Whose Responsibility is Health Anyhow?

By Cynthia Smith, Director, ACWFB

Information alone will not facilitate change, but organizing community action, creating supportive environments and re-orienting health services while developing personal skills will.

Cynthia Smith

Individual responsibility for one’s well-being is entrenched in our culture. We raise our children to be responsible adults. The message, “you control your own destiny” is conveyed by motivational speakers, weight loss promoters, and financial managers, amongst others. At a recent health information technology conference, Alan Nyman, Associate Deputy Minister of Health Canada, stated, “Canadians today are being called on to take increasing responsibility for their own health and that of their families.” A truism, especially in the era of health care cutbacks.

Unfortunately the measure of self-responsibility can work against those who are struggling and many are, as they are blamed for not taking better control of their health. Congratulations are rarely accorded to those who work within the system to provide care to the least well among us.

Equitable access to employment, health and social services, and educational opportunities by all members of our society will improve the health of the population. Information alone will not facilitate change, but organizing community action, creating supportive environments and re-orienting health services while developing personal skills will. Health is a shared responsibility; between those whom the program or services are targeted toward, and the providers and funders of those programs or services.

The logic of WeSpring contains stories which highlight how collective responsibility benefits the health of Alberta communities. The successful Family Health Networks create the right community infrastructure to help us all afford the health services we need. The Ontario government recently announced its plan to increase capacity on global health matters, which can help rebuild some of the damaged health care in Canada.

Canadian children live in poverty! I quote from the Speech from the Throne, “while families have the greatest responsibility in the nurturing and development of our children, they are not alone. Developing our children requires a concerted effort and partnerships by parents, governments, and private and voluntary sectors. It requires focusing on what children need to thrive.” The well-used phrase “it takes a community to raise a child” plays out in my mind. Health Canada will be investing in healthy child development by establishing.

WellSpring, the department hosted a presentation recently in Edmonton. Dr. Clyde Hertzman, physician, epidemiologist, professor at University of British Columbia and a member of the Canadian Institute for Advanced Research, provided overwhelming scientific evidence. A multi-sectoral approach to investing in young children will benefit Canada in the global economy, not to mention the improved quality of life for each citizen. Taing Bharti, Director, Population Health Development Division of Health Canada, spoke about the political will and public support for children’s health. Taing added a more personal challenge to each of us. He asked what we can do in our own communities to create a better future for children? After all, it is our responsibility.

References:
Centrle Happenings

Are You Current?
We are updating the Health in Action website and contact directory. If you have not updated your program, service or research since June 1997, please visit www.health-in-action.org and update your information directly. Or contact Gwen Fernsworth at Ph. (403) 453-8653, Alberta Toll-Free 1-800-661-4551, Fax (403) 455-2092, or E-mail: gfernswor@pet.slc.ab.ca.

Staff Changes
Gwen is the new Research Assistant for Health in Action with the Centre. Gwen graduated from the University of Alberta with a Bachelor of Arts Degree in Recreation and Leisure Studies, in the Recreation through Physical Activity pattern. Gwen was a former practicum student at the Alberta Centre for Well-Being in 1993. Since graduation Gwen has worked with various sport and recreation associations and has coached recreational to elite athletes. In her spare time, Gwen enjoys spending time with her husband and two children.

The Centre would like to welcome David Tennant as a permanent volunteer. David has been volunteering his time and energy with the Centre since May 1997. Recommended to us by Chrysallis, an Alberta society for citizens with disabilities, David has assisted all staff members with photocopying, filing, mailing, sorting and many other important tasks. Welcome to the team, David!

Betsy Lee has returned from a 6-month maternity leave, to the position of Communications Coordinator (CC). The Centre would like to thank Rem Griffiths, interim CC, for all his hard work and contributions during that time, and wish him well in his future endeavours.

New Board Members
The Centre would like to welcome two new Advisory Board members:
- Angela Daly is the Wellness Program Coordinator with Lifestyle Services at Keyano College. Her Bachelor of Arts degree in Sociology and Psychology has helped her to appreciate the societal needs in individual and group settings. Angela hopes to create awareness of the provincial health and wellness programs and/or services that may be utilized by residents of northeastern Alberta.
- Russ Keeler works with Calgary Parks and Recreation with the Community Resource Services Department. He has a Bachelor of Physical Education from the University of Calgary, and has sat on various non-profit boards from the health and well-being sector. Russ has a personal and professional interest in fostering the advancement of well-being in Alberta communities.

Educational Opportunities
Look for information on our upcoming Spring 1998 speaker series.

Congratulations
The Centre congratulates our Research Coordinator, John Spence, on his successful doctoral defense on Wednesday, October 8th, 1997 at Concordia University in Montreal. His dissertation on entitled Anabolic-androgen steroids: A review of meta-analyses, is a meta-analysis of the physiological, psychological, and ergogenic (performance-enhancing) effects of anabolic steroids in healthy humans.

From the Resource Library
by Felicia Taylor
Library Assistant, ACIFWB

Recent Acquisitions
The Development Wheel: A Workbook to Guide Community Analysis & Development Planning (1994) - derives from the practice of Westcoast Development Group and many other community economic development practitioners in Canada and the United States. This workbook is designed first and foremost to help First Nations become effectively involved in CED planning. (75 pages)
Economic Burden of Illness in Canada, 1993 - a Health Canada report which provides a conservative estimate of the main direct and indirect costs of illness. It recommends a continued refinement of cost-of-illness estimates, as well as research, health promotion and disease prevention focused on illnesses with the greatest "health burden." (50 pages)
Good Health Online: A Wellness Guide for Every Canadian (1997) - by Jim Carroll and Rick Broadhead, Canada's bestselling Internet authors, a quick guide to the internet and health-related, health care, and medical information. (182 pages)
Health in Perspective: Smoking Prevention and Cessation Resource for Young Females 10 to 15 Years of Age (1996) - this two-part fun, active living program is by the Canadian Immunological Research Associates (CIRA) and teaches critical life skills to adolescent females using a youth-by-youth approach. Includes a Facilitator's Guide (70 pages) and Peer Leader's Guide (150 pages).
Harassment in the Workplace: A Selection of Articles from the Alberta Labour Library (1997) - an annotated bibliography of articles written from 1992 to 1997 dealing primarily with sexual harassment but including racial harassment, bullying, and how to handle religious expression in the workplace context. (6 pages)
New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts (1995) - authored by members of the Roundtable on Comprehensive Community Initiatives for Children and Families at the Aspen Institute in New York, this volume contains six papers on evaluation in the area of community initiatives. (225 pages)

Older Adults are ABLE!
Aging Better with a Little Exercise
by Jennifer Tainings
Project ABLE Coordinator, ACIFWB

Older Adults have been identified as a leader in the areas of coordination and leadership of older adult physical activity. The creation of the ABLE coordinating unit provides a central place to gather and disseminate information on a provincial-wide basis. As a community-based unit, we are desperately in need of information from YOU! What physical activity programs are being offered in your communities for older adults? Is there a unique exercise program that others might benefit from?

This fall, exciting gains have been made in the area of older adult physical activity. The Alberta Centre for Gerontology, which is situated at the University of Alberta received approval and a "first of its kind" directory was produced entitled the PE & Recreation - Physical Activity and Exercise Programs for Older Adults (Edmonton). The Directory lists 165 physical activity programs for older adults in the Edmonton area and the food guide and will be released in the new year. An Older Adult Supplement Guide will follow over the next year or two. The year 1999 celebrates the International Year of the Older Person with the theme "Toward a Society for All Ages". We are all aging, growing, and changing. Are you ABLE? Are you better with a Little Exercise."

Send your information and comments to:
Jennifer Tainings at the Alberta Centre for Well-Being or e-mail jennifer.tainings@ualberta.ca.

What is Health Anyway?
The Alberta Centre for Well-Being understands that optimal health is not simply the absence of disease, but a dynamic process involving the delicate balance of physical, mental, emotional, social and spiritual well-being. Factors that contribute to health include active living, employment and working conditions, social support networks, physical environment, income, child development, education, and healthy behaviours.
Introduction

The 1997 Alberta Survey on Physical Activity, conducted by the Alberta Centre for Well-Being (ACFWB), not only monitored the physical activity level of Albertans (Spence, 1997), but also categorized the sampled population into stages of physical activity behaviour. The popularity of the stages of change model, a component of The Trantheoretical Model (TTM), has been evident in initiatives to promote behavioural change (see O’Donnell, 1997). The stages of change model has also been used to describe the current physical activity status of populations (e.g., Perkin, Guzman, & Niggert, 1997). Knowledge of the distribution of Albertans across the stages of physical activity allows us to identify target groups for appropriate interventions and provides a format for tracking the effectiveness of such interventions.

Methodology

The sample consisted of 1206 adults aged 18 years and over, which were drawn from three separate samples to represent the cities of Edmonton, Calgary, and the remainder of the province. Respondents were contacted using the technique of random-digit-dialling performed by the University of Alberta Population Research Laboratory, as part of their annual Alberta Survey. The survey took place between December 1996 and January 1997.

Information on demographics, current leisure-time physical activity (defined as 3 or more times per week, 20 minutes or more each time), past activity, and intention to participate in future physical activity were collected. Frequency and intensity of physical activity were also surveyed, along with perceived benefits and barriers to regular participation in physical activity.

Sixty-two percent of the total number of valid households responded to the survey. A random sample of this size is considered accurate 19 times out of 20 within plus or minus three percent. While the age category and gender of the sampled population can be taken as an adequate reflection of the overall Alberta population, further division into subgroups within the sampled population does not necessarily represent the Alberta population. Therefore, prudent generalization of the findings to the overall population is advised.

A four-step categorical algorithm was used to categorize the sampled population into six stages:

- **Precontemplation (does not currently exercise and does not intend to in the next six months),**
- **Contemplation (does not currently exercise but is thinking about beginning to exercise in the next six months),**
- **Action (currently exercises for less than six months),**
- **Relapse-Precontemplation (does not currently exercise, but has participated in the past six months, and has no intention to participate within the next six months),**
- **Relapse (does not currently exercise, but has participated in the past six months with intention to participate again within the next six months),**
- **Maintenance (currently exercises regularly for more than six months).**

Results & Discussion

Almost half of the sampled population have maintained a physically active lifestyle for the past six months (Table 1). Although the percentage of people in the Maintenance stage has increased since 1995 (44%), the change is not significant. While a greater percentage of females are in the contemplation stage, more males are in the maintenance stage. Also, a gradient can be observed across both income and education with a greater percentage of those at the low end of these indicators being less active and less likely to be active in the future, and those at the higher end of these indicators being more active.

While the changes to the overall distribution of the stages of physical activity behaviour of the total sample were not significant between 1995 and 1997, a dramatic increase in the percentage of seniors (55+ years old) in the Maintenance stage was found. In addition, this age group also demonstrated a decrease in the Precontemplation stage from 1995 (Figure 1). Based on the 1995 Alberta Survey, physically active programs targeting older individuals were recommended (Munney, 1999). Perhaps this increased involvement in continuous physical activity demonstrates the success of programs targeting seniors and information campaigns about the benefits of physical activity in preventing osteoporosis, heart disease, and other ailments.

Apart from the data presented in Table 1, other information was gleaned from this survey. For example, while the majority of contemplators were female (60%), those who regressed from being physically active in the past to not even thinking of future involvement (Relapse Precontemplation) were mostly male (62%). Also, 51% of contemplators believed they would receive less exercise than they needed. On the other hand, the majority (66%) of the people in the maintenance stage believed they were getting as much exercise as they needed.

**Table 1. Percentage of Alberta Population (1997) in Selected Stages of Physical Activity Behaviour**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Precontpl.</th>
<th>Contpl.</th>
<th>Action</th>
<th>Maintenance</th>
<th>Relapse Precontpl.</th>
<th>Relapse (Total)</th>
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<td>Gender</td>
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<td>Male</td>
<td>17</td>
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<tr>
<td>Female</td>
<td>18</td>
<td>12</td>
<td>3</td>
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<td>&lt;30 years</td>
<td>8</td>
<td>11</td>
<td>7</td>
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<td>30-39 years</td>
<td>15</td>
<td>9</td>
<td>8</td>
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<td>40-54 years</td>
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<td>14</td>
<td>6</td>
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<td>55+ years</td>
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<td>7</td>
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<td>Annual Income (Household)</td>
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Summary

While we should be encouraged by the fact that almost half of the Albertan population are maintaining an active lifestyle, and that seniors are showing increased participation, there are areas for improvement. Approximately 23% of the population is sedentary and almost 20% of the population has no intention of becoming active. There is a need for more policy initiatives and better public health campaigns targeting inactive Albertans. Finally, since social economic status (SES) consistently proves to be a moderator of physical activity participation, some assistance has to be given to the social and environmental limitations that people of low SES experience in this regard.

References


Figure 1

Habitat for Humanity
and Healthy Homes

by Gord Moore

"My kids cried when we had to go to the project," said Inez Jackson of Raleigh, NC. "It was a very scary situation. There were guns, rats and roaches everywhere," Jackson said the emotional toll of such conditions makes it hard for people to have any hope for the future. But Habitat helped restore their hope. Habitat offers them a whole new beginning for us," she continued. "I saw change in my children immediately. We had working 600 to 500 hours on their own home or similar projects. They work with people who have given up their free time so that the family will have a simple, decent home. At the dedication service when the house is complete, the partner family is often in tears as they come to realize that people really do care for their family. Habitat gives them hope that the world is not such a bad place. Recently a mother of seven healthy sense of working together. Judges work beside lawyers, bankers with clients, teachers with students — everyone works with the partner family building for the community. It is a true expression of the word "neighbor". They may argue about religion, politics, or politics, but building a simple decent house for someone is something they all can agree on.

Many think that the government should take a more prominent role in housing. In a news release from the Western Premiers' Conference, dated May 30, 1997, they agreed that the National Children's Agenda was an important step to improve the well-being of Canadian children and families. The Premiers "acknowledged the importance of early intervention and concluded by noting recent studies which indicate that social and economic conditions, especially in childhood, have profound impact on population health and subsequent social and economic well-being."

While government policies are a first step in the right direction, Habitat for Humanity has 50,000 families in simple, decent homes. Habitat does not accept government funds for the construction of new houses or the repair of existing dwellings. It does accept funds for the acquisition of land, and for the construction, utility and maintenance of facilities, but only if the funds have no strings attached. The work of Habitat continues because communities take initiative and responsibility for one of its own.

Habitat for Humanity can never solve all of the world's housing problems. But if it can improve the health of a partner family, and encourage people to work together for their community, it will have made the world a healthier and happier place.

"I had a daughter with cerebral palsy and was looking for an accessible house for them," said Ron Deery of Edmonton, Alberta. "I was very happy with the quality of work and the attention to detail. The house was complete in 15 months. This was a great experience for my family."

Habitat’s dedication ceremony is a special event for the partner family. It is an opportunity for the family to express their gratitude to the community. Habitat provides affordable housing that allows families to live in safety and security. Habitat for Humanity is a global effort to provide decent housing for all people. Habitat’s mission is to eliminate poverty housing by working for simple, decent homes in partnership with self-helping families. Habitat for Humanity is a non-profit organization that relies on the support of volunteers, donors and partners to achieve its goals.

Shared Responsibility

To improve health and create a healthier society through the cooperation and shared responsibility of all members of society.

We must work together to improve health. Individuals, families, communities, government and other agencies share the responsibility for creating health. Each has a role to play.

An intersectoral approach to improving health means involving representatives from a wide variety of groups. This includes business, labour, health professions, education, justice, environment, recreation, social services, non-government organizations, and other agencies. All levels of government, including Aboriginal governments, must also be involved.

The health service system has a significant role in this partnership. An effective health service system is one that responds to community needs and is willing to provide alternative delivery methods. Health services must be appropriate to the social, cultural, spiritual and economic needs of the community.

The individuals, families and communities of Saskatchewan have both the right and the responsibility to work together to create health.

Who's Going to Protect Mother Earth?

The weakening of Alberta government's role in environmental protection

Excerpts from The Pembina Institute March 1997 Report

request public scrutiny of the project. This approval process has been replaced by one requiring only a registration for a number of these activities.

Application for a "registration" does not require that the public be notified. Consequently, there is no opportunity for the public to provide input on pollution reduction or monitoring conditions, nor to appeal a decision to grant the proposed activity a license.

Rejection of Public Input and Scientific Advice

Although the provincial government has conducted public consultation and scientific research activities for several important public policy issues during this decade, its track record in actually following up on recommendations is poor. For example, the Northern River Basin Study was a $12 million, 4-year scientific research project and public consultation exercise that clearly demonstrated that the Wapiiti-Smoky River system near Grande Prairie was too polluted by pulp mill effluents to support more development. Despite this finding, the provincial government granted a license to Grande Alberta Paper to construct another pulp mill on this river system. Earlier, this company had been granted an allocation of forest land after the government ignored an own $1 million scientific study (the Stetson study) advising against further allocations of uncommitted public forest in northern Alberta due to a shortage of timber and forest land sufficient to meet ecologically-sound management criteria.

Reduced deterrence for non-compliance in pollution prevention

Deterrence for non-compliance requires a significant commitment to frequent, randomized, surprise inspections. However, budget cuts have required the government to reduce its staff of inspectors and hold constant its investigations and enforcement workforce. Without capacity to provide the on-the-ground detailed inspections, AEP and the EUB have dramatically increased their dependence on industry to self-monitor its environmental protection compliance and self-report infractions.

Increased political interference in the environmental protection role of government

The Pembina Institute's current research has indicated that regionalization — the decentralization of much of AEP into regional groupings — has been politically driven by the "turf" interests of rural Conservative MLAs. This transition, occurring during a period of radical downsizing, has increased the level of chaos and inefficiency within the AEP. A serious risk for this regionalized department is that the political influence of local MLAs and resource developers may inappropriately affect decisions taken by AEP staff on licensing or investigation issues.

An apparent example of this type of influence is that of Sunpine Forest Products, based in the Minister of Environmental Protection's riding, lowering its utilization standards, breaching operating ground rules, and tripling its annual allowable cut.

Conclusion

The Pembina Institute takes the view that the provincial government's policies of downsizing, deregulation and regionalization have seriously eroded the capacity of the province to provide effective environmental protection. The capacity will be further eroded if it carries out the additional cuts proposed for the next year.

The role of the government as an environmental "policeman" is essential for both the protection of the environment and a sustainable economy. Government must set the standards and ensure compliance through effective inspections and enforcement.

Without government in this role, the "bad actors" of industry, interested in reducing costs, will drive an overall lowering of environmental standards as their competitors are forced to compete.

The ideology shared by much of the current government caucus, that effective environmental protection regulations hurt the economy, must be reversed. The political leaders of Alberta must catch up with governments and businesses around the world who are building strong, efficient and sustainable economies by achieving more environmental protection from their industries, not forcing them to do less.

The Pembina Institute is an independent, citizen-based organization committed to environmental protection, resource conservation, and environmentally sound and sustainable resource management. Copies of the Pembina Institute's research may be obtained from Pembina Institute for Appropriate Development, Box 7558, Drayton Valley AB T7A 1S7, Ph: (403) 542-6972, Fax: (403) 542-6974, E-mail: info@pembina.ca

Sincerely,

Christmas and Best Wishes for '98

to all our friends, volunteers, partners and sponsors from the Alberta Centre for Well-Being!

In lieu of cards this year, we will be donating the funds to a worthy charity on your behalf.

Have a healthy and happy holiday season!

For more information, contact Nickey Institute, Box 34067, Kingway Mall PO, Edmonton AB T5G 2G6, Ph: 403-459-1094 or 1-800-459-1094.
Sometimes simple ideas have substantial implications and offer tremendous possibilities.

"Healthy communities are everyone’s responsibility." That is one such simple, but significant idea. It was the perspective of scores of Albertans who recently explored the idea of "Reinventing Community" at a conference hosted by the Alberta Congress Board.

Reinventing Relationships

The past few years have seen dramatic economic and political change, which has had a powerful impact on communities. Alberta has not escaped this change. Many communities are struggling with challenges to their well-being, in a way not unlike the experience of a person who is in a crisis, lost a job, had a marriage break up and was diagnosed with a chronic health condition.

"The real issue for communities is one of reinventing relationships," says Tom McGee, the mayor of Drayton Valley. McGee believes that people must have a sense of identity if they are going to contribute to creating a healthy community. If everyone is not involved, it is going to be difficult to accomplish things in a time of diminished resources, McGee feels.

Responsibility - A Key Concept

Dr. David Morris of the Institute for Local Self-Reliance in Minnesota identifies responsibility as one of the three key concepts in developing strong communities. He sees authority, responsibility and capacity as the three issues which interact to determine the state of a community. "With the globalization of economic activity, we are being uncompelled in a sense of responsibility to each other," Morris claims. He points out that 51 of the 100 largest economic units in the world are not political (nations or provinces) but corporations. Greater "localization" of politics is necessary to create a tension with the globalization trend and give communities a better chance.

Morris's research leads him to conclude the size of a community is an important issue. "Small is usually more profitable and efficient," he maintains. In some parts of the United States where very large schools were dealing with many problems, experiments with creating smaller schools within one large building have resulted in improvements.

As members of a community exercise their responsibility, they must have opportunity to say both "yes" and "no". Morris fears that innovation is often choked in communities because we tax the things we should be encouraging, such as work and property, but do not discourage the things that harm community, such as pollution, inefficient and layoffs.

Community as Home

Dr. Roy Wilson, President of the Alberta School Boards Association and a faculty member at Medicine Hat College, identifies characteristics of a community which suggest we need to know each other if we are to maintain community health. He says people must have pride in their community and believe with integrity and tolerance. "Responsibility means the possibility of each individual pursuing what is best for them, with the support of others," Wilson explains.

He feels the ability of a community to develop shared responsibility is impaired when groups within a community are recognized as "top" or "bottom" structures. He feels the concept of the community as the "home place" encourages us to get back in touch with each other. "This will prevent local communities from being overpowered by large outside forces," Wilson says.

Wilson and Morris's perspectives on community responsibility were strongly shared by 150 Albertans at the conference who worked in small groups to develop specific suggestions about the nature of viable and healthy communities, and the responsibilities which go with developing and sustaining such communities. They described the character of a healthy community by such words and phrases as:

- sustainability
- collaboration and cooperation
- full participation
- shared vision of the future
- developed through an inclusive process
- the importance of communications
- trust and transparency
- "Attitude is everything," one participant suggested. Another observed, "The road to healthy community is always under construction."

Challenges for the Community

Nurturing healthy communities calls for practical action, not just agreement on theoretical principles.

- Communities need to be recognized as complex structures, where the physical, economic, governance and social components are interconnected. A change in any one will have implications for all the others. Any action in a community is also linked to the community's past in various ways and has implications for its future at different points in time. Such complexity gives immense importance to honest and dariring cooperation.
- David Morris called for communities to understand that they cannot approach their own health without regard to other communities. The test for a mature understanding of community responsibility will be seen in such developing issues as global warming, he thinks. "The communities of the northern hemisphere create most of the global warming problem but will be the least affected by it. Will we feel any responsibility to behave differently in such circumstances?" he wonders.
- Morris also says there is a challenge for communities to encourage rootlessness without allowing themselves to become stagnant. Having all sectors of the community more locally-based is helpful. Research suggests that employer-owned firms - which tend to have such rootlessness - are more successful. In the financial sector, the further away from a community that the authority to approve loans lies, the greater the danger of poor decisions being made.
- Taking mutual responsibility for the health of our communities will require a commitment to continuous learning for all, according to Wilson. He points to the city of St. Albert as an example of exciting action to create a continuous learning community. Also, full cost accounting helps everyone better understand mutual responsibility for a community's health. "Too often all we have considered has been price," Morris explains. "Full cost is much more complex. When a municipal government uses salt on winter roads, the price of the salt may be pennies, but the true cost to the community may be very great."

Conclusion

Andrew Carnegie was asked long ago which sector was most important in a community — business, labour or government. He responded with his own question: "Which is the most important leg on a three-legged stool?" David Morris's work on the nature of a healthy community points to a similar close relationship between authority, responsibility and capacity in determining community health.

Jim Gurnett is Executive Director of The Hope Foundation, which is dedicated to studying and providing services related to the intentional use of hope in the lives of individuals and communities.

The Alberta Congress Board is a neutral, non-political organisation which brings people together to deal with critical environmental issues of mutual importance. They can be contacted at Suite 1002, 1001-98 Avenue, Edmonton AB T6E 2P7.

Tobacco Reduction: Circle of Responsibility

April 2 & 3, 1998
Coast Plaza Hotel
Calgary, Alberta

Contact Isabel McPherson
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Edmonton LIFE – Monitoring the City’s Health

by Nicole Martel, MA
Edmonton Social Planning Council

The recent release of the Edmonton LIFE: Local Indicators For Excellence report signifies an important step in assessing the well-being of Edmontonians. The report is part of a collaborative, ongoing project monitoring the city’s social, environmental and economic health. It is a valuable tool, creating a benchmark from which people can begin to monitor change and assess trends.

The Edmonton LIFE project was a two-year undertaking which involved a broad spectrum of representatives from business, government agencies, social service organizations, environmental groups, and educational associations. Together, the participants identified four integral elements and corresponding indicators to measure quality of life in Edmonton. The Edmonton LIFE report is divided into four sections: Healthy Economy, Healthy People, Healthy Environment and Healthy Community. In each section, eleven indicators were selected from the elements of this report and monitored on an annual basis.

The quality of life indicators constitute an important tool which decision makers can use to gauge the health of the community and to identify areas for action. For example, if the Student Academic Achievement indicator displays a downward trend, decision makers can develop initiatives to address the problem. Also, if an indicator is improving at a rapid rate, policy makers can examine factors behind the improvement and perhaps encourage a positive change in other areas. It is difficult to make decisions one way or another without understanding the reasons behind change and appreciating how one indicator can affect others.

Edmonton LIFE provides this knowledge in a comprehensive manner. Recognizing the interdependence of healthy people, communities, and the economy was the first challenge in creating an effective predictor for the quality of life in Edmonton. The next challenge is for policy makers, business owners, schools, communities, and individuals who live and work in Edmonton to recognize their responsibilities to the community. Edmontonians need to partner with initiatives that will foster the integrated health of the city’s environment, economy, neighborhoods and individuals.

The potential for collective, community action is great. The tools are there for Edmonton to use and there are many motivated people, businesses and groups proposing positive changes. Edmonton LIFE invites all Edmontonians to participate.

Complete copies of the report can be purchased through the Edmonton Social Planning Council, Suite 41, 9921-106 Street, Edmonton AB T5K 1C5, Ph: (403) 425-2031, Fax: (403) 425-6244.

Examples of Indicators for:

**Healthy Economy**  
- Development Activity  
- Municipal Expenditure on Debt  
- Labour Force Participation  
- Corporate Revenue Spent on Training  
- People With Income to Meet Basic Needs

**Healthy People**  
- Low Birth-Weight Infants  
- Physical Activity  
- Food Bank Demand  
- Crisis Support Calls  
- Consumption and Use of Addictive Substances

**Healthy Environment**  
- Private Vehicle Usage  
- Energy Expenditure Per Capita  
- Solid Waste Per Capita  
- Urban Green Space  
- Environmental Content in the Classroom

**Healthy Community**  
- Charitable Donations Per Capita  
- Public Safety and Security  
- Access to Medical Services  
- Volunteer Time  
- Leisure Activities

1998 - Canada

Eating Disorders: More than an obsession with thinness
Jan 7, Edmonton AB  
Contact: AADAC Training and Communication Services, #803, 10109 106 St, Edmonton AB T5J 3L7, Ph: 403/427-7305, Fax: 403/427-0456

Reminder to Breathe
Feb 17, Edmonton AB  
This course of relaxation and stress reduction techniques and topics is designed to help you discover techniques for dealing with personal stress, and to share with clients. Holistic approaches to be demonstrated by practitioners include Tai Chi, yoga, meditation, guided imagery, massage, energy fields, and nutrition. Contact: AADAC Training and Communication Services, #803, 10109 106 St, Edmonton AB T5J 3L7, Ph: 403/427-7305, Fax: 403/427-0456

Tobacco Reduction: Circle of Responsibility
Apr 2-3, Calgary AB  
A Western Canadian conference on strategies for creating a Tobacco-Free Western Canada. Contact: Isabelle McGregor, Ph: 403/541-0911 Toll-Free: 1-888-541-0911 Fax: 403/541-0915 Email: info@tobaccovision.com

Fit Richardson’s 98
May 1-3, Alberta

Native Spirituality and Culture in Addictions
May 20-21, Edmonton AB  
Contact: AADAC Training and Communication Services, #803, 10109 106 St, Edmonton AB T5J 3L7, Ph: 403/427-7305, Fax: 403/427-0456

Workplace Program of Studies: Dealing with Troubled Employees
May 21, Calgary AB  
Contact: AADAC Training and Communication Services, Calgary AB, Ph: 403/297-3028

Best Practices in Public Health
Jun 7-10, Montreal QC  
An Essential Contribution, A Promising and Exciting Future – The Canadian Public Health Association 89th Annual Conference

Cardiovascular Health: Coming Together for the 21st Century
Feb 19-21, San Francisco, CA, USA  
Contact: Cardiovascular Health Conference Secretariat, Office of Continuing Medical Education, Registration Office, University of California, San Francisco, CA, Ph: 415/476-5988, Fax: 415/476-0318  
Web: http://cmce.ucsf.edu

17th Annual Wellness in the Workplace Conference
Mar 18-19, Ann Arbor, MI, USA  
Contact: University of Michigan Health Management Institute, Ann Arbor, MI, Ph: 313/763-2362, Email: kncrocco@umich.edu, Web: www.umich.edu/~hmiwc

1999 - Canada

International Year of the Elders Contact United Nations Association in Canada, Ph: 613/322-5751

2001 - Canada

17th World Congress of Gerontology
July 4-6, Vancouver BC  
Contact: Dr. Gloria Gutman Chair 2001 World Congress Organizing Committee, Ph: 604/291-5062, 604/291-5066, Email: gerona@szu.ca

1998 - International Calendar of Events

Australian Summer School in Health Promotion
Feb 2-13, Sydney, Australia  
Contact: Australia Contact Course Convener, Ms Susan Ball, Vichal Health, PO Box 154, Casula South, Victoria, 3053, Australia, Ph: 613/943-3540, Fax: 613/945-5222, Email: vchal@health.vic.gov.au, Web: www.vichalhealth.vic.gov.au

44th Annual Meeting of the American Society on Aging
Mar 25-28, San Francisco, CA, USA  
Theme: Critical Choices: Charting a Course for the Age Boom, Contact: AASA, San Francisco, CA, Ph: 415/974-9600, Fax: 415/974-0050

10th National Community College Wellness Conference
Mar 26-28, Denver, CO, USA  
Theme: Wellness in Wholeness: Reaching Body and Mind, Contact: National Wellness Institute, Stevens Point, WI, Ph: 1-800-245-6097, Fax: 715/342-2979, Email: mwell@iwow.org

17th Annual Wellness in the Workplace Conference
Mar 18-19, Ann Arbor, MI, USA  
Contact: University of Michigan Health Management Institute, Ann Arbor, MI, Ph: 313/763-2362, Email: kncrocco@umich.edu, Web: www.umich.edu/~hmiwc

9th Annual Art and Science of Health Promotion Conference
Mar 22-28, Montreal, QC, Canada  
Theme: Health Promotion Across the Lifespan, Contact: American Journal of Health Promotion, Kego Harbor, Monterey, CA, Ph: 218/682-0707, Fax: 218/682-1212

44th Annual Meeting of the American Society on Aging
Mar 25-28, San Francisco, CA, USA  
Theme: Critical Choices: Charting a Course for the Age Boom, Contact: AASA, San Francisco, CA, Ph: 415/974-9600, Fax: 415/974-0050

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Our Mission: To enhance the health and well-being of individuals and communities in Alberta by providing leadership through educational, research and networking opportunities regarding healthy, active lifestyles for well-being practitioners through collaborative efforts.

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