Myths and Well-Being
by Colin Young

The Power of Myth and the Environmental Movement
by Myles Kitagawa

Characteristics of a Myth
"The great enemy of truth is very often not the lie-deliberate, consciously, and dishonest, but the subtle-persuasive, persuasive, and realistic."
John F. Kennedy

Of all the stories in human culture, myths are the most powerful. Their power derives from their persuasive and believable appeal to the human need for individual and collective identity. Myths tell us what the world was to be: what events mean; where we come from; and who we are. From the most ancient creation myths to modern tales of UFO abduction and government conspiracy, myths explain the unexplainable.

Propaganda as Modern Myths
Traditionally myths focused on lofty subjects such as the founding of nations or the creation of the universe. But the power of myth to shape people's perceptions of reality has been usurped by modern storytellers in the form of propaganda.

W.L. Graham, in his book Well Bring Us to an Age of Mass Propaganda, notes physical plausibility and authenticity of the propaganda and persuades the enemy to trust it even though you are his enemy. Power of persuasion and realism are more shared by good propaganda and myth.

Environmental issues, whose impacts are not immediate, are particularly susceptible to propaganda manipulation. Disease, climate change, and toxic pollution are science-driven issues which rely on numerous observations and computer modeling, in contrast to climate change. The new paradigm is being propagated by anyone dressed as environmentalists like Rush Limbaugh and Ozzie Lee Ray are better able...
Editorial Information

Linking Albertas Well-Being Practitioners

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The opinions of the contributors and committee members do not necessarily represent those of their organizations or of the Alberta Centre for Well-Being.

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Contributions and Comments:
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WellSpring
Alberta Centre for Well-Being
Serving Professionals in All Areas of Wellness and Active Living

"The Alberta Centre for Well-Being is committed to enhancing the health and well-being of Albertans by providing leadership and creating educational, research and networking opportunities for well-being practitioners and facilitators through coordinated, collaborative efforts."

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WellSpring WebSite: http://www.health-in-action.org/Well-Being

Editor's Note:
I had the privilege this month of being an external reviewer of Action for Health proposals for one of the Regional Health Authorities. Action for Health is a two year project funded by Alberta Health to facilitate health promotion in each region. I use the word "privilege" as it provided me with insight into what the health concerns are in this region and where priorities are being placed. This is important information for an organization like ours whose mandate is to serve health promotion practitioners. It was an opportunity to speak with the staff about current issues and needs. Funding requests were made for projects which included daily physical activity for youth, breastfeeding support, prevention of falls in the senior population, nutrition of workers, tobacco use amongst youth, and many other community health concerns. I thoroughly enjoyed reading each proposal, and was pleased to see the wide range of community partners who were involved with many of the projects. In many cases, the target audience appeared to be a vital part of the proposal. Communities are moving forward, but where some provincial groups are still struggling.

Communities Are On the Move!

by Cynthia Lowe, Director

While reading the proposals, I was struck by how many of these projects would benefit from being aware of existing programs and services such as the Alberta Tobacco Control Centre, Health in Action, Fuzzy Facts and the Alberta Consumer Health Information Society, to name but a few. Information on these and other provincial services do not always filter down to the people on the frontlines. With this in mind, I thought it might be useful to summarize the mandate of the aforementioned projects here.

Alberta Tobacco Control Centre
The newly created Alberta Tobacco Control Centre provides consultation in the area of program and resource development, advocacy, policy development and community mobilization; networking; i.e. linking people with resources, communities and researchers; and providing information on tobacco reduction. A newsletter and Network Directory have recently been published. You can reach this virtual centre by calling 1-800-307-8932 or through the Internet at http://www.cmic.ualberta.ca/tobacco.

Healthline
The Alberta Consumer Health Information Society, which operates the Healthline, offers a library of approximately 250 messages ranging from parenting and nutrition to abuse and sexually transmitted diseases. The messages are available on computers in both DOS and MACINTOSH formats, and can be customized as hard copy information. The Healthline project is underway to provide a telephone service to 1-800 phone number so that consumers in every Alberta community can benefit from this service. Call 403-492-9473 for more information.

Fuzzy Facts
A project of Alberta Community Development, Fuzzy Facts provides information on active living through recreation, education and sport. Call 403-422-8723 in Edmonton, or 700-0000 outside the city and ask for the number. Follow the voice prompts to receive the facts through your fax machine.

Health in Action
When I looked at the proposals, I couldn't help but be reminded of all the similar programs and research projects listed and easily searchable on the Health in Action database. Health in Action's 800 or so listings provide practitioners with information to start up a program, link with other locations or provide resources, gather specific information (e.g. evaluation or resource needs), or just get some ideas. The website address is http://www.health-in-action.org. So try out these sources of information. If you don't find what you need, contact your resource centre; with our collection of reports, journals and newsletters, we'll try to help you get to where you want to go.

Recent Acquisitions

Changing Gears - 93 - A Meeting of Minds to Get Bodies Moving: Proceedings
A compendium of keynote addresses and sessions presented at this health and wellness symposium held in Calgary on November 9 & 10, 1995. Symposium Chair Pam Meaney views the proceedings as a "leg of the most current trends and research in the area of health benefits of physical activity" with papers by Steven Blair, Kerry Courneya, Fays Doyle-Baker, Ron Dyck, David Hanley, Don Hunter, Dru Marshall, Sylvie Satcheren, and Wanda Westerbeek.(1996, 73 p.)

Benefits Based Recreation: Awareness into Action
Developed as a resource for practitioners, this guidebook deals with the concepts and working principles of benefits-based recreation, and provides exercises and applications so that readers will be able to move from an awareness of benefits into action. Written by Carol Pearson and published by the Alberta Recreation and Parks Association. (1996, 51 p.)

Insight and Action: How to Discover and Support a Life of Integrity and Commitment to Change
Authors Tova Green, Peter Woodrow and Fran Peverey present these resources - "support groups, clearness groups and strategic questioning" - as tools for helping individuals and communities involved in social action overcome their periods of doubt, disillusion and discouragement. (1994, 152 p.)

Healthy People 2000: Midcourse Review and 1995 Residua

Report from the Meeting of Health Promotion Research Centres
Proceedings from the Nov. 30 - Dec. 1, 1995 meeting in Ottawa of representatives from twelve health promotion research centres across Canada. Issues addressed at this meeting (concerning the Health Promotion Development Division of Health Canada) included: current challenges in health promotion research, a review of priorities, federal mandates with implications for the centres, population health and health promotion; current collaborative initiatives; evaluation initiatives, training, and opportunities for future collaboration between centres and Health Canada. (1996, 107 p.)

The Inclusion Action Park: Increasing Active Living Opportunities for Persons with a Disability
Developed by the Active Living Alliance for Canadians with a Disability and the Fitness Directors of Health Canada, this comprehensive resource is intended to guide organizational leaders through the process and action of creating inclusive active living programs, services, and leadership opportunities for persons with a disability. In addition to the main text of the binder, contents include an idea file, a workshop kit and case studies. An abridged version is also available. (1996, 100 p.)
Complementary and Conventional Medicine: Towards Integration?

by Marja J. Virendel, PhD

Complementary or alternative medicine is enjoying increased popularity among Canadians. Notably, it is the use of complementary and alternative medicine that is gaining traction, even as the use of conventional medicine increases, because physicians and government representatives are starting to pay closer attention to the integration of complementary medicine into the current health care system. An example is the private members’ bill which was accepted on April 24, 1996 in the Alberta legislature and which states that a doctor must be found guilty of professional misconduct for prescribing non-traditional remedies such as chelation therapy or acupuncture, unless it can be demonstrated that the therapy is a safety risk to the patient.

Although the terms complementary and alternative medicine have been used somewhat interchangeably, there is an implicit difference in meaning between the two. Alternative medicine implies that those therapies are being used to the exclusion of conventional therapies, whereas complementary medicine implies that those therapies are being utilized as an advancement of conventional medicine. Both terms refer to interventions that are not being widely used at medical schools and are not generally available at hospitals (Eisenberg et al., 1993). Research has shown that the majority of patients who use such non-traditional methods continue to rely on physicians to diagnose, treat, and explain major diseases (e.g., breast and colon cancer) (Eisenberg et al., 1993). The term complementary medicine refers, therefore, more appropriately to use.

Complementary therapies include:

1. diet, nutrition, and lifestyle (e.g., weight loss, stress management, sleep care, and smoking cessation)
2. mind and body control (such as biofeedback, Bach healing, hypnotherapy)
3. traditional Chinese medicine (e.g., acupuncture and Ayurveda, Chinese herbal/mind, and Mexican Indian medicine)
4. ocular therapy (e.g., mesopic touch, chiropractic, and massage therapy)
5. osteopathic medicine and biologic energetics (e.g., light therapy, and toning/toning and ozone therapy)
6. herbal supplements, such as the use of electric currents, and
7. herbal medicinal medicine.

Even though complementary medicine is gaining attention, their philosophical basis is similar to that of conventional medicine. Complementary medicine has been described as having a focus on health, with illness regarded as a deviation from health. Conventional medicine, because of its preoccupation with disease and pathogenesis, is described as regarding health as a deviation from disease. Complementary medicine is also characterized by a strong holistic focus and aims at strengthening vitalizing health promoting forces, as opposed to a reductionist focus on disease and combating destructive forces characteristic of conventional medicine. In complementary medicine, patients generally participate actively in their healing process whereas in conventional medicine, the physician maintains control.

Results of a poll conducted by the Canada Health Monitor in 1990 indicated that 20% of the population visited a complementary practitioner during a six-month period (Berger, 1990). Two years later this percentage increased to 22% (Berger, 1993).

The 1989 survey showed major differences in complementary medicine use among provinces. In Quebec and British Columbia, complementary health care services were used by 22% of the population, as compared to 13% in the Atlantic provinces and 19% in Alberta. Of those using complementary health services in Alberta, 44% used herbalists, 14% massage therapists, 14% health food stores personnel, 6% chiropractors, 5% exercise physiologists, 3% acupuncturists, 3% faith healers and lukealder or stress-related rather than infectious. Complementary medicine users often present with non-specific problems, are polysymptomatic or have functional disturbances that may be more difficult to diagnose and treat by conventional methods. Several studies have shown increased complementary medicine use among patients with chronic life-threatening diseases such as cancer and AIDS. Berger (1990) found that 45% of Canadians used complementary therapies to maintain or improve their health.

People utilize complementary health services for a variety of reasons ranging from factors such as doctors’ use of conventional medicine to factors which draw them to complementary medicine. Few people feel that the care provided by physicians is impersonal, incomprehensive, or inaccessible. They are disappointed by the lack of improvement in their situation, or are worried about the side-effects of high technology and chemical treatments. On the other hand, interest in the complementary health and nature movement, and in philosophy of curing the whole person and encouraging self-help measures are drawing people to complementary health services.

Research is also beginning to show that complementary medicine seems to have a higher health locus of control, which means that they tend to be more proactive in health related matters than non-users (e.g., letvys, 1990). As a result of the current popularity of complementary health care services, increasing health services into the health care system should be part of policy reform. Therefore, more research is needed about many complementary treatments have not been studied sufficiently and need to prove their worth. Once a complementary therapy has been proven in value, standards need to be established and incorporated into the system of practice standards, education, credentialing and maintenance of competence. Such regulation may take place by means of the establishment of provincial and federal colleges. As complementary therapies become increasingly used by the health care consumer, the issue of financing and establishment of third party reimbursement methods will need to be addressed. Also, more education about complementary health services is needed for the public as well as for health care professionals, so that patients can benefit from safe and efficacious treatments and will be protected from those that are harmful.

In light of the above, it is important to remember that people seek medical care, conventional, complementary or both because they want to feel better. Slowly but surely the two formerly distinct philosophies are coming together, forced into a union of unprecedented proportions. When traditional medical specialists and complementary practitioners are able to join hands, more patients will benefit from multidimensional health. Complementary therapies will be able to support and enhance conventional care and give patients a sense of self-direction that is empowering and healing.

References


Job Opportunity

Coordinator, Alberta Consumer Health Information Society

The Alberta Consumer Health Information Society is seeking an outgoing, energetic individual to function as Coordinator. This would be a full-time position with the individual devoting three-quarters time to ACHIS activities and one-quarter to Alberta Centre for Well-Being activities.

Responsibilities include:

• Ensuring the smooth operation of the Healthline (the Society’s taped health message system)

• Communicating the vision of the ACHIS Board of Directors to health and related sectors throughout the province as well as to the public

• Marketing ACHIS services to the public and to appropriate bodies

• Establishing strategic alliances with appropriate organizations

• Planning and coordinating fund raising activities

• Preparation of grant proposals, report writing and delivery of presentations

Candidates should possess excellent oral and written communication skills, be comfortable making contacts at various levels and have a basic knowledge of the operation of a personal computer (including the ability to use word processing software). The candidate must be out-going and flexible, be a self-starter and have a keen interest in health issues. Post-secondary training in marketing, communications or public relations would be an asset.

Salary: to be negotiated

Interested candidates should mail or fax a covering letter and resume to: Director, Alberta Centre for Well-Being

350 3rd Floor, 11759 Great Road

Edmonton, AB T5M 8K6

Fax: 403-455-2072
Myth As A Pattern for Wholeness

(A Personal Journey) by Sheryl Simmons

Our culture predominantly uses the term "myth" to mean a false story that has existed over time. Perhaps, if we don't think of these stories as either true or false, but rather as metaphorical, we can begin to understand that they are rich and powerful teachings that have been passed down to us through the ages.

Joseph Campbell, noted author and anthropologist, stated that myths can offer us patterns for wholeness. In 1987, after I had laser surgery on my cervix to treat a condition called dysplasia, I began looking for ways to understand the healing process. Throughout my post-operative pain, I found myself drawn to the world of astrology, seeking to understand the metaphysical aspects of the situation. The process of looking at my situation through the lens of astrology helped me to integrate the physical and emotional aspects of the experience.

Following the surgery, I began to explore the concept of the "hero's journey," a term coined by Joseph Campbell. The hero's journey is a journey of transformation that begins with a call to action, followed by a period of separation, initiation, and return. This journey is universal, and it can be applied to any situation of transformation.

In my case, the call to action was the surgery, followed by the period of separation, which included a time of healing and recovery. During this time, I felt a sense of disconnection from my normal life, and I struggled to find meaning in the experience. The initiation phase was marked by a period of self-discovery, in which I explored my inner world and sought to understand the deeper meaning of the surgery.

The return phase was marked by a sense of integration, as I began to make sense of the experience and to find new meaning in my life. I found that the hero's journey helped me to understand the transformative power of the surgery, and to find new meaning in the experience.

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What About False Hope?

by Dr. Ronna Jevne

Illegibly the term, denial, wishful thinking and unrealistic surface in discussions about disaster. These are those who insist the future can be known and anything short of concurring with predictable doom is denial. The other extreme is adamant that the future has not yet unfolded and can include unlikely possibilities. Persons with the former perspective become frustrated with those who are unrealistic while those who hold the latter view feel hurt or angry at being asked to prematurely give up.

Rahman also gives rise to at least three questions. Why are we afraid of someone hoping against the odds? Does hope have to be based on reality? How can we hope against the odds and not end up despairing if things don’t work out?

It has been said that the “greatest hurt is the disappointment of unrealistic expectation.” It follows that we do not want people we care about to be disappointed. Nor do we want them to fail to entertain and opportunen even if their efforts fail. Indeed each of us must wrestle with the vulnerability of those we care about. As legitimate as this is, we may also need to recognize that we may be protecting ourselves. We don’t know what to say or if the hope is not fulfilled. If we allow ourselves to think there is a window of possibility, then it is closed, we too will hurt. No doubt, not hoping is the easiest way of avoiding disappointment. It is also the safest way of missing a possibility. For some, it is simply

The Power of Myth and the Environmental Movement

The ACFW would like to thank Michael Keeping and Pearl Uphall for their volunteer service on the WellSpring Editorial Committee.

Their commitments and contributions have helped to make WellSpring the success that it is today.

to maintain present structures and power. Two examples of this are the expert/layman structure we set up for public debate and the use of doubtlese speak in our political systems. In the first example, the use of terms like expert and layman create an image in a debate that the expert is the defensive while the layperson has less to contribute to the debate. This frames the validity of the arguments before they are even heard. They affect decisions on what is reality, without analyzing the content of the different perspectives.

Doubtless in politics is often used to control the debate by redefining the context of the debate. For example, different levels of government will say there is “public consultation” or “public participation” in policy development but will redefine what constitutes consultation and participation in order to control the debate. We see this in the use of polls or questionnaires where there is no dialogue between the “public” and their government. This begs the question: Is it possible to have consultation or participation without discussion?

In another example, we find the present transfer of power away from government is often referred to as “returning decision-making power to the local level” or “giving government out of controlling people”. In reality this has changing power or responsibility from government to unaccountable others rather than to the general citizens. In the case of health care, this has been to unlicensed Health Authorities and in the case of deregulation, to individuals businesses to monitor themselves.

Calvin Young is the Outreach Representative / Trainer with Web Alberta (a partner of Web Networks/NetCentre). He is also a Provincial Board Member of the Alberta Wilderness Association and a member of the Alberta Environment Network.

What About False Hope?

by Dr. Ronna Jevne

It is easy to think of ourselves as discrete organisms, bounded by our skins and alienated from other people and the environment. The myth of cosmic interconnection, that we are all alone in an unchanging universe, reinforces the occasionally apparent perception that we are impotent in our encounter with the natural world.

In a literal sense, ecology fulfils the definition of a myth. Ecology tells us how the world came to be; where we come from and who we are. But it also offers a vision of who we can be in relation to nature and like many traditional mythological stories, ecological truth can sound fantastic.

Ecological being is a different way of thinking of ourselves in the environment. It requires a kind of vision across boundaries. The epidermis of the skin is ecologically like a pond or a forest soil, not a shell so much a delicate interpenetration. This vision of being detached, of being in a world of matter, altogether different. It requires a vision of who we can be in relation to nature and like many traditional mythological stories, ecological truth can sound fantastic.
**Symposium on Calcium: Current Controversies and Future Directions**

By Dairy Nutrition Council of Alberta

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Adequate calcium intake is essential for good health, and continued research has revealed that calcium is necessary for a variety of processes, including bone health, muscle function, and nerve signaling. Calcium intake is often limited due to a lack of awareness of its importance. This Symposium on Calcium: Current Controversies and Future Directions aims to address these issues and promote better understanding of calcium's role in health.

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**Calcium and Caffeine**

The effects of caffeine on human health have been the focus of great interest. This interest is stimulated, in part, by the fact that the majority of North American adults regularly consume carbonated or decaffeinated drinking beverages or foods containing caffeine.

Caffeine has been linked to problems ranging from hyperactivity to heart disease. However, the relationship between caffeine intake and health is not clear. Studies have shown that caffeine intake can influence calcium levels in the body.

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**References**


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**Suggested Reading**


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**Suggested Outline for a Literature Review**

- **Introduction**
- **Review of Specific Concepts**
  - How each concept has been studied
  - Overview of the studies
  - Design
  - Results
  - Critical evaluation
  - Critical evaluation of current literature
- **Integration of Concepts**
  - Relationships proposed in the literature
  - Identification of gaps in the literature
  - Identification of research needs
- **Rationale for Study and Design**
- **Overview and Niche for the Study**
Ron Labonte Seminars

On April 16, 23rd and 26th, health promotion expert Ron Labonte presented seminars on Population Health and Community Development in Health, in Edmonton, Lethbridge and Calgary respectively. In total, over 500 individuals were in attendance to hear and speak on his conceptual framework for Canada's health care system along with some practical implications. These individuals ranged from elected officials to concerned citizens; from health administrators in all levels of government; to health practitioners and health students; from urban policy makers to rural community workers. Although his mornings talks were quite academic, the seminar proved to be an excellent opportunity for initiating discussions and networking.

1996 Tobacco Free Alberta Conference Proceedings

The proceedings were published in May and distributed to all the participants of the 1996 Tobacco Free Conference. If you would like a copy of the proceedings, please contact Tracy Chalmers, Resource Coordinator, at 553-8633. Due to its huge success, a second conference is scheduled for November 1997; mark your calendar.

Volunteer Recognition

The ACFWB sends a special thank you to Joyce Tobo and Val Oleskoy-Green for their volunteer service with the ACFWB Advisory Board. The ACFWB deeply appreciates their hard work and contributions.

“Finally I can put a face to a name”

The ACFWB is a provincial organization, however, we are physically located in Edmonton. Much of our work is done via correspondence, the telephone or e-mail. Therefore, the staff of the ACFWB would like to send you a friendly “hello” and smile.

Activating Inclusion Workshop

On April 18, the ACFWB hosted the Activating Inclusion Workshop, a workshop designed to assist organizers with including persons with a disability into their organization. Participants learned practical steps, including:
- Identifying common barriers encountered by persons with a disability
- Knowing the types of disability
- Listing the five-step inclusion process
- Moving from principles to practice of inclusion
- Becoming more knowledgeable and confident in addressing disability issues

The workshop was conducted by the Active Living Alliance for Canadians With A Disability.

SummerActive!

Up to July 20, Canada SummerActive ’96 promotes the benefits of regular physical activity and encourages all Canadians to make a personal commitment to an active, healthy lifestyle. It’s for EVERYBODY regardless of age, ability or gender — with a special emphasis on the Inactive and less active! Think Active, Get Active, Live Active! Contact Participant Services 1-800-267-4877

World Environment Day, June 5

CAMFED Conference

June 5 – 8, St. Johns NF
Contact CAMFED at 613-748-5622 or fax 613-748-5737.

Vitalist 96
"Volunteers = Value” June 6 – 8, Edmonton AB
This provincial volunteer conference offers over 70 educational sessions specifically designed for volunteer and non-profit organizations. Contact Wild Rose Foundation, Suite 700, 2000, Edmonton Tower, Edmonton Centre, Edmonton AB. TSJ 2Z1. Phone: 403-422-9105, Fax: 403-427-4155, TTY/TDD Access for the Deaf: 1-800-232-7215

Women’s Healing Arts Weekend

June 8 – 9, Edmonton AB
Contact: Faculty of Extension, U of A, University Extension Centre, 93 University Campus NW, Edmonton AB T6G 2H4. Phone: 403-442-5035, Fax: 403-442-5036, TTY/TDD Access: 1-800-232-7215

International Congress on Women’s Health Issues

June 8 – 10, Saskatoon SK
“Women in the 21st Century.” Contact: Linda Lohr, Associate Professor, College of Nursing, University of Saskatchewan, 107 Wiggins Road, Saskatoon SK S7N 5S5. Phone: 306-966-6703

Wheeling Week

June 8 – 15, Canada
Get active by going cycling, inline skating, skateboarding, etc., any activity involving wheels.

Job Posting

Board Member - Alberta Centre for Well-Being

The ACFWB is looking for two new Advisory Board Members: one from around Alberta who is interested in being well and health promotion. It is a two-year term with two meetings per year. Interested individuals should contact the ACFWB at 553-8632 or 1-800-661-5551 before July 31, 1996 for an Advisory Board information package and application.

New URL Address

The ACFWB’s new home page is now directly linked with Health-In-Action. Therefore, our new URL address is http://www.health-in-action.org/Well-Being.

Changing the approach of Health Promotion and Population Health: A Meeting of Ideals

June 9 – 12, Montreal PQ

Relationship between new vision of population health and health promotion. Contact the 4th Canadian Conference on Health Promotion, Louise Perrin, Université de Montréal, Tel: 514-343-6142 or Diane Morin, CRPSM, Tel: 514-528-2565, E-mail: PerrinL@ece.umontreal.ca

23rd Annual International Conference

Health Promotion and Population Health of the National Council for International Health

June 9 – 12, Washington DC

Working With a Net - Fostering Relationships & Collaborative Efforts in Injury Prevention

June 12 – 15, Kingston ON
Participants will receive information on research, data and programs implemented in Canada and build strong collaborative ties targeted at five injury control themes: violence against children; fire and burns; suicide; motor vehicle injuries; and injuries in the home. Contact Valerie Chandlee, Centre for Injury Prevention and Research, 221 Portland Ave, Kingston ON K7M 1V5. Tel: 1-800-267-7875, Fax: 613-545-7896

Teaching to Promote Women’s Health

June 13 – 15, Toronto ON
For more information, call 416-862-9007 or 416-862-2238

9th Congress of the International Association of Health Policy – Beyond Medical Care: Policies for Health

June 13 – 16, Montreal QC
The conference will examine national and international issues regarding policies related to the non-medical determinants of health, as well as those related to the organization and financing of health care services. Contact Bureau de consultation et d’organisation de congrès, Université de Montréal, Tel: 514-343-6992, Téléc: 514-343-6344

Diet, Nutrition and Health: An Update

June 16 – 19, London ON
The symposium will address diet and major chronic diseases as well as nutrition throughout life stages. Contact: The Centre for Human Nutrition, University of Western Ontario, London, ON N6C 5C1, Tel: 519-661-3096, Fax: 519-661-4606

continued on page 8
LOK!

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Calendar of Events (continued from page 7)

Women and Sexuality, June 17 - 19, Gaelph ON 18th Annual Gaelph Conference and Training Institute on Sexuality, Contact Office of Open Learning, University of Gaelp, Gaelph ON N1G 2W1, Tel: 519-776-5000, Fax: 519-776-1114

3rd Annual UBC Summer Institute on Health Promotion Planning and Evaluation, June 17 - 21, Vancouver BC, Contact Wood & Associates Inc., 502 1281 West Georgia St, Vancouver BC V6C 3J7, Ph: 604-688-3787 or Fax: 604-688-3789

Medicine 2001, June 13 - 23, Montreal PQ, Contact: Canadian Institute of Medicine, Montreal PQ, Contact: Canadian Institute of Medicine, Montreal PQ

Health Promotion: 1986, 1996... and Counting! July 2 - 5, Vancouver BC, This conference will examine health promotion today in relation to the determinants of health, health reform, and the marked shifts occurring in federal and provincial health and social policy. Contact Mary Ahern, Conference Coordinator, Canadian Public Health Association, Tel: 613-725-1279, Fax: 613-725-3846

21st Annual National Wellness Conference, July 13 - 19, Stevens Point, Wisconsin, For more info, call 715-342-2800

Overtraining and Overreaching in Sport, July 14 - 17, Memphis TN, Physiological, psychological and biomedical considerations. Contact: Dr. Michael Merkow, 464-6011, Fax: 464-6012, Email: mm@memphis.edu

Celebrating Wholeness August 12 - 18, Calgary AB, Contact: Dr. Bob Ley, International Symposium on Youth Medicine, 400-665-6300, Fax: 400-665-9950, Box: Bob Ley, International Symposium on Youth Medicine


4th International Congress on Physical Activity, Aging and Sports August 27 - 31, Heidelberg, Germany, Healthy Aging, Activity, and Sports, Contact: Sara Harris, Center for the Study of Aging, Albany NY 12203, Tel: 518-465-9027

World Conference on Women September 2, For more info, contact the United Nations Association of Canada at 613-232-5751

Health Care of the Elderly September 7 - 20, Edmonton, This course is intended for senior medically qualified staff with a special interest in health for aging populations. Contact: Dr. Roger Smith, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh, EH12 1JQ, Tel: 0131-223-2329, Fax: 0131-220-2339

International Literacy Day, September 8

International Day for the Preservation of the Ozone Layer September 16

International Day of Peace September 17


Association for Worksite Health Promotion Conference September 18 - 21, Phoenix, Arizona

This international conference will provide a forum for the exchange of concepts and techniques resulting in the improvement of worksite health promotion.

Contact AWHP, 60 Revere Drive, Suite 500, Northbrook IL, 60062, Tel: 708-480-9574

2nd International Health & Ecology Conference September 25 - 28, New South Wales, Australia

Exploring the issues of community and work-based initiatives, policy development, ecological and theoretical perspectives for a healthy world and alternative models of health care. Contact The Meeting Planners, 108 Church Street, Hawthorn, Victoria, Australia 3122, Tel: 61-3-9819-9070, Fax: 61-3-9819-9078

AIDS Awareness Week September 30 - October 6