Class Action: Child and Youth Health

Putting Students in the Driver’s Seat

Kathy Germann, Community Action Team Leader, Regional Public Health, David Thompson Health Region

Introducing Comprehensive School Health

Over the past few months, I have discovered the essence of Comprehensive School Health: the students. Students provide the seeds—the wisdom, creativity, fun, and adventure—for identifying and planning actions to promote health in their schools. They know what is important to their health, care about each other and about less fortunate students, are very creative, and eager to work together to promote healthy schools.

The reciprocal relationship between health and learning makes schools an optimal setting in which to promote the health and well-being of children and youth. Teachers and health professionals have long known that poor health leads to absenteeism and reduced classroom performance. In contrast, successful learning provides children and youth with the knowledge and skills for healthy life choices and the ability to cope with life’s demands (Anderson, Kalnins, & Raphael, 1999). The education and health sectors now realize that partnerships for improving health and learning are mutually beneficial. Comprehensive School Health is one approach to making these partnerships work.

The David Thompson Health Region Experience

The David Thompson Health Region began using Comprehensive School Health in the 1999/2000 school year as a pilot project in three local schools. We based our model on the four pillars developed by Health Canada (2001):

• the health curriculum (helping teachers to enhance and integrate the health curriculum);
• a healthy social environment (promoting a positive social environment in which to learn and work);
• a healthy physical environment (promoting a safe and clean physical space); and
• linking the school to appropriate health-related resources/services/supports.

In the David Thompson Health Region, these pillars are woven into a capacity-building process that aims to help students, staff, teachers, and parents find ways to enhance health and well-being within the school and community. This process involves:

• forming an action committee of students, parents, and teachers to oversee the process with the support of a Comprehensive School Health facilitator;
• dialogue with students, teachers, and parents about their important health concerns, e.g.,

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- “what makes people healthy?”
- “what makes a healthy school?”
- “what is happening in your school that helps people to be healthy?”
- “what could we do to make the school even healthier?”
  - prioritizing actions to improve health;
  - developing and implementing action plans;
  - reflecting on and learning from successes and challenges;
  - celebrating successes.

A process evaluation from the spring of 2000 revealed that Comprehensive School Health was mutually beneficial for schools and the health region. Some of the short-term outcomes included:

- increased school access to health and other resources to support the health curriculum;
- increased health region access to students and their families;
- engaging students in the process, which resulted in many health promotion activities and the building of skills, particularly among junior high students who played an active role;
- an enhanced profile for health in the school, increased parental activity within the school, and stronger links with communities.

Based on these outcomes, we expanded the program to five additional schools in the 2000/2001 school year, and added four more schools in September 2001.

Benefits of Comprehensive School Health

We are increasingly aware of the power of Comprehensive School Health. This participatory process puts students in the driver’s seat for identifying and acting on their health concerns and leads to student-driven health promotion activities. Perhaps more importantly, the process also results in civic learning, increased self-esteem, self-confidence, and empowerment. Changes we’ve seen in the schools include (but are not limited to!) the development of youth leadership, peer mentorship, facilitation skills, and an enhanced sense of community. Two of the most interesting findings include the deep commitment of students to their peers and to younger students, and the fact that students want all students to respect their teachers, peers, and other people’s property. Students want clearly established and enforced disciplinary boundaries, so that they can learn in a safe and healthy environment.

Our Comprehensive School Health journey has just begun, but we are convinced that we’re on to something good! Our emphasis on process has made the work challenging, but rewarding. Personally and professionally, it has been very satisfying and exciting to see students from grades one through 12 talk enthusiastically about what is most important to them and to see them implement their own creative strategies to make things better.

References available on request or from the Alberta Centre for Active Living web site at www.centre4activeliving.ca.

Key Connections:
Producing Healthy and Active Alberta Students

Val Oleksiy, Field Experience Associate, Faculty of Education, University of Alberta

The Role of Comprehensive School Health

The Alberta government supports various projects and programs that foster the well-being of Alberta students. To help students achieve health goals, we need to establish curriculum connections between school and community services and resources. Students’ health then becomes an integral part of a larger system of health in the home, school, and community. The Comprehensive School Health approach involves partnerships among students, parents, educators, health care professionals, and other community supports to address the social and environmental factors that determine health.

“A school health and physical education are the only programs that allow all Alberta students to receive a proactive, healthy lifestyle message.”

Alberta Learning’s Role

Alberta Learning identifies the program of studies, i.e., what students should know and be able to do as a result of attending school. The program of studies identifies courses students take, as well as both general and grade-specific learning outcomes, which are based
on consultations with teachers and the community. Health and Life Skills and Physical Education are examples of two courses that address the health behaviours of students.

**Health and Life Skills**

Alberta Learning recommends that elementary students receive health and physical education for 10% of their weekly program (approximately 150 minutes a week). In junior high, the current time allocation for health education is 150 hours over three years. CALM 20 (the high school “health” course) is required for high school graduation and is offered for three credits (about 75 hours) or for five credits (125 hours).

Three general outcomes underpin the health program. Students in the program will:

- make responsible and informed choices to maintain health and to promote safety for self and others;
- demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions;
- use resources effectively to manage and explore life roles and career opportunities and challenges.

The new K-9 health and life skills program should be available this fall on the Alberta Learning web site: www.learning.gov.ab.ca/k_12/curriculum/bysubject/healthpls/defaul.asp. For further information about the health program, e-mail Mark Buckley at Mark.Buckley@gov.ab.ca.

**Physical Education**

As mentioned above, elementary students receive approximately 150 minutes of health and physical education a week. The time allotted for physical education in junior high schools is 75 hours a year. In high school, Physical Education 10 is mandatory for graduation, and is available for three credits (approximately 75 hours) or five credits (125 hours).

The general outcomes (the “ABCDs”) for K-12 physical education include:

- “A”: Students acquire skills through a variety of developmentally appropriate movement activities (e.g., aquatics and outdoor pursuits, dance, games, gymnastics, and individual activities).
- “B”: Students understand, experience, and appreciate the health benefits that result from physical activity (e.g., functional fitness, body image, and well-being).
- “C”: Students interact positively with others (e.g., communication, fair play, leadership, and team work).
- “D”: Students assume responsibility for leading an active life (e.g., effort, safety, goal setting/personal challenge, and active living in the community).

The University of Alberta, the Alberta Centre for Active Living, and Schools Come Alive recently assessed the current status of physical education in the province. The Alberta Physical Education Study provided ways to measure the effectiveness of the provincial curriculum. For more information about the study, contact Dr. Linda Thompson at linda.thompson@ualberta.ca.

School health and physical education are the only programs that allow all Alberta students to receive a proactive, healthy lifestyle message. In 1995, a conference of federal and provincial/territorial ministers responsible for fitness recognized the serious consequences of physical inactivity for both Canadian youth and adults. The ministers set a goal to reduce physical inactivity among all Canadians by 10% by 2003 (Craig, Russell, Cameron, & Beaulieu, 1999).

For more information about Alberta Learning’s physical education program, contact Val Oleksy at val.oleksy@ualberta.ca.

**Other Alberta Initiatives**

Other initiatives focus on Alberta student health or on measuring student learning in relation to health or physical education.

**Alberta Learning**

The Alberta Initiative for School Improvement (www.learning.gov.ab.ca/k_12/special/aisi/), a collaborative provincial project funded by Alberta Learning, provides resources for local school initiatives to enhance student learning. For example, some Alberta schools are implementing a project to improve and measure student learning in health and physical education. The results of these projects will help us to gather evidence about the benefits of health and physical education in schools.

**Alberta Community Development**

The Active Lifestyles Portfolio organizations (including the Alberta Centre for Active Living) collaborate to increase the number of physically active Albertans through programs, services, research, and advocacy. The member most closely aligned with youth is Schools Come Alive (www.schoolscomealive.org).

**Joint Ministry Initiatives**

Ever Active Schools supports teachers and administrators in implementing health and physical education. The project is funded by Alberta Health and Wellness, Alberta Community Development, and Alberta Learning, with additional support from Alberta Children’s Services. For further information, visit www.everactive.org.

Developed by Alberta Learning, Alberta Health and Wellness, Alberta Children’s Services, and the Alberta Mental Health Board, the Student Health Initiative promotes integrated health and related support services for children with special health needs, so that they can participate fully in education programs. Services eligible for funding include speech-language therapy, physical therapy, occupational therapy, audiology, respiratory therapy, and nursing and emotional/behavioural supports. You can get more information about this initiative from www.learning.gov.ab.ca/shi.

The Alberta Children and Youth Initiative supports a cross-ministerial approach to children’s issues to ensure that Alberta’s children are safe, well cared for, successful at learning, and healthy (www.acs.gov.ab.ca/pdf/ab_child_initiative.pdf).

**Conclusion**

Many of the projects and initiatives discussed above target students with special needs. Some of these projects promote health-enhancing behaviours (e.g., health and physical education in schools, Ever Active Schools). We need to continue to connect programs and projects, using the Comprehensive School Health model, to ensure that Alberta children and youth lead a healthy lifestyle based on their individual potential.

References available on request or from the Alberta Centre for Active Living web site at www.centreforactiveliving.ca.
The Ever Active Schools Movement
Margaret Schwartz, Provincial Coordinator,
Ever Active Schools

Defining Ever Active Schools
The Ever Active Schools program is moving and shaking across Alberta. Family game nights, nutrition policies for school stores, hikes integrated into science classes, daily intramurals, parent participation in walking and running events, daily fitness breaks—these are just a few examples of Ever Active Schools activities.

Canadian children are becoming progressively overweight and obese (Tremblay & Willms, 2000). Increased dietary intake might also be related to TV watching, either during viewing or in response to food advertising. Canadian children and youth are not active enough to lay a solid foundation for future health and well-being (Canadian Fitness and Lifestyle Research Institute, 1998). Active students are less susceptible to stress, show positive attitudes about school and themselves, are less aggressive, and play better with others (CAHPERD, 1992).

Ever Active Schools is a membership-based program open to all Alberta schools. This program encourages, identifies, and recognizes schools that promote healthy behaviours. Ever Active Schools also provides resources, connections, and assessment tools, so that schools can analyse current practices and implement individualized action plans.

The fall 2000 pilot program involved schools all across Alberta. Over 40 schools implemented Ever Active Game Plans, designed to increase each school’s health behaviours. For information on the Game Plans, visit the Ever Active Schools web site at www.everactive.org.

The Ever Active Schools Framework
Ever Active Schools reaches far beyond curriculum, providing a framework for school communities to identify strategies in four areas (the four “E’s”):

• **Education**: Ways to improve program delivery in instructional settings, particularly in the health and physical education curricula.
• **Everywhere**: Active living initiatives in the community and opportunities for increased cooperation among the school, home, and community.
• **Everyone**: Opportunities to increase the activity of all students, including those identified as inactive and at-risk.
• **Environment**: Initiatives for alternative play spaces or policies and procedures that increase the well-being of the school, e.g., a nutrition policy or daily physical education.

“Since we became an Ever Active School, our staff has begun to walk every morning. Not only has this provided positive role models for our students, but the staff have provided feedback that they are personally feeling healthier and stronger.” Kim Brophy, St. Vincent’s Elementary School, Edmonton.

One of the valuable features of this program is that it allows schools to determine individual needs, and then to plan actions (using a Comprehensive School Health model) to reach their goals.

Samples of Promising Practices

**Education**
Many schools have increased professional development for their teachers to improve their health and physical education program delivery. Some schools are also augmenting the amount of time spent on physical education. For example, Graminia School increased its physical education time to 160 minutes per week for every student (and Banff Community High School jumped to 200 minutes per week), both demonstrating a commitment to physical activity.

**Everywhere**
Judy Zilinski, the principal of Kensington Junior High School in Edmonton, arranged for students to leave buses and cars a short walk away from the school entrance.

**Everyone**
Many Ever Active schools sponsor initiatives to increase student and family participation in the program. For example, St. Vincent’s Elementary School in Edmonton walked a distance equal to that between Edmonton and Disneyland;

Midnapore School in Calgary walked the Trans-Canada trail (twice!); and

Weinlos Elementary School in Edmonton tied their school community to the city’s 2001 World Championships and walked to Bolivia.

The Ever Active Schools program allows schools to plan a finale event that brings parents, staff, and students together to celebrate the program. Some parents have also increased their health behaviours after being involved in the program. For example, Holy Trinity High School in Edmonton invited parents to join students in the fitness rooms.

**Environment**
Examples of environmental results include:

• Students at Notre Dame School in Red Deer mentored pupils in local elementary schools.

• Banff Community High School supported programs for adolescent females.

• Other schools increased their intramural programs or introduced no-cut policies for interschool athletic programs (e.g., Camrose’s Charlie Killam School).

**Future Plans**
We will use the Game Plans from this year’s pilot schools as examples for future Ever Active Schools projects. We will also continue to collect data on how to improve Ever Active Schools and increase participation.

In the fall of 2001, Ever Active Schools will include the outcomes of the K-9 health and life skills curriculum. Health and life skills will assist student learning in three general outcome areas: wellness, relationships, and lifelong learning. For more information about the program, visit www.everactive.org or call 780 454-4745.

References available on request or from the Alberta Centre for Active Living web site at www.centre4activeliving.ca.
The Obesity Epidemic among Children and Adolescents

Mary A. T. Flynn, PhD, RD, PHINutr (Coordinator, Nutrition and Active Living), and Kerri Staden, BSc(Hons), BCom, RD (Nutrition Specialist), Health Promotion and Disease Prevention, Healthy Communities, Calgary Health Regional Health Authority

How Serious Is this Crisis?

We are seeing dramatic increases in fatness levels worldwide. The spiralling increase in diseases associated with obesity, such as diabetes and heart disease, is so critical that many experts now describe this situation as epidemic.

Obesity is notoriously difficult to treat. Among those who lose weight, regain is very common. Many people put back additional pounds in this yo-yo process, which research indicates may actually harm long-term health. Thus, recent attention has focused on obesity prevention, recognizing that strategic targeting of children and adolescents represents the best hope of effective change.

Between 1981 and 1996, the number of overweight Canadian children aged seven to 13 dramatically increased. As many as a third of girls and almost half (42%) of boys are overweight (Tremblay & Willms, 2000). The seriousness of this situation is evident in the many significant health risks associated with being overweight during the growing years.

Why Is this a Problem?

The first aspect of the problem is the widespread abhorrence of fatness. Although overweight adult women are the most stigmatized group, prejudice is also strong against overweight adult males, adolescents, and children. Research has shown that even six-year-olds are intensely aware of the cruel ridicule that most overweight children face every day. In fact, psychosocial issues are often seen as the most significant influence on the health of overweight children and adolescents. Fad slimming behaviours among children and adolescents can lead to growth failure and delayed puberty. Young girls, especially, risk developing disordered eating behaviours, such as frantic dieting and purging. The harmful pressure to be slim is shown in the increasing number of teenage girls who start smoking in order to control their weight.

Serious physical consequences of obesity (such as heart problems, pancreatic disorders, and breathing failure when sleeping) are rare in children and usually affect only the severely obese. However, overweight male adolescents can face higher heart disease death rates in adulthood (some risk persists even for boys who become a normal weight during adulthood). No such risks are associated with fatness during female adolescence. The higher risk for boys may be due to their natural propensity towards leanness in adolescence.

Another major source of concern is the increase in Type 2 diabetes among obese adolescents in genetically at-risk groups (e.g., Aboriginals and East Indians). Type 2 diabetes is associated with obesity and inactivity (this type of diabetes used to be called adult-onset diabetes because people believed it only affected middle-aged adults). Type 2 diabetes is very difficult to treat and is associated with a high risk of cardiovascular disease and other complications.

Overweight children and adolescents also experience higher blood pressure and blood-fat levels. How these risks translate into heart disease later largely depends on whether the child becomes an overweight adult. Long-term follow-up studies also suggest that the overweight children/adolescents of obese parents are most at risk for long-term obesity. Unfortunately, the increase in obesity means that many more overweight Canadian children fall into this risk category.

Defining Our Terms

The term overweight describes body weight in excess of the normal range for height. The term obesity is applied when body weight exceeds more than 20% of the normal weight range for height in adults. In children and adolescents, whose height is changing due to growth, overweight and obesity are more difficult to determine, and generally the term overweight is preferred.

What Can We Do?

Effective obesity prevention programs for children and adolescents need to promote healthy behaviours in relation to nutrition, active living, and body image. A supportive environment will involve everyone, including health professionals, schools, community programs, and families.

Even with a nutritious diet and regular exercise, some children will always be heavier than others. Fostering life-long habits in exercise and healthy eating in these children requires particular sensitivity, but yields great benefits for future health. We need to build these skills during childhood because most obese adults were of a normal weight as children.

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Physical Activity Facts for Children and Youth

- Two-thirds of Canadian children are not sufficiently physically active for optimal growth and development.
- Barriers for children to participate in physical activity include: competitive stress; parental pressure to excel; lack of fun; lack of play time; limited opportunity for improvement; and dissatisfaction with the coach or instructor.
- The likelihood that youth will never smoke is directly related to the level of physical activity.
- Girls who are active in sports are 92% less likely to use drugs and 80% less likely to have an unwanted pregnancy.
- 25% of Canadian children are considered overweight and this figure is on the rise.
- According to a 1998 Gallup poll, 75% of the Canadian population is in favour of implementing 30 minutes of daily physical education in our schools. However, only 10% of our 15,800 schools have quality physical education programs on a daily basis.

News about Canada’s Physical Activity Guide for Children & Youth

More progress has been made on Canada’s Physical Activity Guide for Healthy Active Living for Children and Youth. This first-ever set of national guidelines will build awareness about the importance of physical activity to healthy growth and development.

The new Guide will also encourage first steps toward behavioural change, increasing the likelihood that children and youth will adopt physical activity as an important part of their daily lives.

A joint initiative between Health Canada and the Canadian Society for Exercise Physiology (CSEP), as well as other key partners, the Guide will serve as the foundation to reduce physical inactivity among young Canadians and help address the growing epidemic of childhood obesity.

Progress to Date

In the works since March of 1999, the Guide has already passed several key stages of development:

- two background papers on the biological and psychosocial issues that relate to physical activity for children and youth;
- a literature review of marketing strategies for similar initiatives;
- prototypes of the Guide developed for use in a series of focus tests;
- concept testing to evaluate the practicality of the Guide and its components.

Key Recent Developments

Other recent developments include:

- the formation of an Evaluation Committee to work on the framework to evaluate the success of the Guide’s implementation and other key factors;
- a Youth Advisory Committee has been representing youth from all regions of Canada and providing input throughout the process;
- the Canadian Pediatric Society held a national meeting to initiate a Physical Activity and Health Strategy with the Guide as the flagship component.


Source: Adapted with permission from Health Canada’s Launch News (Fall, 2001).
Physical Activity During Adolescence

Allan Fein, PhD candidate in Exercise Science, University of Toronto

While many studies associate physical activity with decreased chronic illness in adults (e.g., cardiovascular disease, Type 2 diabetes, osteoporosis), physical activity in childhood can also positively affect other important factors, such as self-concept, self-esteem, and even romantic appeal (Malina, 1994; Calfas & Taylor, 1994; Allison & Adlaf, 1997).

Disturbingly, only 33% of Canadian adolescents are active enough to enjoy these benefits—and this proportion decreases to 25% in studies of girls (Canadian Fitness & Lifestyle Research Institute, 1998b). Increasing physical activity among Canadian youth is a priority, but how do we go about changing the behaviour of this group?

Using Theory as a Guide

In a recent review article, Sallis, Prochaska, and Taylor (2000) identified approximately 50 biological, psychological, behavioural, and social variables related to adolescent physical activity. (However, this article also revealed that very few studies have examined the relationship between physical activity and the physical environment.)

This lack of interest in the physical environment might mean that researchers are ignoring a very important connection. Plants and animals adapt their behaviour to their physical environment (e.g., bears hibernate once the temperature gets cold). Therefore, human behaviour might also be influenced by variables in the physical environment. Thus, a physical environment conducive to physical activity might motivate adolescents to be active.

Relating Physical Activity and Physical Environments

In 1999, a group of studies on the relationship between the physical activity behaviours of youth and physical environments was conducted at the University of Alberta (Fein, Plotnikoff, Wild, & Spence, in press-a and in press-b). These studies had two purposes:

• to determine the connection between objective and perceived physical environments related to physical activity;

• to examine the relationships among physical activity, the perceived physical environment, and the perceived importance of the physical environment.

To answer our first research question, 850 male and female students in four high schools in rural Alberta completed a self-report questionnaire. This questionnaire measured students’ perceptions of their school physical environment (e.g., equipment and facilities) as related to physical activity. At the same time, two researchers objectively assessed the school physical environment by taking actual measures of activity spaces and equipment using an audit tool (The School Physical Activity, Physical Environment Scale). Researchers found only a small mean difference between the perceived and objective scores, meaning that individual perceptions generally matched the objective assessments.

To deal with the second research aim, 610 high school students in rural Alberta completed a self-report questionnaire relating their perceptions of the physical environment to physical activity in their homes, neighbourhoods, and schools. Students rated how each physical environment element (e.g., paved roads, specific pieces of equipment, or types of facilities) affected their decision to be physically active. For example, students were asked whether or not their neighbourhood had sidewalks, streetslights, or paved roads, and how these elements affected their decision to become physically active. Each area (the home, neighbourhood, and school) had its own result for this variable.

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Physical Activity During Adolescence, continued from page 7

The researchers found that the home, neighbourhood, and school physical environments were all significantly associated with physical activity (explaining 5% of the variance). The perceived importance of the school’s physical environment was significantly related to physical activity (explaining 8% of the variance).

In order to determine the effects of the physical environment on physical activity behaviour (as opposed to the effects of the non-physical environment), aspects of the non-physical environment (age, grade, self-efficacy, peer network, family network, and teacher relationship) were introduced before entering the perceived physical environment and perceived importance of the physical environment variables into the equation. The studies found that the physical environment and perceived importance of the physical environment together helped to explain physical activity behaviour slightly more than the other non-physical variables (accounting for an added 4% of the variance).

Summing Up

Our studies concluded that:

- adolescents’ perceptions of their physical environments in relation to physical activity generally matched the objective measurements;
- physical environments directly related to physical activity behaviour;
- policy makers and practitioners need to determine the value of a type of activity before making any changes to the physical environment (because the perceived importance of the physical environment is positively related to physical activity behaviour).

The studies examined four sites with similar physical environments. Before drawing firm conclusions, we should analyse sites with similar social, psychological, and biological profiles, but dissimilar physical environments (so that we can distinguish the physical environment from other factors). However, our studies did show a connection between the physical environment related to physical activity and physical activity behaviour. We now know that the physical environment should be considered during the planning, implementation, and evaluation of programs focused on adolescent physical activity.

We also need to undertake further longitudinal studies to determine the nature of the relationships between environmental variables and physical activity, and to develop more precise measures of our physical environments and how these environments relate to physical activity behaviour.

References available on request or from the Alberta Centre for Active Living web site at www.centreforactiveliving.ca.

Well-Being Goes Active!

The Alberta Centre for Well-Being has changed its name to the Alberta Centre for Active Living. “The name change is part of a shift in focus at the Centre,” Judith Moodie, Director of the Centre, explains. “Over the years, our focus has changed. Our primary mandate is to support practitioners and organizations to improve the health and quality of life of Albertans through active living and physical activity.” Active living is commonly defined as a way of life in which physical activity is valued and integrated into daily living.

The Centre surveyed its major stakeholders and clients, and found them overwhelmingly in favour of the name change. As Moodie comments, “Our new name clarifies our focus on research and education on physical activity within a health promotion context.”

The Centre launched its new name and profiled its work in promoting active living at a reception at the University of Alberta on October 3. The reception also included a tribute to Dr. H. A. (Art) Quinney, Professor and Associate Vice-President (Academic) at the University of Alberta, and Alfred Nikolai, Director of Development, Fairview College. Quinney and Nikolai (who coordinated the Active Lifestyles Program at the provincial government’s Department of Recreation and Parks) were instrumental in the founding of the original Alberta Centre for Well-Being.

If you have suggestions or questions, we’d like to hear from you.
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Mission statement of the Alberta Centre for Active Living
Supporting practitioners and organizations to improve the health and quality of life of Albertans through physical activity.