacts for readers who want to network with other program leaders.

The Health of Canadians: Children: A CIHI Profile
(2nd ed., 1994. Available from the Canadian Institute of Child Health in Ottawa, phone (613) 254-1144)

Published by the Canadian Institute of Child Health, this report is an update of the 1989 edition. It was produced following consultation with numerous experts across Canada and includes a two-volume statistical profile. Information is clearly presented in chart and graph format within the following sub-headings: Growing up in Canada - demographics; Pregnancy, Birth; Infancy; Preschool; School age; Youth; Poverty; Aboriginal children; and Children and Youth with disabilities. Each section includes a discussion of goals and strategies "intended to provide further direction for government, non-governmental organizations and families."

Why Are Some People Healthy and Others Not?: The Determinants of Health of Populations
(Edited by Robert G. Evans, Morris L. Barre, and Theodore R. Marwitz 1994. Sponsored by the CIHR)

This program is part of the federal Tobacco Demand Reduction Strategy (TDRS), the three year anti-smoking campaign introduced last year. The strategy, which is funded by a health promotion tax on tobacco manufacturing profits, runs until March 31, 1997. CAIF funds are available to organizations with good ideas who take the initiative and work towards healthier, more smoke-free communities. Cities, towns, groups of interested citizens, local and provincial agencies with community boards, or coalitions of organizations are all eligible to participate in this program. It is not necessary that groups be registered as a charitable organization, but organizations must be non-profit and must demonstrate that the project will be financially sufficient by the end of the Community Action Initiative Period. Priority will be given to projects that focus on and involve high risk and difficult-to-reach groups. These categories include: children, youth and young adults, young women, pregnant women, Aboriginal people not being on reserve, the unemployed, people with low literacy levels, persons with disabilities and individuals from other cultures. For more information, a newly funded CAIF Project includes the Alberta Tobacco Control Inventory and a Rural Needs Assessment. The Inventory has been compiled by an Action on Smoking and Health (ASH) in partnership with the Alberta Lung Association and the Alberta Centre for Wellness. It provides a complete, up-to-date listing of resources that are already available in the province. The Needs Assessment is being conducted by the Alberta Cancer Board and will include a survey of rural communities to determine what is available and resources, consultations of smoking prevention and training programs are needed to help smokers quit and prevent others from starting. This initiative grew out of the realization that their are very few smoking rate in rural Alberta is higher than for urban centres, and that there are fewer rural resources available to counteract this trend. Project partners with the Cancer Board include the Alberta Centre for Wellness and the Alberta North-West Territories Division of the Canadian Cancer Society. If your organization has a project idea you would like to discuss or would like more information on the CAIF and how to apply for funding, please contact: Marnicott Howlet, Program Consultant Health Promotion and Social Development, Health Canada Suite 815 Canada Place, 9700 Jasper Avenue Edmonton, AB T5J 4C3 Phone (403) 495-5112 Fax (403) 495-5557

Almost half a million cigarettes.

That's how many a pack-a-day smoker consumes over a period of 60 years. And these cigarettes take their toll, including the fact that 3,000 Albertans die every year from tobacco-related diseases. How can more smokers be encouraged to kick the nicotine habit? How do you keep young people from starting to smoke? What would you ask if you were tasked with the job of increasing the health and well-being of children across the province? How can they be persuaded to stop?

The federal government is looking for answers to these questions. Health Canada is encouraging people to become involved in issues through their Community Action Initiatives Program (CAIP). This program is part of the federal Tobacco Demand Reduction Strategy (TDRS), the three-year anti-smoking campaign introduced last year. The strategy, which is funded by a health promotion tax on tobacco manufacturing profits, runs until March 31, 1997. CAIP funds are available to organizations with good ideas who take the initiative and work towards healthier, more smoke-free communities. Cities, towns, groups of interested citizens, local and provincial agencies with community boards, or coalitions of organizations are all eligible to participate in this program.

In this issue of the Resource Centre, we are pleased to announce some new acquisitions and highlight a few upcoming events. We encourage you to take advantage of these resources and to participate in the various initiatives available to you. Whether you are a health professional, educator, or simply someone who is interested in promoting healthy lifestyles, there is something for everyone.

Looking for information on tobacco? Call the National Clearinghouse on Tobacco and Health toll-free number 1-800-267-6234.
Physical activity is a cost-effective strategy to improve public health in Canada. To build the case, the Canadian Fitness and Lifestyle Research Institute combined research data from Canadian surveys with findings from the economic literature. This analysis may prove useful to policy makers and program deliverers, who often need this type of information to justify important decisions in the face of ever-tightening budgets.

A Top Prevention Strategy

There are four recognized primary, modifiable risk factors of coronary heart disease: high blood pressure, high blood cholesterol, cigarette smoking, and physical inactivity. Of the four risk factors, sedentary living is the most prevalent one for coronary heart disease in Canada. As shown in the following figure, 40% of Canadians are not active regularly (1988 Campbell Survey). Comparatively, 26% smoke cigarettes regularly (1991 General Social Survey), 11% have high blood pressure (1988 Campbell Survey), and about 10% may have high blood cholesterol (1991 General Social Survey).

In addition to prevalence, the risk of disease must be taken into account to determine the overall impact of a given risk factor on public health. The following table shows that the relative risk associated with low physical fitness levels exceeds the risk associated with the other factors. Together, the high prevalence and the relative risk of physical inactivity contribute to a greater impact on public health than can be seen with smoking or elevated cholesterol levels.

**Convinving Economics**

Substantial evidence also suggests that physical activity can increase average life expectancy by as much as two years (Paffenbarger et al. 1986). The added years of life are not likely to result in costly procedures to treat chronic diseases, since physical activity reduces the risk of disease and, in many cases, assists in its control and rehabilitation.

Hatzianestis et al. (1988) have found physical activity to be cost effective for ischemic heart disease as long as the cost of people's time spent exercising was not included, along with direct costs of equipment. This is an inappropriate assumption for governments, who do not compensate citizens for such time.

Kearl et al. (1989) calculated discounted lifetime costs of physical activity, such as medical care and sick leave, and included lost revenues, such as taxes on earnings. They found that increasing physical activity could save an average of $2,570 ($9,000 1983) per person.

They also found that being active saves almost twice as much per person as being a non-smoker. In Canada, there are about 1.7 times as many inactive people as there are smokers. Despite the differences in health care expenditures between Canada and the U.S., Kearl et al.'s study can be used to provide a crude indication of potential cost savings. These are impressive. Lifetime estimates of costs avoided could amount to $24.5 billion for much less effort.

**Reading Levels of Patient Education Materials and Populations Not the Same**

A study of parents who brought children to the Louisiana State University Medical Centre Clinic, Shreveport, compared the reading level of pediatric patient education materials to the reading ability of the parents. The research found that the average reading level of the parents was at the eighth grade level, while the reading level of the materials was on average, at the ninth grade level (with some materials read at the 15th grade reading level).

Although 95% of the parents in the study had reached school levels higher than one third were able to read at that level. The study's authors report that the results indicate that self-reports of educational level should not be relied on for analysing reading ability.

The researchers claim that most health-related materials are written at a level that cannot be understood by the intended audience. While these results are not definitive — the population was predominately poor indigent patients receiving free care or whose care was paid for by Medicaid — it definitely indicates a need for further examination of the issue.

Specifically, the research found that of 129 materials studied:
- only 19% of all materials analysed were written at less than the ninth grade level, and only 2% of all materials analysed were written at a level below seventh grade.
- Reading indices are used to analyse materials for the level of education a reader would need to comprehend them. Convenience of sentence structure is combined with length of words used to reach an estimate of the reading level. Health promotion agencies that wish to analyze materials for readability can refer to the resources listed below, and others may be available with additional inquiry.

**Safe Playgrounds**

Now that spring has finally arrived, it is time to ensure that play spaces are in shape for the coming season. School and community groups will find *Removing Playground Hazards for our Children!* Safe useful when planning renovations to unsafe playgrounds or constructing new, safe playgrounds. The kit will help your team identify and avoid hazardous playground equipment and provide ideas about gathering resources — people, materials and money. The challenge for all of us is to provide exciting play spaces for children with safety in mind.

The kit was developed jointly by the Alberta Medical Association, Alberta SAFEKIDS Campaign, Alberta Community Development, PlayWorks Inc., Sport Medicine Council of Alberta and Sturgeon Health Unit. It was published by the Rotary Club of St. Albert as a community service.

To order, send a cheque for $10 to:
Rotary Club of St. Albert, Box 132, St. Albert, Alberta T8N 1N2

On the basis of Kearl et al.'s calculations, a total of $4.4 billion in health care costs have been avoided in Canada as a result of this successful increase in the rate of physical activity. The avoided costs represent dollars that will not have to be spent from the public purse over the lifetime of these Canadians. Schools and money are expected to be spent in other activities essential to the growth of our economy. A potential calculation shows that 40% of Canadians, who are currently inactive. Clearly efforts to encourage more of them to become active are worthwhile, both for their health and economic perspective.

This information has been extracted from a report submitted to the Fitness and Lifestyle Research Institute in November 1994. The 30-page report, entitled Data Analysis of Fitness and Performance Capacity, is available from the Institute for $20 (including GST and postage and handling charge) or from the Fitness and Lifestyle Research Institute.
Non-Stressed Non-Profits

by Billie Thurston and Heather Jo Blundell-Gosselin

In 1992, Work and Well-Being: A Collaborative Calgary Community Services was established. The goal of this program was to bring workplace health to a unique group of small workplaces: the health and human service agencies of Calgary.

The impetus for this project came out of a recommendation made by the Calgary Work and Well Being Task Force. The full report, which was written in 1990, identified priorities for program funding and support. In Calgary, small workplaces have difficulty implementing workplace health programs because they do not have the resources to support such programs.

During the development of Work and Well-Being, it was recognized that staff of community agencies could not be expected to elude health promotion programs. If their own health was not improved, it would be difficult to provide health programs to their clients. In addition, it was recognized that in general, small agencies have difficulty implementing workplace health programs because they do not have the resources to support such programs.

In order to identify what the workplace issues were, a workplace needs assessment was carried out with volunteer agencies in the Calgary area. The results of this needs assessment indicated the major problem amongst workers in these agencies was stress. At the survey, multiple government cuts in funding to service agencies occurred, thus reducing workplace stress factors. As a result, the Work and Well-Being Project identified stress management as a priority issue.

Because in most cases the source of stress was organizational rather than individual, it was decided that the programs developed should address stress and be for organizational change rather than emphasize cross-cultural coping strategies.

In March of 1994, funding as obtained from Health Promotion Canada and the Health Promotion Foundation to develop a program called "Non-Stressed Non-Profits!" The program which is currently being piloted in six Calgary agencies includes the following:

1. A two-day seminar, Introduction to Workplace Wellness in which participants learn about the principles of stress reduction and organizational change.
2. A full day (5-hour) workshop, Workplace Wellness Through Organizational Change that focuses on those organizational issues interested in going further, where agency-specific strategies and plans are developed.
3. A follow-up mechanism where a consultant works with a cluster of organizations over a six-month period to help them monitor their progress and to facilitate communications and problem solving between members of the cluster.
4. This has led to the development of a kit which includes:
   a. a participant's workbook
   b. an educator's guide covering all three phases, which includes exercises to facilitate ease of implementation in other organizations and communities
   c. assessment tools to get participant feedback

This research project has been well received, with five organizations involved in the final pilot group sessions. While things have progressed well, several issues have slowed the process:

1. Issues such as lack of time to effect change in the organizational structure of the process by management, and other parallel organizational changes taking precedence (i.e. restructuring), have required greater assistance and direction from the facilitator.
2. The next step is to complete the pilot and pursue research funds to organize further sessions which will include a systematic evaluation of process and outcomes.
3. The Work and Well-Being Project was co-sponsored by the Southern Occupational Health Resource Service of the Department of Community Health Sciences, University of Calgary Family and Social Services and the United Way of Calgary and Area.

The target audience for this book is the couch potato, the uninterested, the non-activist, the client ... about 70% of the Canadian population! At approximately 150 pages, the book is the right length to provide the most important information about active living and still remain accessible to the average reader.

I can see this book being used by health professionals running weight management programs or by university professors and high school teachers as a textbook for physical education or Career and Life Management courses.

Health promotion programs could utilize this book as the basis for their staff wellness programs or any other program promoting physical activity. In other words this book is the "tool box" on how to live a healthy lifestyle. As the author says in the book, "Please don't read this book - use it!

There are action planning forms, the Six Steps to Success, a discussion on fitness appraisals, eating tips and many more practical ideas to implement immediately. The four colour illustrations are well done and the quotes used throughout the book would be great for displays and presentations on active living. The testimonials given throughout the book also add an authenticity that certainly helps sell the concept.

This book was written for all of us - the practitioners, the unmotivated and inactive, the teacher and sport fanatic, Goof's gentle and fun-loving nature shines throughout this great book. Hopefully, people will take this book and use it, not just read it!

Active Living is available from your local bookstore. If there's not a copy on the shelf, they can order one for you. Cost of the book is $19.95. It can also be ordered directly from Human Kinetics Publishers, 1-800-465-7301. Credit cards accepted for phone orders.

For more information on this project, please contact either:
Billie Thurston, Director, or Heather Jo Blundell-Gosselin, Project Coordinator, Southern Occupational Health Resource Service Department of Community Health Sciences, University of Calgary 3330 Hospital Drive, N.W., Calgary, AB T2N 4N1 Phone (403) 220-8285, Fax (403) 220-7307

Mind Matters

Five years Gordon Stewart has written great books with a heartfelt message about the importance of physical activity. His new book, Active Living: The Miracle Medicine for a Long and Healthy Life is no exception. He has put his years of experience and holistic philosophy together in a practical guide to active living. This book provides not only a definition of active living, but a step by step process on how to adopt this healthy philosophy as your own.

The Hope Foundation

Phone 492-1222 Fax 492-9813

Hope House
11052 - 89 Avenue
Edmonton, AB T6G 0Z6

photo by Laurie Minor

Laurie lives in Welland, Ontario and enjoys baseball.
The Research Corner

by W. Kerry Murnane, Ph.D.

The research corner, appearing for the first time in this issue, will be seen as a regular feature in Wellspring. The purpose of the research corner will be to address current research theories and processes and their relationship to the practitioner with the intent of bridging the gap between theory and practice.

Participatory-Action Research: A primer for the practitioner

There is a continual cry from practitioners for valid, useful, and up-to-date research information to assist them in their practice. The purpose of this research corner will be to address current research theories and processes and their relationship to the practitioner with the intent of bridging the gap between theory and practice.

The challenge facing the researcher is the dissemination of such information to the practitioner. The recurrent problem is that researchers, for the most part, talk to other researchers and not to practitioners. They talk to each other through publications in academic journals and by presentations at scholarly conferences. This is a slow, time-consuming process, aimed at building scientific theory or explaining natural phenomena.

What is required is an approach which combines the unique strengths of both the researcher and the practitioner to effect social change. Participatory-action research is a process that combines research, action, and education in search of these lofty goals.

In response to a perception of an unhealthy gap between theory and practice, Kurt Lewin (1944) coined the term action research in reference to a scientific process aimed at using social science theory to solve social problems. Action research combines research with action (i.e., no action without research; no research without action).

More recently, a process known as participatory research has been used within a community development model. Participatory research uses an "applied" anthropological approach (Swartz, 1975) which combined individuals, groups, or communities affected by a problem with researchers involved in the issue. Whereas action research placed an emphasis on action or change within the system, participatory research emphasized the collaboration of the affected population with the researcher.

Recent convergence of the two approaches as participatory-action research represents an action-oriented approach which combines the unique strengths of the practitioner and those of the researcher. The participatory-action research process has tremendous promise to help bridge the gap between theory and practice.

Participatory-action research has its roots in many fields and is such there are many terms used to describe similar approaches. Related terminology found in the literature includes participatory research, action research, participatory development, participatory evaluation, participatory action research, collaborative action research, and participatory-action research. For our purposes, we will define participatory-action research as is initially suggested by Green et al. (1994) as the process of research in which researchers join with communities and other groups to identify and act on issues affecting their quality of life. The research is conducted with the communities and other groups in an effort to identify and act on issues affecting their quality of life.

The distinguishing characteristics of participatory-action research include:

- a collaborative process between traditional communities and the researcher
- a reciprocal education process between the community and the researcher
- an emphasis on taking action or making change
- the involvement of community in the research process

By utilizing a collaborative or participatory approach many benefits can be anticipated. Both individual and organizational change have been shown to benefit when research is geared for action and community participation in the research process is involved (Cooper & Hewitt, 1989; Meyers, 1992; Rapoport, 1987; Sommer, 1997; Swartz & Evered, 1998).

References Cited


Foods Fads and Richard Gere

by Davis Graham, Registered Dietitian

Since the time of the travelling snake oil salesmen, people have loved the "miracle cure". It's new, improved, it promises instant results and it comes in a shiny new package. What perpetuates myths of miracle cures is instant health and happiness! My guess is that basically, people like new, exciting things and quick answers. Old things are boring — that includes nutrition pamphlets about cholesterol, fat and fibre (especially the adult Food Guide). The fact is, there is no shortage of "nutrition experts". Claims made by product representatives and the media can be based on one or two missed facts. Consider two current examples: oat bran and antiox-

idants. The oat bran craze started because a few clinical studies showed oat bran lowered blood cholesterol. Suddenly there were increased reports about oat bran and an increase in oat bran products in the supermarket. Frauds and misrepresentations rather than pills can achieve the same result with additional benefit! These are just two examples of "how product marketing and new discovery" stories can become more real and valid to the consumer than basic nutrition facts. Nutrition fads can have a major impact on well-

ness programming and present a number of challenges for the wellness professional. The biggest challenge is to identify the myths held by clients and consumers, whether perpetrated in marketing cam-

paings, the media, or through friends and family. Another challenge is to keep abreast of all the new dietary recommendations and constituent which are becoming prom-

ounced. Unless health professionals know about the latest trends and have information which critically assess the validity of the new claims, its hard to remain...
Making a Difference in the Life of a Child: Promoting Resilience

by Jennifer White

Suggested Resources for Resilience in Children


Food Fads and Richard Gere

(continued from p.6)

credible with a public which seems to really value this type of research.

Finally, the biggest challenge is to create "back to basics" marketing strategies which can compete with the fast messages that consumers hear every day. As changes to the health care system require people to take a more active role in their own health, the promotion of a well-rounded and balanced nutrition strategy can work. This combined with the growing trend in simplifying nutrition decisions seems to indicate that there is no time like the present for a balanced nutrition message to succeed. Confronting myths head on and popularizing sensible choices and straightforward eating advice should be our major priority.

If I had the ultimate social marketing budget, Richard Gere would be featured on national television filling his shopping cart with fruits, vegetables, lean meats, and whole grain products and chatting about how he is glad he gave up eating micro-nutrient milkshakes and started to eat normal food, sanely. Do you think people would follow his lead? No doubt, he could start his own fad.

Wefal

ReBuilding from the Bottom Up: A Conference on Health Promotion as a Cornerstone of Health in Alberta

The Alberta Centre for Well-Being is pleased to be a sponsor for an important conference that is working to ensure health promotion is a leading edge strategy for health reform in Alberta. ReBuilding from the Bottom Up is a direct result of observations gathered at a series of consultations held in several locations throughout Alberta. These ideas will serve as a framework for strengthening the position of health promotion in communities and as the focal point for the conference discussion. Other sponsors include Alberta Health, Health Canada and the Marriott Foundation.

The conference will be held May 26 (evening) and May 27 (all day) at The Palliser Hotel in Calgary following the Volunteer Centre of Calgary conference. Registration is $35.00 (incl. GST) and includes lunch, coffee and snacks. A banquet is available for those who could not otherwise attend.

For more information please contact the Alberta Centre for Well-Being.

The Centre on Display

Come and see the new ACFWB display at the following professional conventions in May and June:

HPEC/RCIRA Conference 1995

The 34th Annual Conference of the Health and Physical Education Council of the Alberta Teachers Association is being held in conjunction with the 16th Annual Conference of the Canadian Intramural Recreation Association from May 4th-6th, 1995 at Mount Royal College in Calgary.

Centre Happenings

Achievements in Health Renewal

The Alberta Public Health Association is holding its annual conference May 10th-12th, 1995 at the Black Knight Inn in Red Deer.

AOMA Conference

The Alberta Occupational Health Nurses Association is holding its annual conference June 5th and 6th, 1995 at the Edmonton Inn.

Wellness Wagon 1995

The Wellness Wagon will be on the road again in 1995. This is the fourth year of the Wellness Wagon and it has a very busy schedule. This year, the schedule has been developed by the eight Be Fit For Life Centre around Alberta. Each centre has booked a week to have the Wagon in their region and has coordinated the schedule with community partners, including recreation centres, health units, and schools.

We are pleased to have the continued sponsorship of the Alberta Sport, Recreation, Parks and Wildlife Foundations as well as SunRype and AGT Maltodextrin.

Look for the Wellness Wagon in your region:

Vermilion and area May 1-6
Calgary and area May 11-14
Edmonton and area May 17-20
Lethbridge and area May 23-27
Medicine Hat and area May 28-June 2
Red Deer and area June 5-9
Grande Prairie and area June 15-19
Fr. MCMurray and area June 22-27

For a more detailed schedule contact the Alberta Centre for Well-Being, or the Be Fit For Life Centre in your region.
Suicide Prevention Training Programs
• workshops for caregivers provided by the Canadian Mental Health Association
• Suicide Intervention, May 4 – 5, June 1 – 2, Calgary
• for more information contact the Suicide Information and Education Centre in Calgary at (403) 245-3900

Alberta Public Health Association Annual Convention
• May 10 - 12, Red Deer
• contact Doug Thompson at (403) 341-2169, fax (403) 341-2196

Summer Active May 15 - July 15/95
• the new Firework for 1995
• include/Sneaker Day May 15
• so under your ActiveSafe contact Participation at (416) 954-1212, Fax (416) 954-2923, or toll-free after March 1/95 at 1-800-267-4177

Partners in Practice, Canadian Association of Occupational Therapists National Conference
• May 24 - 28, Edmonton Convention Centre
• for more information contact Deb Macrri at (403) 427-6508

ReBuilding from the Bottom Up: A Conference on Health Promotion as a Cornerstone of Health in Alberta
• May 26 - 27, Calgary
• for more information contact the Alberta Centre for Well-Being (403) 453-8692, or toll-free 1-800-661-4551

The Fourth International Conference on Safe Communities, The Energy of Safe/Healthy Communities
• June 6 - 8, Fort McMurray
• for more information contact 1-800-565-3947

The Canadian Association for Suicide Prevention Annual Conference
• October 11 - 14, Banff
• for more information contact the Suicide Information and Education Centre in Calgary at (403) 245-3900, fax (403) 245-0299

Job Postings/Oppurtunities

☑ Board Member – Alberta Centre for Well-Being

The AFCWB is looking for new Advisory Board Members to replace outgoing volunteers. Interested people should contact Cynthia Lowe at 453-8692 before July 31, 1995

Do you have a job posting or professional development opportunity that you would like to see listed here? If so, send items for consideration to the Editor info@WellSpring no later than one month before the publication date.

Please complete the following information for your subscription to WellSpring, the quarterly publication of the Alberta Centre for Well-Being.

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