Director's Note
by Cynthia Smith, Director, ACFWB

Centre for Well-Being (ACFWB) has its roots in physical activity. In 1986, the Canadian Summit on Fitness confirmed the shift from a strictly fitness focused approach to one that includes benefits to the total well-being of the individual as a result of being physically active. Building upon this broader perspective, the ACFWB was created in 1996 to provide well-being information and services to practitioners and researchers in Alberta. Our operational funding comes from the Alberta Sports Recreation, Parks and Wildlife Foundation. In the years since our inception we have broadened our philosophy to include a health determinants approach both in what we do and who we serve, but we always stay close to our physical activity roots. For example, the ACFWB research mandate prioritizes one: establishing the case for incorporating physical activity as part of a healthy lifestyle; monitoring the status of and understanding the determinants of healthy, active lifestyles and best practices related to active lifestyle programs.

Many people ask me how physical activity and the lifestyle approach relates to health promotion and where active living fits in to the health determinants approach. The ACFWB’s definition of well-being or optimal health includes the physical, social, emotional, mental and spiritual aspects of life and finding a balance between these five segments of well-being. Social and physical environments, employment and working conditions, income, child development and healthy behaviours, including active living, all contribute to health.

The ACFWB’s definition of well-being includes the physical, social, emotional, mental and spiritual aspects of life and finding a balance between these. Social and physical environments, employment and working conditions, income, child development and healthy behaviours, including active living, all contribute to health.

be considered premature," A recent World Health Organization (WHO) meeting stressed the benefits of active living. WHO Assistant Director-General, Dr. N.P. Napolitano, pointed out that "the growing sedentary lifestyle and the changing burden of disease ... make it necessary to identify health enhancing strategies that are safe, effective and low cost such as increasing physical activity."

Physical inactivity is a major public health concern. In recognition of this fact, the department of Alberta Community Development took a leadership role in creating the Alberta Active Living Task Force. Last spring, this multi-sectoral committee undertook 18 community focus groups around the province to establish a set of key concerns and strategies required to support an active and healthy Alberta where physical activity is viewed as an investment in the health and quality of life of individual Albertans and to the vitality and prosperity of Alberta communities. Recommendations from these consultations have been made to the Standing Policy Committee of government and will hopefully form part of a provincial strategy to improve the health of Albertans by facilitating programs and information such as those presented in this Special Edition issue of WellSpring. I'll keep you posted in future issues of WellSpring.

References
2. Canonical Public Health Association Health Digest, Volume XXI, #1.
Centre Happenings

Educational Update:
Jean Kilbourne/Body Image Workshop

by Marie Carlson, Education Coordinator, ACFWB

"You dieted and went to heaven," "Good girls control their appetites," "The more you subtract the more you add..." These are a few of the deeply embedded messages about women's bodies and self image that advertisers communicate to us daily in magazines, on TV, in videos, entertainment and in the shockingly stringent standards of beauty and fashion. Also considered with this picture, including our disordered attitudes about eating and body image, was the topic of an provocative evening presentation entitled Eating Our Hearts Out: The Obession with Thinness given by Jean Kilbourne on June 4 in Edmonton.

Dr. Kilbourne is internationally recognized for her pioneering work on alcohol and tobacco advertising and the image of women in advertising. Her films, slide lectures, and television appearances have been seen by millions of people throughout the world. The award-winning films based on her lectures include Slim Hope, Still Killing Us Softly, Calling the Unborn and Pack of Lies. Her book Killing Us Softly: Romance and Rebellion in Advertising will be published by Henry Holt and Company in 1998.

This event, sponsored by the ACFWB in partnership with Grey Nuns Women's Wellness Resources, The Osteoporosis Society, LeMoritz Network, The City of Edmonton Community Services and others attracted 175 persons seeking to hear and discuss these important issues. Participants had the opportunity to meet with Jean and to network at a reception following her talk. Copies of a Resource for Change List (US and Canadian versions) prepared by Dr. Kilbourne are still available in the ACFWB's Resource Room. Phone 453-8692 and ask for the resource coordinator.

On June 5, sixty people gathered at Grant MacEwan Community College for a day of facilitated workshops on "Breaking the Mirrors: Shattering Myths about Body Image." The morning kicked off with a rousing performance of See Jane Run, a Northern Light Theatre production which examines the playful and serious sides of women and girls in sport. The workshops and facilitators were:

- "New Reflections: Redefining Healthy Body Image" with Dr. Carol Konyruk, Medical Director of the Eating Disorder Education Organization; "Action to Power: Women and Physical Activity" with Dr. Linda Blade, Athletic Director, North American Baptist College; and "Media Savvy - Ad Busting to Advocacy" with Sharon McCann, Manager, Film Classification Services, Alberta Community Development.

Participants reported numerous insights as well as a keen interest in furthering their understanding of the issues beyond analysis and critique to strategies for change. If you are interested in participating in an electronic discussion group on the topic of women and body image, please contact Marie Carlson at the ACFWB (ph 453-8591 or toll free in Alberta 1-800-661-6591) or by e-mail at marie.carlson@alberta.ca and let us know!

More ACFWB educational opportunities on page 8...

ACFWB Good Byes and Hellos

Cathy van Ingen

All the staff at the Alberta Centre for Well-Being with Cathy van Ingen the best of luck as she departs for the University of Toronto to do a conjoint PhD in Physical Education and Women's Studies. Cathy worked at the Centre for over two and a half years as a Research Assistant and through her work she made many valuable contributions by working on the Alberta Tobacco Control Inventory, Health In Action and various other research projects. Cathy will also be missed for the many contributions she made to the social wellness of our office environment.

Pauline P.L. Poon

Pauline P.L. Poon is welcomed aboard as a new Research Assistant at the Centre. Pauline graduated in 1992 with a BA, in Psychology and went on to complete a M.A. in Sport and Exercise Psychology in 1996. She will be working closely with the Centre's Research Coordinator, John Spence, on many ongoing research projects.

Alberta Centre for Well-Being

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.

Director: Sylvia Smith
Communications Coordinator: Ron Griffith
Education Coordinator: Marie Carlson
Resource Coordinator: Tracy C. Kirupov
Administrative and Network Assistant: Ivy Reynolds

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Brenda White, Health Consultant, Calgary
Dawn Wilkins, Center for Health Promotions, University of Alberta
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Carla Lapointe, Capital Health Authority

Project A.B.L.E. Coordinator: Jennifer Tuttles
Research Coordinator: John Spence
Research Assistant: Pauline P.L. Poon
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Don, Faculty of Physical Education and Recreation, University of Alberta
Alfred Nikolai, Manager, Active Living, Alberta Community Development
Merrill Clark, Family Life Counsellor, St. Paul Health Unit
Health, Physical Education, Recreation and Dance.

CAMPYRED's perspective on the American report highlights the significant findings related to youth and physical activity, including the benefits of recreation and organized physical activity, particularly in terms of participation and enjoyment.

Benefits of Recreation: The report notes the importance of recreation in promoting physical activity and well-being. It highlights the positive impact of organized recreational activities on both physical and mental health, and suggests that these activities should be made accessible to all, particularly in underserved communities.

The Inclusion Action Plan: Increasing Active Living Opportunities for Persons with a Disability: The report advocates for the inclusion of people with disabilities in active living programs. It emphasizes the need for barriers to be removed to ensure equal access to physical activity opportunities.

Advances in Exercise Adherence: An editorial by Dr. K. Dishman (1994) discusses the importance of understanding adherence to exercise programs and the role of motivation and self-efficacy in maintaining physical activity.

Living With Exercise: Improving Your Health Through Moderate Physical Activity: A guidebook for promoting physical activity among individuals with diabetes, it emphasizes the benefits of moderate physical activity in improving blood sugar control.

Running Through My Mind: Thoughts on Physical Activity and Sport (1990): A collection of essays on the role and meaning of fitness, wellness, sport and sportswomen, and the importance of physical activity in promoting health and well-being.

Active Living Newsletter: A bi-monthly publication that highlights current physical activity information and resources from across Canada.

Recent Acquisitions: The Name of Health (1996) - a six-part video series produced by the Open Learning Agency in Burnaby, BC, that examines different aspects of the health determinants model. Accompanied by a manual and facilitator's guide.

Improving Health in the Community: A Role for Performance Monitoring (1997) - a summary report from a U.S. Institute of Medicine sub-committee that discusses the need for evaluation and monitoring of health at the community level.
Take the Trail to Active Living

by Rob Gardner

Active Living encourages people to walk, ride, cycle or ski. This approach inspires people to use their own energy to get around instead of relying on petroleum. Albertans are ready for this message. In record numbers, we are turning to bicycles for transportation. Walking for pleasure has become the top recreation activity in Alberta.

But where does all this activity occur? Albertans have always had excellent recreation trails in the mountains. More recently, during the eighties, the Heritage Fund provided tens of millions of dollars to bring these same opportunities to our urban areas. Over one hundred villages, towns and cities in Alberta now have trails. In total, we have over 10,000 km of trails across our province.

Now we need the linkages which will connect these facilities into a system. These might be short trails, like the one between Hanna and the nearby lake. These might be "friendship trails", like the one joining Black Diamond and Turner Valley. A "friendship trail" is also being planned to join Grimshaw and Peace River.

These communities have found that a simple pathway does more than physically join their towns. It builds pride in a community, and provides a comfortable way for walkers. Together, these communities find the many benefits of recreational trails.

Children no longer need to ride on highways to reach the local park. Elderly residents can still experience the natural environment while remaining close to the security of their homes.

People of all abilities find that reaching their destination becomes enjoyable in itself. Travel at a human pace puts us back in touch with the somewh small details of our town.

west and north-south portions of the Trans-Canada Trail.

Roughly speaking, the former will pass from Banff through Calgary to the Cypress Hills. The northward route will start in Calgary, then pass through Edmonton, Athabasca, Peace River and Fort Chipewyan. In addition, a canoe route will follow the fur trails from Athabasca to Fort McMurray and on to Fort Chipewyan.

With the general corridor identified, Alberta TrailNet is now accepting proposals for trail development. Community groups, recreation associations, and municipalities are encouraged to get involved! So far, the grants for trail construction have been the main motivation for applications. However, the ongoing publicity associated with the Trans Canada Trail will be more valuable in the long run. Proponents report that the projects bring together people who would not ordinarily meet, connecting rural and urban, cyclist and hiker, young and old.

This concept, which began as a recreation and preventative health project, has grown into a community development opportunity. For this reason, Alberta TrailNet has proposed that the provincial trail network be included in Alberta's 2005 Centennial celebration.

How you can get involved:

• If you like this idea, phone your MLA.

• If you want to sponsor a metre of Trans Canada Trail, call 1-800-465-3636.

• If you want more information on Alberta TrailNet or how to prepare a proposal, call (403) 527-2052.

Letters to the Editor

We welcome your comments and feedback concerning the Alberta Centre for Well-Being and your WellSpring publications.

E-mail: mail@wellspring.ca

Mailing address: Communications Coordinator Alberta Centre for Well-Being Percy Page Centre, 3rd Floor 17/79 Great Road Edmonton, AB T5M 3K6

Healthy Aging: It's Never too Late to Start!

by Jennifer Tuiten

Are you an adult who is Aging Better with a Little Exercise? (A.B.L.E.) Involuntary physical activity as part of your daily life style will allow you to be AB LE - and do more of the things that you enjoy for the rest of your life!

One of the most effective approaches to advance current public health appears to be health promotion among aging adults through increased physical activity (U.S. Surgeon General's Report, 1996). Active recreation, walking programs, strength training, and skilled leadership for exercise classes are currently in huge demand. Project A.B.L.E. is a provincial coordinating unit based at the Alberta Centre for Well-Being that was formed in April of 1997 to address this growing demand for activity leadership and resources in older adult programming. Project A.B.L.E. will provide resources and information for those interested in leading programs.

For more information please contact: Jennifer Tuiten (Williams) Project A.B.L.E. Coordinator (403) 455-8602 Fax: (403) 455-2092 1-800-661-4551 (Call first in Alberta)

Jennifer.tuiten@alberta.ca

In April of 1997 Jennifer started as the Project A.B.L.E. Coordinator. Jennifer graduated with a Bachelor of Arts degree in Social Sciences from The King's University College in 1993, and went on to receive her Bachelor of Recreation Studies degree from the University of Manitoba in 1996.

WANTED! Advisory Board Members for the Alberta Centre for Well-Being

The ACWFB is looking for two new Board Members who are interested in well-being and health promotion.

I must be from southern Alberta and from northern Alberta (excluding Edmonton).

This is a two year term with two meetings per year.

Interested individuals should contact
Ivy Rosvold at 453-8692 or 1-800-661-4551 before October 24 to receive an Advisory Board information package and an opportunity.
URGENT ACTION ALERT
From Action on Smoking & Health (ASH)
Call your MLA and Premier Klein in support of the proposed Alberta Tobacco Reduction Plan

On August 25, a delegation of provincial health organizations led by Dr. Sharon Campbell met with the Standing Policy Committee (SPC) on Health Planning to seek provincial government support for the proposed Alberta Tobacco Reduction Plan. This government MLA committee is responsible for reviewing programs, services and legislation pertaining to health in Alberta and to make appropriate recommendations to Cabinet and Caucus.

In the presentation, delegates expressed the need for the Alberta government to join with the alliance of 50 organizations to implement the Alberta Tobacco Reduction Plan. Specifically, the committee was asked to (1) make tobacco reduction a priority; (2) to support the Plan in principle; and (3) to provide government funding. The total government funding options were presented to the committee including a reallocation of existing tobacco taxes and equalizing the taxes between cigarettes and fine-cut (loose) tobacco.

Questions from committee members focused mainly on the implementation and funding of the Plan. Word has it that the presentation was well-received by the committee although a decision regarding government support is probably a few weeks off.

The SPC presentation has received provincial media coverage, including some remarks from Premier Klein suggesting that he is lukewarm to the proposal. Unfortunately, it appears that the Premier may not have been well-briefed about the Plan as his comments did not reflect the specifics of the proposal.

In an effort to demonstrate the degree of support that exists for the Alberta Tobacco Reduction Plan, we are urging all concerned individuals to call your local MLA and the Premier's Office to express your support for the Plan at your earliest opportunity.

To reach your MLA toll-free, call the RITE government line at 319-0000 between 8:00 a.m. and 6:00 p.m. (weekdays only) and they will put you through. You can also reach the Premier's Office, by calling the RITE line and dialling 427-2251. Please be sure to contact your MLA and the Premier's Office to express your support of the Plan.

You are also invited to request a MEETING with your MLA to discuss the need for the Alberta Tobacco Reduction Plan. If you are able to arrange a meeting, please contact our office and we will provide you with a background briefing package.

Thank you for your prompt attention to this urgent action alert!!!

“A 3% increase in participation in physical activity by Canadian citizens would save tax payers $41 million in annual health care costs.”

—Canadian Sport Council, 1995

The use of “stages of change” in Exercise and Physical Activity: A Critical Perspective

by Wendy M. Rodgers, Pauline L. Poon, & John C. Spence

The resiliency of health threatening behaviours poses enormous barriers to health practitioners trying to convince clients or at-risk patients to adopt new behaviours. Prochaska and DiClemente (1983) generated a model that looked specifically at intentional behavioural change. The Transtheoretical Model (TTM) focuses on the dynamic nature of health behaviour change and postulates that any behaviour change is likely to occur through a series of intermediate stages. The model, and its popular stages of change, was first applied for smoking cessation (DiClemente & Prochaska, 1982), but has since been used with various other health-related behaviours. Marcus et al. (1992) have defined stages of change for exercise as follows:

1. Precontemplation: Currently does not exercise and does not intend to start exercising in the next six months.
2. Contemplation: Currently does not exercise but is thinking about starting to exercise in the next six months.
3. Preparation: Currently exercises regularly, but does not intend to exercise more often.
4. Action: Currently exercises regularly, but for less than six months.
5. Maintenance: Currently exercises regularly, and has done so for longer than six months.

As researchers in exercise and physical-activity promotion, we have seen many studies, of late, using the TTM/stages of change in our area. At the most recent American College of Sports Medicine conference in Denver, findings from a major physical-activity clinical trial (Project Active, Steven Blair and colleagues, Cooper Institute, Dallas, TX) were presented in which the TTM was the key behavioural component. We have no doubt that the frequency of studies using the TTM/stages of change will only increase further because of this significant presentation and its subsequent publications. However, we do have some concerns about how the TTM is applied and measured in the exercise area. In particular, we are concerned about the common practice of focusing solely upon the stages of change and representing them as synonymous with the TTM. The stages of change are a critical component of the TTM but not the only component as the reader will soon see.

To the practitioner, using the stages of change is very appealing, as it seems to describe a "process" that a person might go through in the adoption of exercise or an active lifestyle. The stages are certainly useful in the description or categorization of individuals before intervention. By definition, however, this is where the utility of the stages themselves ends. The other components of the TTM (see Prochaska & Marcus, 1994), including the decisional balance analyses, processes of change, and self-efficacy do give some direction as to the mechanisms of change, which the stages by themselves do not address. For example, there is little overt direction on how to move a "contemplator" into the "action" category. This must be gleaned from patterns among the constructs that distinguish the stages. Furthermore, once moved along, no guarantee exists that an individual will stay in the "category" that led to the "contemplation" and "action" stages are rare, and not necessarily in any particular progression. That is, someone in "action" can lapse back to "precontemplation" anytime.

References

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John C. Spence, M.A., is Research Coordinator at the Alberta Centre for Well-Being. He can be contacted at (403) 492-1053 or via E-mail: jspence@ualberta.ca
The Canadian Physical Activity Fitness and Lifestyle Appraisal (CPAFLA): A Fundamental Challenge to Assumptions

Research Director, Rick Hansen Centre, University of Alberta.

Typically, the health and fitness appraiser relies on an assessment and prescription-oriented approach. An individual has his or her fitness assessed and a program prescribed. Traditional approaches to issues associated with health and fitness in the general population have met with mixed results. Estimates of drop out from prescribed activities range from 60-90% within a matter of weeks. The Alberta Heart Health (1991) survey for example, demonstrated that approximately 40% ofAlbertans remain sedentary. This occurs despite the fact that the exercise hypothesis is proven. Lack of physical exercise is clearly associated with increased risk for cardiovascular disease.

The root of adherence problems may lie in part in assumptions inherent in the assessments and prescribed approaches. One approach assumes that persons are aware of the importance of moderate physical activity for maintenance of physical and mental health; universally motivated to make personal changes at the same level of incentivatiation to make change.

A second set of assumptions has arisen out of the health and fitness "industry" which is not to be confused with the health and fitness profession; nor to suggest that the entire industry is problematic. The media-driven industry has grown asymptotically in North America to become a multi-billion dollar concern. Of course I refer to the TV and magazine based gurus who sell instantaneous solutions to personal fitness problems. Unfortunately, the messages of the "industry" have increasingly diverged from the legitimate messages of the health and fitness profession. This has resulted in a number of biased and flawed assumptions including: maximal results with minimal investment of time, money, energy and personal initiative. This applies to exercise and weight loss programs.

Research has clearly indicated that the previously noted assumptions are not only inherently flawed but fundamentally wrong. People are not universally ready to make changes. Theories of exercise adherence are legion. However, of particular relevance to the new CPAFLA is the work of Prochaska, DiClemente and others who have developed a stage and process theory of change. Rooted in social psychological interventions, Prochaska, DiClemente et al have observed that people make changes according to a series of stages and that progress through these stages is facilitated by a number of basic cognitive and behavioral processes. Smoking studies for example, have clearly indicated that prescription oriented programs are effective for only 15-20% of participants despite attendance. Adopting the premises of this model, the CPAFLA has been developed to integrate the uniqueness of individual intentionality to make changes, a basic problem solving counselling approach and a health-related fitness movement, all in a flexible framework to assist people in making purposeful changes in their lives in the areas of physical activity, fitness and lifestyle behaviors.

The CPAFLA may be thought of as a challenge to basic underlying assumptions that have arguably dominated health and fitness professions. A most important change is based on the dose-response relationship. There has been a shift away from the fitness orientation of the old model to an approach based on client factors regarding the importance of, and encouraging participation in regular physical activity.

An important development in recent years has been a change in our understanding of how much physical activity is necessary to derive basic health benefits. Our traditional approach has been to focus on vigorous activity such as running, swimming and cycling. However, research has demonstrated considerable health benefits of moderate intensity physical activity such as gardening, walking, etc. even in the absence of ideal or traditional combinations of E.L.T. (Intensity, Type, Time and Type) criteria. The dose-response relationship reveals that significant benefits including improvements in serum triglycerides and blood pressure accrue from moderate levels of activity. Aerobic fitness on the other hand requires working above certain threshold intensities and more rigid adherence to the E.L.T. principle. The CPAFLA approach now works with the client to challenge the old assumptions regarding high volume, high intensity exercise, and helps them to recognize the importance of consistent levels of moderate daily activity for significant health benefits. This shift in focus is also manifest in the use of health benefit zones as part of the counselling techniques compared to the old percentiles approach. Such an approach debunks the heavily fitness oriented approach of many fitness magazines and media. It also challenges the immediate association of activity and weight loss.

A second major change in the CPAFLA challenges the assumption of universal readiness and intentionality for making changes in lifestyle and physical activity patterns. Based on the work of Prochaska et al, the CPAFLA appraiser works with the client according to the client's stage of intentionality. Therefore, the pretentious or contemplative client may undergo a simple health and lifestyle appraisal and counselling designed to raise their awareness of the dose-response relationship. The action oriented client receives a full fitness assessment and counselling designed to improve their confidence in their capabilities to be active.

The approach is now based on sound communication and problem solving skills. The focus is on the development of personal insight and motivation in the client rather than simple prescription. It is hoped that this new and flexible approach, one which challenges basic health and fitness dogma, will be a further catalyst for encouraging regular physical activity and healthy lifestyle practices in the Canadian population.

You may contact the author at: Phone (403) 492-7158 / 3182 Fax: 492-71761
E-mail: g Wheeler@lps.ulberta.ca

Active Living with a Disability

by Ewen Nelson

Despite, or perhaps because of, a spinal cord injury 17 years ago, I lead a fairly active life. I get around using an electric wheelchair, and do require varying degrees of assistance through the day, but try not to let that get in the way of enjoying life to its fullest.

I am dismayed by how few people with disabilities choose to partake of the myriad of activities and undertakings which might constitute "active living." There are innumerable things to do, see, hear, feel, taste and experience, and almost all are available to people with disabilities.

I believe that it is a lack of confidence in one's own abilities and skills that prevents many people from trying new things that fall under the umbrella of active living. However, there are many resources to help build that confidence and those skills to "get the ball rolling".

For people interested in fitness and health, the Rick Hansen Centre is a good place to start and, once introduced to the basics, there are many community resources available to continue these pursuits. Those pursuits range from basic fitness to high performance sport.

The summer is a good time to start new ventures; the weather is more amenable to getting out and around with ease. There are gradually more and more transportation options available for people with disabilities—much more easily said and experienced in warm weather!

The many festivals that take place throughout the summer are a good place to either have fun and enjoy, or to volunteer one's time. Other volunteer opportunities abound. Once a person develops the ability to manage their time, disabilities exist more to enhance one's lifestyle than to limit it.

Ewen Nelson is the Director of Information Services for the Rick Hansen Centre in Edmonton. He has a wheelchair seat for the last 17 years, and enjoys festivals, good food & wine and the company of friends.

"Participation in leisure activities is positively related to family satisfaction, interaction and stability."

—Orthner and Mancini, 1990
It's good for my head and other Personal Benefits of Active Living According to Kids at Risk.

(Adapted, in part, from a paper presented at the 1997 HPEC/CAHPERD Conference held at Red Deer College in May, 1996.)

by Joanne Halas

In response to the challenge "Are we perpetuating myths or are we defining reality?" (Young, 1996), a recent pilot study explored the myth "into sports, out of courts" as a first step research program investigating the benefits of active living for youth at risk. Assuming that Strauchan (1997) got it right when he said that the individual participating in the physical activity program is the best judge of the worth of the program, what follows are a few excerpts of conversations with six "wise, old souls" i.e., a group of high risk thirteen to fifteen year olds who attended a school for adolescents with severe emotional and behavioral disorders. A phenomenological interview approach (Wessinger, 1994) was adopted as the most appropriate methodological tool for getting at the essence of the lived experience for these individuals.

As with all good stories, listening to these young people talk about their participation in the school active living program (which included daily physical education) provided unique insight into the value of physical activity. While their interpretations suggested many familiar physiological and psychosocial benefits of being "physical", outcomes such as anger management, learning to cooperate and being free to choose (feeling empowered) emerge as new parameters worthy of consideration (please see table 1). As well, the personal salience that "belonging" to a team might have for young people who are alienated from their families and disenfranchised from mainstream society might explain, in part, their attraction to sports. When you consider their personal needs and the pull they often feel toward deviant or delinquent behavior, many of their comments provided the subtle reminder that the physical is inseparable from the whole; to enable the body is to empower the spirit (please see figure 1). And what of the school that provides a variety of daily sport and physical activity options that the students like? Simply put, if kids are in school, they are not out on the street hurting themselves or others. Perhaps active living, when offered in a safe and supervised environment, might be an important tool to combat truancy.

And so, what does the phenomenon of physical activity as experienced by high risk students have to say about the proposition "into sports, out of courts"? At the 1992 National Symposium for Crime Prevention and Community Safety, it was definitively stated that prevention is the key to creating healthy communities. The young people in this study mentioned that the gym gave them "something to look forward to" in their school day. Is this myth or reality? One way or the other, their reflections regarding the potential positive benefits of a physically active lifestyle give well being practitioners something to focus their efforts upon as an option of care, both as prevention and intervention. Hopefully, continuing research in this area will provide sound empirical evidence to explain how active living is, as one young fellow explained, "good for the head".

References:


Table 1: Perceived benefits of physical activity

<table>
<thead>
<tr>
<th>Situational Outcomes (Immediate)</th>
<th>Positive processes relative to personal disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn off energy</td>
<td>Improves health</td>
</tr>
<tr>
<td>Have fun</td>
<td>Increases energy</td>
</tr>
<tr>
<td>Experience positive affect</td>
<td>Motivating</td>
</tr>
<tr>
<td>Experience a sense of accomplishement</td>
<td>Relieves boredom</td>
</tr>
<tr>
<td>Socialization (positive social interactions)</td>
<td>Releases stress</td>
</tr>
<tr>
<td>Positive processes influencing the individual's sense of self</td>
<td>Positive processes affecting behavior in school</td>
</tr>
<tr>
<td>Empowerment (freedom to choose)</td>
<td>Anger management</td>
</tr>
<tr>
<td>Improves skills</td>
<td>Cooperation</td>
</tr>
<tr>
<td>Enhances self esteem</td>
<td>Improves concentration</td>
</tr>
<tr>
<td>Provides a sense of belonging</td>
<td>Rejuvenates RELIEF academic pressures</td>
</tr>
</tbody>
</table>

Figure 1: Sample excerpts from interviews

"I enjoy getting together with my friends... kinda brings people closer together." "I think it gets everyone more socialize more."

"...you gonna watch who you're sorry roughing around with. Sometimes it gets into a fight."

"Like me and (a teacher), like I'm the dolphin, and he's the shark that walks around, and I attack his fin all the time, I have a fun time doing that.""Like we're the dream team.”

"It also helps people at school, cause, personally, we have problems, and uh, they're not concentrating on their problems, they're concentrating on a good game, being athletic, having FUN, so they're not worried about anything else that goes wrong."

Joanne Halas is a graduate student in the Faculty of Physical Education and Recreation Studies at the University of Alberta. She has been awarded a SSHRC Doctoral Fellowship and the Dr. George Sheehan Scholarship from the Hope Foundation in Edmonton.

For more information on Joanne's research into the benefits of active living for youth at risk, she can be contacted by e-mail at jhalas@univ.arizona.ca

"It costs more than 100 times per youth to incarcerate a child than it does to provide recreation programs."

—National Park Service, 1989
Nutritional Advice concerning Physical Activity

by Heather Schnurr, B.Sc., R.D.

Energy levels between exercise bouts. While a minimum of 55% of energy should come from carbohydrates for the recreational athlete, this percentage is increased to 65 to 70% for athletes in training. It is also important to limit the amount of fat consumed since this will facilitate the higher carbohydrate intake.

Replacement of fluid losses is the second major concern for those adopting a more active lifestyle. Fluid is readily lost from the body. Our bodies are about 65% water. A loss of just 1% of body weight is detrimental to performance. Sweating during exercise varies from person to person and is influenced by level

...to meet the energy demands of exercise, eating more frequently from the Grain Products Group and the Vegetables & Fruit Groups is recommended.

- Eating disorders and the female athlete triad (eating disorders leading to amenorrhoea resulting in low bone mineral density).
- The influence exercise has on a number of nutrients, for example, Vitamin E, Chromium, Iron, and the B Vitamins.
- Gender differences in energy metabolism during exercise.
  Generally, the nutrition prescription for most people engaged in physical activity is not that different from what is recommended for a normal, balanced diet. However, many Canadians do not meet the recommendations made by Canada's Food Guide to Healthy Eating. Therefore, the advice for those exercising regularly is to consume a variety of food groups. In order to meet the energy demands of exercise, eating more frequently from The Grain Products Group and the Vegetables & Fruit Groups is recommended. By emphasizing the carbohydrate rich foods from these two food groups, higher levels of exercise can be sustained.
  Athletes engaged in heavy training or endurance athletes do require significantly higher carbohydrate intakes to recover

References:

Educational Opportunities co-sponsored by the Alberta Centre for Well-Being

Women in The Workplace
Edmonton Centre, 7:30 AM to 8:45 AM

Facilitator:
Marie Carisse, HomoAIA. MA. (Sociology)
Education Coordinator, AC3WOB
For more information call Marie at 455-6929. To register call St. Stephen's College at 624-5311.

October 18
Women, Men and Work

Trends and issues in our changing labour market and society. Discuss what demographics, economics and future are saying about the future of work and the implications for women.

November 15
Cautions: Families at Work!

Drawing on individual experience, participants, will perform a workplace family-life organizational audit to pinpoint sources of tension and resources for change.

December 11
Sex at Work

A case study approach to the dynamics of sexual harassment in the workplace. Examine what employers and employees can do. Progressive workplace policies will be reviewed.

January 22
Workplace Health Promotion: from Individual Wellness to Social Well-Being.

Going beyond "ergonomics at the workstation" approach to understanding larger social factors which influence workplace health.

February 19
Organizations and Work Design: A Significant Determinant of Wellness.

Guest Facilitator TBA.

March 21
Work and the Human Spirit.

Creating a work-family-human/spiritual development mandate will be the focus of this session.

"Leisure provides opportunities for community involvement, shared management, ownership of resources and Community Pride."

Play: The Priceless Ingredient In Exercise

by Cathy van Ingen
Research Assistant, ACFWB

George Sheehan wrote that whenever you evolve to new heights as a person, you find that there was a writer there waiting to speak to you. George Sheehan, cardiologist, philosopher, author and runner, passed away in 1993. George Sheehan has been called the “philosopher king” of running and his life and words have inspired many.

Excerpts of George Sheehan’s writings taken from his seven books about the role of play in our lives:

When I began running in the early 1960’s, I made two discoveries. First I discovered my body. I found that my body was a marvellous thing and learned that the ordinary human body can move in ways that have excited painters and sculptors since time began. I also discovered play. The great discovery was that this wonderful body was made for play.

Fitness is important, not on the basis of longevity but on performance, not because it reduces risk factors for diseases, but because it contributes to growth. Physical activity has largely been about fitness by numbers, a product of an age of diagrams and equations. It is absolutely correct physiologically. But despite that, the fitness boom is only a marginal phenomenon. Unfortunately the books on fitness ignore play. They tell us “how to” and not “why”.

Physical educators spend their lives answering the question: “Why exercise?” The answer is to be found in yet another question: “Why play?” When we begin an exercise program, it is almost always for the wrong reasons. We seek physical fitness because we believe we have our bodies and want to do something to them, not because we are our bodies and wish to find out who we are.

We must discover that our body is equal to our soul. Oddly enough, this unity occurs most readily in play and sports, and in those exercise programs where the magical and mystical have taken over from the practical and pragmatic. The millions who get into exercise programs will succeed or fail, therefore, inasmuch as they move beyond the details of fitness, beyond tables and charts and schedules, and into the vital, creative area of play.

When exercise becomes play, it becomes a self-renewing compulsion. It becomes part of each day, part of your life. The fitness that ensues is simply a bonus.

In fact, if fitness remains the primary purpose and the play is never discovered, in all likelihood the fitness program will fail. You won’t persevere in an activity that is boring, mindless, and time-consuming.

Play, of course, is quite the opposite. It occupies us totally, and time passes without our noticing it. Play is one of those peak experiences described by Abraham Maslow. It is the price-

less ingredient in exercise. We should be like children at play.

The truck is that play is where we live. In running and climbing and swimming, in hunting and fishing, in riding horses and in playing games we become ourselves and open ourselves to experience. There, we find an inward calm and peace. There, thinking and feeling have a clarity that occurs almost nowhere else. And there, we discover a wholeness, a completion and an integrity that makes us want to celebrate our being.

Away from daily life, away from politics and religion, from economics and science, we see the universe and ourselves as being much more than logic and reason have taught us.

Exercise to lose weight. Run to lower your blood pressure. Bicycle to reduce your cholesterol. Swim to increase your cardiovascular function. Play tennis to help your breathing. Golf so you’ll sell more to clients. Do calisthenics to clear your brain. All these goals are good. But beyond all this fitness is the discovery of who you are.

Importance of Play

Children, who are athletes and poets and saints and visionaries all in one, engage in play naturally. They add dimension into their self-image and this is so basic that it is often impossible to separate chess and tennis from identity.

But in our adult lives we have lost the privilege of play. We have lost the capacity to enjoy the games of life. We have lost the gift of childlike wonder.

You must first find your play, and learn how to play it.

The first and basic commandment: Pursue your own perfection. You must find your play. What route you take depends on yourself. What you do must absorb you utterly and intensely, and to do it must be your game, your sport, your play. Exercise that is not play accentuates rather than heals the split between body and spirit.

Exercise that is drudgery, labour, something done only for the final result is a waste of time.

“We hope to play,” writes George Lenin, “signifies nothing less than our way of being in the world.” How long it will take is another story. One must go through discipline to get to freedom. Be assured it does not happen to beginners. Only when how you do a thing surpasses the thing you are doing can you break through the barriers to these levels of consciousness, your own inner depths.

When I run that happens, the body and the spirit becomes one, running becomes prayer and praise and applause for me and my Creator. When I run, I am filled with confidence and the faith that word contains. I can face unanswerable questions, certain that there are answers.

Running must above all else be play. But running isn’t every- one’s play. It must be an end in itself. It must provide for the child that magical moment when the world falls away. It must provide those experiences that are truly wordless. Play is something we would do for nothing, something that has meaning but no purpose.

When I run, I feel that for that one hour a day, I am a child finally doing what I want to do, and feeling I am doing it. When I do, I realize what happens to the body is simply a bonus. I must first play an hour a day, then all other things will be added on.

What, then, should you do? Run only if you must. If running is an imperative that comes from inside you and not from your doctor. Otherwise, heed the inner calling to your own play. Listen if you can to the person you were and are and can be. Then do what you do best and feel best at. Something you would do for nothing.

Something that gives you security and self-acceptance and a feeling of completion; even moments when you are fused with your universe and your Creator. When you find it, build your life around it.

This article was compiled by Cathy van Ingen, Research Assistant at the Alberta Centre for Well-being.

The Health Line: 453-8659

Alberta Consumer Health Information Society

Meeting Consumer Health Needs in the Community

What a difference a couple of years makes! The Health Line has been around since 1985, but it’s really in the past two years that consumer demand for basic, reliable health information has skyrocketed. The Alberta Consumer Health Information Society, through its automated telephoned message system, in continuing to administer and expand its service throughout the province. Albertans can now access over 300 different topics related to physical, psychological, emotional and social health and well-being issues.

Objectives include:

• to increase public awareness of health facts.
• to encourage a healthy, active lifestyle.
• to help individuals recognize early signs of health problems.
• to help individuals learn how to cope with injury and illness.

The Health Line currently provides free access, 24 hours a day to Edmonton and the local calling area. Efforts are underway to develop the service into a 1-800 line available to all Albertans by September of 1997. The success of this initiative is largely dependent upon key corporate partnerships presently under negotiation.

For more information call: The Health Line (403) 453-8659
Kevin Wilson, Coordinator (403) 453-8757

WellSpring
Research Corner

1997 Alberta Survey on Physical Activity: Preliminary Results

by John C. Spence
Research Coordinator, ACFWB

Introduction

The Surgeon General's report on physical activity and health (U.S. Department of Human Services, 1996) indicates that sedentary living is on the list of unhealthy behaviors along with smoking, drug abuse, and over eating that are threatening the nation's health domain. Also, the recent consensus statement on physical activity (Reachard, Shephard, & Stephens, 1994) and the Surgeon General's report both make the case for continued monitoring of our populations' physical-activity status.

Methodology

The survey included three separate samples drawn to represent the city of Edmonton, the city of Calgary, and the remainder of the province. The sample included persons 18 years-and-older who were living in a dwelling in Alberta and who could be reached by direct dialing at the time of the survey. Nursing homes and temporary residences were not included in the sample. Respondents were contacted using the technique of random-digit-dialing. The survey took place over a period of two months from December 1996 to January 1997. A total of 1206 Alberta adults aged 18 years-and-over were sampled for this study. The response rate to the survey (households responding vs. total number of valid households) was 62%. A random sample of this size is considered accurate within plus or minus three percent nine times out of ten. Further subdivisions of the data however do not necessarily reflect the selected subgroups of the population and caution must be taken in generalizing the findings to the population as a whole. Whereas the results from the age and gender breakdown of the entire province, Edmonton, Calgary, and Other Alberta may be taken as adequately reflecting the population segment, all other response categories will be limited to representing respondents.

The questionnaire was administered by the Population Research Laboratory at the University of Alberta as part of their annual Alberta Survey. Along with demographic information, pertinent questions asked about current leisure-time physical activity, past activity, and intentions about future activity. Also, respondents were asked about frequency of vigorous exercise participation, perceived benefits of exercise, and barriers to maintaining a physically active lifestyle.

Findings in Brief

Results are presented in brief for the province of Alberta broken down by region, household income, and education level. Also comparison data from 1995 is provided from both provincial (Spence, Munnamy, & Poons, Alberta Centre for Well-Being, 1995, ACFWB) and national surveys (Canadian Fitness and Lifestyle Research Institute, 1995; CFLRI).

* 55% of Albertans report current physical activity (more than 20 minutes per session, 3 or more times per week, moderate intensity). (Table 1)
* Reported physical activity rates are up by 3.8% compared to numbers from a similar survey done by the ACFWB in 1993.
* Of those Albertans who report not being currently active, 45% report being active in the past 6 months.
* Overall, 25% of Albertans are sedentary (i.e., no physical activity currently or in past 6 months).
* Those who exercise for at least 30 minutes per session have the highest likelihood of being physically active (Table 2).

Table 1. Current Reported Physical Activity* - Region

<table>
<thead>
<tr>
<th>1995 CFLRI</th>
<th>1995 ACFWB</th>
<th>1997 ACFWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary</td>
<td>53.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Edmonton</td>
<td>51.5</td>
<td>50.0</td>
</tr>
<tr>
<td>Other Alberta</td>
<td>49.8</td>
<td>52.6</td>
</tr>
<tr>
<td>Total Sample</td>
<td>54.0</td>
<td>51.2</td>
</tr>
</tbody>
</table>

* Participating in regular physical activity or exercise means doing something in your spare time 3 or more times per week, for 20 minutes or more each time, at a level that causes your breathing to be a lot faster, but where talking is still possible.

Proportion of Canadians reporting being active at least every other day (no minimum intensity requirements), CFLRI (1996b), Patterns of Physical Activity, Program in Prevention, Bulletin, No. 2.

Table 2. Current Reported Physical Activity* - Household Income

<table>
<thead>
<tr>
<th>1995 CFLRI</th>
<th>1995 ACFWB</th>
<th>1997 ACFWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$20,000</td>
<td>50.0</td>
<td>49.7</td>
</tr>
<tr>
<td>$20,000-29,999</td>
<td>49.0</td>
<td>45.3</td>
</tr>
<tr>
<td>$30,000-39,999</td>
<td>53.0</td>
<td>49.0</td>
</tr>
<tr>
<td>$40,000-59,999</td>
<td>53.0</td>
<td>45.3</td>
</tr>
<tr>
<td>$60,000-79,999</td>
<td>57.0</td>
<td>48.3</td>
</tr>
<tr>
<td>$80,000-99,999</td>
<td>54.0</td>
<td>62.4</td>
</tr>
<tr>
<td>$100,000+</td>
<td>57.0</td>
<td>63.6</td>
</tr>
</tbody>
</table>

Table 3. Current Reported Physical Activity* - Education Level

<table>
<thead>
<tr>
<th>1995 CFLRI</th>
<th>1995 ACFWB</th>
<th>1997 ACFWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td>43.0</td>
<td>45.9</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>55.0</td>
<td>57.2</td>
</tr>
<tr>
<td>Non-university</td>
<td>55.0</td>
<td>54.2</td>
</tr>
<tr>
<td>University</td>
<td>58.0</td>
<td>64.4</td>
</tr>
</tbody>
</table>

and national surveys (Canadian Fitness and Lifestyle Research Institute, 1995; CFLRI).

Since 1995, there has been a huge increase in reported physical activity among those 65 years or older (40.5% vs. 29.2%).

The wealthier and more educated Albertans are, the more likely they are to be physically active (see Tables 2 & 3). Thus SIS appears to be a determinant or moderator of physical activity.

References


Figure 1

Reported Physical Activity (% by age (yr))


18-24: 70
25-44: 60
45-64: 50
55+: 40

Summary

Apart from sampling error, the differences in self-reported physical activity from 1995 to 1997 may be due to the fact that Albertans are getting the message about adopting a healthy active lifestyle. Seniors in particular have received the message and are reporting a huge increase in physical activity. Also, preliminary analysis seems to indicate that, while physical-activity rates are up, vigorous exercise rates are down. Thus a shift from exercise to active living may be occurring in Alberta.
The Activity Zone is one of the main features of the Alberta Health and Wellness Plan, designed to promote physical activity and healthy lifestyles. The Zone aims to provide opportunities for people of all ages and abilities to engage in a variety of activities, including sports, fitness classes, and community events. The Zone is located in various locations across the province, including schools, community centers, and parks.

With the increasing focus on health and wellness, the Alberta government is committed to making physical activity accessible and enjoyable for all Albertans. The Activity Zone is one of the many initiatives aimed at promoting a healthy lifestyle and reducing the burden of chronic diseases.

The Zone is funded through a combination of federal and provincial grants, as well as contributions from local businesses and organizations. The Alberta government is working closely with community partners to ensure that the Zone meets the needs of the local population and provides a wide range of activities for all participants.

The Activity Zone is an example of how the government is taking a proactive approach to health and wellness, recognizing the importance of physical activity in maintaining a healthy lifestyle. By providing access to a wide range of activities, the Zone is helping to create a culture of health and wellness in Alberta, benefiting both individuals and the province as a whole.

Through the Activity Zone, the Alberta government is demonstrating its commitment to improving the health and well-being of its citizens. With continued support and investment, the Zone has the potential to become a sustainability model for other provinces and communities across Canada and beyond.
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Calendar of Events (continued from page 11)

Women in the Workplace
Breakfast Seminar Series
One Thursday per month, facilitated by Marie Carbon (Education Coordinator at ACWF) and sponsored by St. Stephen's College.

[ ] Oct 16: Women, Men and Work.
[ ] Nov 13: Career - Families at Work
[ ] Dec 11: Women at Work.

Workplace Health
Promotion - from Individual Wellness to Social Well-being
Jan 19: 9 to 11 a.m., Edmonton, AB
Design - A Significant Determinant of Wellness.
Mar 1: Health & the Human Spirit.
To register contact St. Stephen's Don Sheppard: 403-439-7311

Resilience Conference
Oct 22, Lethbridge, AB
Working from a Resilience Framework in Families, Schools and Communities. Sponsored by the Mental Health Promotion Commission of Southern AB, Phantom Venture, Bonnie Benid, M.S.W. Contact Hazel Mitchell, Lethbridge Community College: 403-528-7800.

3rd Annual Dropin’s Education Conference
Oct 22-24, Edmonton, AB
Seeks to establish a balance between providing humanitarian assistance to those in despair and promoting with disabilities. Cultural and spiritual differences in long term care settings, as well as skills and needs to gaining balance in personal and at home are discussed. Presented by the Boreside Care Society. Contact ACWF for copy of registration form or for more information contact Jean Silen: 403-377-7737

Keeping Body and Soul Together
Wellbeing, Healing and the Holy in Times of Stress
Oct 23-25, Edmonton, AB

20th Anniversary Wellness Workshop
Oct 27-28, Calgary, AB
This workshop will look at our journey together and the needs and challenges we face moving forward. To register contact Patricia: 403-439-7311 or 442-369-7793.

Health Care Expo ’97
Oct 28-29, Edmonton, AB
Expo on the latest and broadest gathering of health care leaders in AB, including a full conference program and trade show. It is an opportunity for health authorities, senior managers, and directors of facilities and programs, and associations and government representatives in network and to network with knowledgeable speakers. Contact Boba Aran: 403-528-7357 ext. 72, Arc, Edmonton, AB T6G 0B9, 403-436-9093, 403-437-5904, Email: health.mds@ualberta.ca, or Internet: www.health.mds.ualberta.ca

ARIS Conference
Nov 4-6, Jasper, AB
Alberta Recreation & Parks Association presents Mission Possible Conference and Environ Workshop. Contact ARS at 7977 190 Road, Edmonton, AB T6J 1E5, 403-435-6503, FAX: 403-435-9553. Email: arisinfo@aripark.ca, Internet: http://www.health-in-scholar.ca/arip

2nd Annual Designing Community Health Conference
Nov 19-21, Edmonton, AB
This year’s conference will focus on health and the ways we can promote health in our communities. To register contact: 403-282-4080, 403-435-6503

Implementing Workplace Wellness Workshop
Oct 27-28, Edmonton, AB
Tips will be shared from Laurie Schroeder’s experiences with many organizations, including her current work with Johnson & Johnson Health Care Systems. Contact Laurie at ATCS (Associated Training, Educational and Consulting Services) 403-251-2128

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