Happy New Year! In the media, recently I saw stories about parties welcoming the new millennium already fully booked. Although this worried social butterflies, like myself who don’t yet have a party to go to, I’m sure it reminded organizations who set goals for that elusive next millennium that it is approaching fast. The World Health Organization and its members have been working since 1978 to set the goal of “health for all” by the year 2000. However, as the world has experienced significant political, economic, social, cultural and environmental changes, the strategy needs updating. A consultation document titled “Renewing the Health for All Strategy” available in our Wellness Library has just been released with a focus on equity and health to guide regional and national policy development. The discussion paper stresses inequities that currently exist; for example “in 53 countries, representing 13% of the world’s population, the average life expectancy at birth is just 60 years, and there are still wide variations in infant mortality between countries.”

Equity is the focus of this issue of WellSpring as we return to a theme format for our newsletter. Equity is about removing barriers so that people can achieve the highest level of health possible. It is about sharing power and responsibility amongst members of the community to work towards the health of that community. It is about recognizing individual differences and respecting them; improving access to not just health services but parks and swimming pools for example; and making information and knowledge about topics such as nutrition and physical activity readily available. The greatest inequity of course is poverty. I hope you find the various articles on equity in this issue thought provoking and informative.

For a short update on the Alberta Centre for Well-Being: It was a year of personnel loss as several staff moved on to new endeavours; most recently Lesley Dyck who has a new home and lifestyle back at school in BC. Part time and project staff, Tara Pilkon and Tracy Ann Miller also moved on to a permanent position and to travel, respectively, at the end of the year. Hoy, when there is loss, there is opportunity and the three new people have moved in to fill the vacancies. Marie Carlson, Education Coordinator, is an educator with experience working with the Boyle Street Planning Office, Edmonton Board of Health and the Women’s Resource Centre, amongst other agencies. Betty Lee, Communications Coordinator, held a similar position at the Sport Medicine Council of Alberta for nine...

continued on page 6

continued on page 5
Health Promotion Research Newsletters

To keep abreast of research developments in Canada we also receive the following: Health Promotion Atlantic (Dalhousie University), University of Toronto Centre for Health Promotion Information Update, Prairie Region Health Promotion Research Centre Newsletter (University of Saskatchewan), Health Links Newsletter of the Regional Centre for Health Promotion and Community Studies (University of Lethbridge) and British Columbia Consortium for Health Promotion Research Newsletter (UBC, Simon Fraser, University of Victoria).

Worksite Periodicals

Wellsite Health—published by the Association for Worksite Health Promotion, a non-profit membership organization committed to "advancing worksite health promotion throughout the world" (their scope is definitely American).

Wellsite Wellness (Wells—published by the Wellness Councils of America, another non-profit organization "dedicated to promoting healthier lifestyles ... especially through health promotion activities at the workplace."

Wellness Periodicals

Armed Forces Wellness Report—for health promotion practitioners who take themselves too seriously.

Making Wellness Fun—a humorous look at well-being, University of California Berkeley Wellness Letter—health and well-being tips for the general public.

Wellness Connections—health promotion program information for wellness professionals and post-secondary students published by the National Wellness Information Resource Centre at Ball State University in Indiana.

Wellness Management—the newsletter of the National Wellness Association (U.S.) designed to provide information on recent developments, resources, programming, research, events, and educational opportunities in the wellness and health promotion field.

Canadian Periodicals

(national focus)

Active Living—serving professionals in the promotion of a healthy lifestyle.

Canada's Mental Health—Canada's publication, directed to mental health professionals and interested persons, to foster the promotion of mental health and the prevention of mental disorders, and to assist in the further development and improvement of Canadian mental health services.

Canadian Social Trends—features articles on the social issues and trends in the country as observed by Statistics Canada.

Child Health—the newsletter of the Canadian Institute of Child Health, an organization dedicated to promoting the health and well-being of Canadian children and their families.

Health Report—Health statistics and analyses presented by State Canada (and outside organizations) for professionals in health care, research, insurance, and policymaking.

Leader Resources—a journal for leaders in sport, recreation, health and social services.

University of Toronto Health News—similar to the Berkeley Wellness Letter.

(regional focus)

Alliance For Health & Fitness—a B.C.-based perspective on well-being.

A Centre for Women Newsletter—a Centre for Women is a group of volunteers who are committed to providing women and their families in Edmonton and area with information, education and referral on issues related to wellness.

Healthy Living—a publication of the Health and Wellness Program of Saskatchewan Health.

Hope News—newsletter of the Hope Foundation, an organization in Edmonton developed to "increase understanding of the role of hope in human life, so that individuals and groups can use hope in an intentional way to enhance quality of life, particularly in relation to health, learning and spirits."

Women's Health Resources Update—information on issues pertaining to women's health from the Grace Hospital in Calgary.

The Resource Centre also receives many newsletters related to specific health issues such as infant health, exercise and nutrition, etc. For more information on these or other periodicals, please contact me at (403) 453-8653. Suggestions for subscriptions are welcome as well.
I. Introduction

A public agency, Edmonton Parks and Recreation has a mandate to serve all citizens. Basically all segments of the city’s population have been fairly well served since the Department was first created. To continue to ensure all citizens will partake in the recreation activities of their choice, the Department has recently implemented a strategy to serve individuals who are economically disadvantaged. This strategy is based on the premise that all citizens, regardless of income, should be able to participate in basic recreation activities.

The challenge of fairly and reasonably responding to the needs of economically disadvantaged individuals is emerging as an issue for many jurisdictions. In a presentation given to recreation professionals by the director of a major recreation department in the United States, the challenge was highlighted as one of the most significant issues facing the profession:

Disenfranchisement of the Urban Poor Who Cannot Pay for Service

It has been suggested that the profession’s preoccupation with revenue generation during the past decades has contributed to the disenfranchisement of the urban poor from receiving recreation services on a parity with other users who are able to pay fees. Many feel this situation is counter to the historical mission of the profession to provide access to parks and recreation services to all segments of the population regardless of income level. This must be a major consideration in answering the question, “Whom do we serve?”

— Jon Soderberg

This is a reasonable generalization that captures the challenge facing Edmonton Parks and Recreation. The issue of fairness and equity were dealt with extensively during the development of the strategy. The strategy was initiated in 1995 when it became apparent to staff that the recreation needs of individuals who are economically disadvantaged were not being adequately met. The equity concept that was most attractive to the Department looked to “ameliorate existing differences and seek parity among constituents” (Wicks and Coonpoon, 1989). This needs-based approach balanced the prevailing market equity model.

II. The Strategy

The strategy to serve economically disadvantaged individuals consists of three related approaches.

A. Programs in High Need Areas

B. Non-structured Opportunities

C. Fee Reduction Program

A. Programs in High Need Areas

Targeted services in areas where there are more individuals who are economically disadvantaged continue to be the primary focus for the Department. The staff identify needs and provide programs or services to meet that segment of the population.

Examples of programs in this area are:

- Community Linking Programs
  - drop-in fitness
  - team sport
  - cultural programs for adults who are economically disadvantaged and have mental health concerns
- Night Moves/Youth in Motion
  - low cost or free leisure programming for youth who are “at risk”
- Ride to Survive - Wheel Adventure
  - a cycling program to learn bicycle safety and explore the community.
- Camps/Ramp: Kids
  - activity and computer education program for inner city children.
- Boyle Street Community Gardens
  - gardens for the residents of Boyle Street to grow food, participate in leisure and get to know their neighbours.
- Bus to Swim
  - low cost swimming lessons for inner city children with transportation provided.
- CORE at the River Valley
  - youth involved in environmental projects in the River Valley.
- Art Express/Aboriginal Art
- aboriginal art of inner city children.
- The Department also works with agencies such as Sport Central which supply sport and recreation equipment to individuals who are economically disadvantaged.

B. Non-structured Opportunities

The Department provides or co-sponsors a variety of programs and services which are free or low-cost, and are available to all Edmontonians.

- requests in November almost doubled from October.
- Signs of concern which have been received about the program include: “Many individuals are participating in activities they have never been able to afford in the past.”
- “This is a wonderful program as it gives low income families the same opportunities as other Edmontonians.”
- “Swimming helps to keep me mentally and physically healthy.”

C. Fee Reduction Program

The Fee Reduction Program provides fee reduction to individuals, families and non-profit groups who work with individuals who are economically disadvantaged. It was revised and reintroduced in October 1995 as a one year pilot project. The program was revised following research of other initiatives in municipalities across Canada and input from groups.

The purpose of the Fee Reduction Program is to provide for reductions to facilities and programs operated by Edmonton Parks and Recreation for individuals who are economically disadvantaged. The basic principles of the program are:

- maintain individual dignity,
- simplicity,
- individual choice of facility, program or activity,
- reasonable access to leisure opportunities,
- reasonable access to leisure opportunities.

Qualified groups are entitled to the maximum annual entitlements for each eligible participant:
- 75% fee reduction for general introduction to major attractions, and
- 75% fee reduction for general introduction to pools and arenas.

Individuals and families are provided with leisure information and are annually entitled to receive the following:
- 75% fee reduction to 12 facility general admissions of their choice, and
- 75% fee reduction for 4 programs.

Highlights

Since October 1995, the following highlights were noted:
- By December 31, 1995, 12 group applications were processed for over 300 participants in 526 activities.
- By November 30, 1995, 402 individuals were provided with access cards for programs and general admissions.
- The greatest number of fee requests were for adults, followed closely with requests for children.

This strategy is based on the premise that all citizens, regardless of income, should be able to participate in basic recreation activities.

Rob Smyth is a Senior Planner and Brenda Wong is the Special Needs Community Recreation Coordinator with Edmonton Parks and Recreation. For more information, please call 496-6812 or 496-6817, respectively.
Research Corner

by W. Kerry Mummery, PhD
Research Coordinator

Priority Area IV
Identifying best practices.
To conduct research into the development and evaluation of interventions related to the adoption and maintenance of a healthy, active lifestyle.

Clinical and community-based interventions to promote and support a healthy, active lifestyle.

Benefit-based approach to management of recreational programs/services.

Evaluation of existing school or workplace active living programs.

Information of "Best Practices".

Measurement issues related to active living/physical activity (i.e., outcomes).

Technological supports for sustaining exercise.

Current Projects
The ACFWB research team is currently working on a number of projects related to physical activity and an active lifestyle.

We are presently in the middle of collecting data regarding physical activity in Canadian schools and the benefits of the Canadian Active Living Challenge in a nation-wide project, developed in collaboration with the Canadian Association of Physical Education, Recreation and Dance (CAPERD) and the Canadian Intramural Recreation Association (CIRA). This project is studying the behavioural determinants of physical activity in children and youth, and to develop the newly developed Canadian Active Living Challenge program has on these determinants.

Data has just been collected for the Alberta Sport and Recreation Injury Survey. This province-wide study of sport and recreational injuries is done in conjunction with the Sport Medicine Council of Alberta (SMCA) with funding support from Alberta Community Development and Alberta Health. The draft report for this survey should be completed by April with the final report available by June of 1996.

Research Team
The many projects we are involved in require a team approach to research. The team currently consists of myself, Research Assistants Cathy van den Boer and John Hadley, and graduate Assistant Debra Hambley. In addition the staff is looking forward to the arrival of our newest Research Associate John Spence. John is just completing his Ph.D. in Physical Education at Concordia University in Montreal and will be arriving in Edmonton in February to begin his new job in February.

We look forward to assisting individuals working in the area of health promotion by providing valuable information about healthy, active lifestyles. If you have any needs, questions or ideas, please contact me at my convenience at 403-492-2746 or e-mail at kmummery@pedals.ca.

Spiritual Wellness and Work

by Christopher Levan, PhD

Here's a pop quiz -- Something to sharpen your wits as you begin another day at the salt mines.

How long did you spend in front of the mirror before you came into work this morning? Was it ten minutes or maybe fifteen? Perhaps, if you are very particular about your appearance, it took you a full twenty-five minutes to prepare your body for this day's labour.

That's not helping. Being religious, I recall that a prophet once explained how the human body is a temple of our Creator. It is that, so, why shouldn't we polish the brass, so the specks, before coming out into God's world?

Here's the second half of the test. How about your soul? How much time did it take you to get that ready for today's activities? Is that an unfair query? A trick question for which you didn't know you had to answer? Do you say that you don't want to be bothered with such religious matters as you dash out the door for work?

It is true that we rarely reflect on our soul's health, especially when we're thinking about work. After all, if it is our minds and hands, and not our spiritual selves, which are employed. Who cares about spiritual wellness and work? Now regarding our physical bodies, we often hear that our health costs too much for our output. Well, I suggest that we are worth what we are.
Health, Well-Being and Equity (continued from page 1)

Equitable access to health care

When health care restructurings focus on cost control, increased rationing inevitably emerges as a policy option. Limiting the availability of any given service becomes an attractive way of limiting costs. However, once the availability of a service is limited, a second issue demands resolution: how to best allocate access to the limited service.

In the Canadian system, health status and quality of life are often key determinants of access to rationed services. It is commonly assumed that people with disabilities experience inferior health status and quality of life. No matter how effectively they are functioning in society, the contribution they are making, or the high regard in which they are held, the very presence of a disability apparently nullifies the possibility of good health. If instruments such as the HUI are allowed to prevail, people with disabilities will have little hope of access to limited resources unless a “cure” can be achieved.

Seniors experience similar kinds of inequitable treatment when age is a determinant of access to limited services. Should an otherwise healthy 79-year-old be denied access to a hip replacement? Because we do not have enough resources to meet everyone’s needs, it is necessary to make “tragic choices” about the allocation of scarce resources (Calabrese & Bobbitt, 1978), but these choices should not discriminate against whole classes or groups of people. Equitable allocation demands that the criteria for access be made open and explicit, and that exclusion occurs on a rational and individual basis.

Equitable access to social determinants of health

Health as we ultimately define “health”, there is plenty of evidence that socio-economic factors are highly correlated with health. Yet the economic agenda in this province means that people with disabilities and other disadvantaged Albertans are in danger of becoming part of a permanent underclass. It stands to reason, then, that a societal goal of equitable access to education, employment, adequate income, decent housing, and recreation for all is critical. Two profound and highly desirable effects are possible if this goal is achieved: first, the overall health status and productivity of citizens will improve; and, second, health care costs will become more manageable, perhaps lessening the need to make tragic choices about allocation of scarce resources.

A decade ago I sat at my office desk facing the resignation I hadn’t had time to deliver to administration. It was long after supper, I had just come from the bedside of a young mom; a young mom living out her last days of life with courage, with hope. The resignation was never delivered. Instead I wrote what has for me become a Credo of Hope:

“I have a dream — a vision of how caring could be. Of how having been it wouldn’t mean fear and抱着 would mean long days of anxiety. That it could mean coming to an institution that cared — not just one person caring — not just an individual nurse, a unique doctor, a gentle orderly. Where a whole institution of caring people understood that not anything is as therapeutic as recognizing the emotional pain, not just the physical pain. I have a vision that doctors could talk compassionately. That families could talk openly. That patients could talk freely. That death could be something to be faced, not feared.”

On From Vagabond to the Executive Director of the President’s Council on the Status of Persons with Disabilities

References


Center Happenings

Upcoming Workshop

The ACFW/BA and the U of A Nursing Graduate Student Association are joining together to bring in Ron Labe to speak on population health and health promotion this spring. Dr. Labe is a distinguished health promotion/communication/development researcher and practitioner. He divides his time between teaching in the graduate health promotion program at the University of Toronto and consulting health authorities in Canada, US, Australia, New Zealand, Latin America, and the World Health Organization.

Watch for further details on this exciting educational event.

Trends

The last three issues of the research series Trend is now available:

Vol. 10 – Selt Belt Usage
Vol. 11 – Actions Towards Improving Health
Vol. 12 – Interactions to Change Health

Trends is a series of 12 research studies on the lifestyle behaviours of Albertans. Presented in an attractive, reader-friendly format, each issue is available for $20. Order your copy today from the Resource Centre (403) 455-8633 or 1-800-661-4551.

Health in Action (WWW.health-in-action.org)

It’s time to get on-line with a dynamic, new database providing information on prevention and promotion. Health in Action, one of the first of its kind in the world, has compiled information on health promotion and disease prevention projects and research throughout Alberta, and made it available on the World Wide Web.

This project is the result of a partnership between the Alberta Centre for Well-Being, Injury Prevention Centre, Regional Centre for Health Promotion and Community Studies at University of Lethbridge, and Networks. According to Cynthia Lowe, director of the Alberta Centre for Well-Being, "by compiling currently, comprehensive and accurate information Health in Action will assist researchers, planners, practitioners, and funders to design, deliver and evaluate health promotion and prevention initiatives”.

The information was collected by means of a provincial survey and currently includes over 400 initiatives, in such areas as healthy communities, healthy public policy, health planning and research, injury prevention, community nutrition, healthy public policies, maternal and infant health, tobacco reduction, mental health, active living, comprehensive school health, and healthy aging. Resources links rural and urban Albertans and puts them in equal footing in terms of access to information.

The design of the project was informed by extensive consultation with key stakeholders across the province. Continuous, on-line feedback and a formal evaluation by an external consultant will guide ongoing operations of the project and modifications for the next year.

Also included in Health in Action are links to other World Wide Web sites, including Health Canada’s Health Net, World Health Organization, Ontario Prevention Clearinghouse, and Alberta Health.

Significant features such as e-mail and on-line discussion groups provide opportunities for users to identify latest issues and initiatives. Health in Action will also facilitate collaboration in planning programs, evaluation and research for both rural and urban. This resource links rural and urban Albertans and puts them on equal footing in terms of access to information.

Interview Notes for Hiring Persons With Disabilities

by Iris Saunders

A wareness about interview techniques can be all that is required to enable employers to hire persons with physical disabilities. At EmployAbility our clients are skilled, job-ready and available for employment. We bring the two together by providing information that allows employers to become comfortable with discussing workplace issues important to persons with disabilities.

The interview is a discovery process and the employer will learn much about the applicant’s flexibility and suitability. Employer and applicant both have a legitimate interest in defining the physical demands, priorities, performance requirements, and performance measurements of a job. Seeking to find specific issues avoid misunderstandings, and an perception of discrimination.

The candidate who applies a broad base of required skills and qualifications to be trained for the designated work, recognizing an applicant’s qualifications, the employer sets a positive tone for the interview and prepares for further personal discussion. Can a candidate perform a job and its related tasks as required? Employers need to ask these questions in order to answer this question and indeed to discontinue an interview.

We at EmployAbility advise our candidates with a disability to bring up the topic early in order to explain how it has affected their working life and how they have discovered ways of adapting accommodations to remain productive. If an employer is uncertain about what terminology to use or what assistance, if any, that might be required at the start of an interview, the best approach is to ask the person with a disability to give an example. They are the best source of knowledge about their own needs. EmployAbility’s Career Development Officers can be also contacted for information for employers prior to an interview.

Accommodation for the job is usually viewed as a costly obstacle to hiring. However, it can be as simple as allowing a flexible work schedule, acquiring or providing a job coach during initial training. Some accommodations take the form of technology provided by the person with a disability, such as a hearing aid. All these forms of accommodation are available at no cost of employers.

For more information on our services we provide both to employers and persons with disabilities, contact Irene Suave, Coordinator of Client Services, 432-4106.

Health in Action is funded by Alberta Health and operated by an Advisory Committee, with all members from the prevention and promotion field throughout Alberta.

If you have a project, program or research to be included on the Health in Action website, contact Cynthia Lowe, Alberta Centre for Well-Being by phone 455-8602, fax 455-2012 or by e-mail clowe@acinet.abc.ca. The URL for Health in Action is WWW.health-in-action.org.

For more information about Health in Action, contact the program manager Phyllis Hodges 439-8312 (fax) 433-8480 phodges@acinet.abc.ca. Other contacts include: Kathy Belton, 455-6201 kbelton@acinet.abc.ca John Gregory 439-6787 johngreg@acinet.abc.ca Grant MacMilling 382-7512 macmilling@big.uleth.ca

Article prepared by Phyllis Hodges.
Health Care Reforms

The Alberta Government is shifting the focus of health services from institutions to local communities and from institutional care to home care. It is also fostering a model of health care delivery that focuses on health promotion and disease prevention. These are welcome and positive changes.

However, without adequately funded system supports in the community, this shift runs the risk of increasing the inequality of health care services and health outcomes, especially in low-income communities. Of particular concern are support services for the mentally ill and home care for seniors and those with disabilities.

The Concern

When we get sick, our culture tells us to go to a hospital. Now the government is trying to change that by telling people to go to their community health centre. But for most people, community health centre does not convey the same sense of authority and confidence that a hospital does.

At a public meeting organized by the Capital Health Authority last November, people expressed their concern that the quality and standards of health care were declining. When the benefits of a community health centre were explained, many people seemed unconvinced.

Part of the problem is slippery semantics. The government has tried to calm the public's anxiety about hospital closures by renaming some hospitals as "community health centres". But this sugarcoating of the hard facts does not endear people to these community health centres. Without the network of support services in place, the government's so-called community health centres look like poor cousins of the remaining hospitals. Besides which, what the government calls a community health centre stretches credibility.

What is a Community Health Centre?

It's not a MediCentre, nor is it a downsized hospital. Here are seven characteristics the Boyle-McCausley Health Centre defines as prerequisites for an effective community health center.

- accountable and sensitive to the community through an elected board
- interdisciplinary teams (e.g. physicians and nurses)
- holistic approach to promoting wellness
- community-based, cost-effective, all-salaried staff
- focus on primary health care services with an emphasis on health promotion, disease prevention and early intervention
- promote a healthy community by fostering the well-being of all residents
- collaborate with other community partners to address the broad social determinants of health in the community

Three inner city community health centres in Alberta:
- Calgary Urban Project Society
- Boyle-McCausley Health Centre
- Boyle-McCausley Health Centre (BMHC) in Edmonton

- have been modelling these health care reforms for years.

While my comments reflect my experience with the BMHC, the issues raised are relevant throughout Alberta.

A Working Model

For the past 15 years, the BMHC has been providing accessible and broad-based primary health services to about 18,000 Edmonton inner city residents. It integrates strong health promotion and disease prevention programs within the provision of primary health care in its broadest sense. The BMHC staff provide health and outreach services to 20 other community locations, including seniors' residences, housing complexes and homeless shelters.

As well, with its community board, the BMHC supports many community building actions, including economic development and housing initiatives. This community-based governance also ensures the Centre to both anticipate and quickly respond to changing needs and priorities identified by the community.

Responding to the needs of the inner city residents is complicated because they often have multiple, chronic health problems. Since their physical and mental problems are often rooted in poverty and difficult personal circumstances, effective treatment requires much more than a prescription or referral.

How do you promote equity in a community characterized by ethnic diversity, high levels of poverty, substance abuse and violence, and above normal rates of chronic illnesses (e.g. diabetes, low birth weight, heart problems)?

Many people who come to the Health Centre don't see other health care practitioners, so in a way, the BMHC is promoting greater equity of access to health care by its very existence. But fostering greater access isn't enough. Achieving real equity in health requires a paradigm shift in our understanding of what good health is and how to promote it.

The BMHC began working through this process by engaging in a dialogue with the community about what services people need and the best way to deliver them. Eighteen months later, we emerged with a three-year strategic plan to help guide us through these changes.

Our goal is to become more "customer focused" by consciously shifting to a more community-based health care model that promotes community health by addressing the broad social determinants of health.

Is the BMHC model suitable for every community? Of course not. By definition, a community health centre responds to the health and social needs of area residents. What works in the inner city may not meet the needs of people living in a suburban or rural community. But the BMHC's interdisciplinary and governance models, and its holistic approach to promoting wellness, are applicable.

Whichever model a health care organization develops, it must wrestle with the big question: what keeps people healthy? Health is not only the prevention and absence of disease, but a sense of physical, emotional and mental well-being at the individual and community level. Since the delivery of health care is increasingly shifting to local communities, providing health care cannot be separated from actions to promote better housing, nutrition, income support, and employment.

Summary

To be most effective in this new environment, health care organizations must work collaboratively with other community partners to address these broad determinants of health. A good place to start is promoting healthy, vibrant individuals and communities, so that everyone in our community has an equal right to good health.

Phil O'Hara is president of the Boyle-McCausley Health Centre and lives in Edmonton's inner city.

Gender Equity School Initiative

The new Gender Equity School Initiative is now available from CAHPERD. Call (613) 758-5622 and ask Debbie for further details. This resource will explore ways to provide an environment in your classroom or gym that will help you to increase participation.

OOPS - We goofed!

In the last issue of WellSpring, we neglected to give proper credit to the Canadian Public Health Association and authors J.L. Johnson, K.K. Rattan, and J.L. Borruf for the use of their article, "The myth of rural health: Urban-rural differences in the health-promoting behaviours of Albertans" meant to be a summary review of an original article printed in the Canadian Journal of Public Health (Vol. 86, (2), pp.103-108). The ACWFB apologizes for this error.

1996 is the International Year for the Eradication of Poverty

To create a greater awareness that the eradication of poverty is fundamental to reinforcing peace and achieving sustainable development.
Stress Management
February 21, Edmonton AB
Presented by the Family Centre. Workshop fee is $50.
Contact Virginia at (403) 423-2831 or fax (403) 426-4918.

Action North II: Building Better Workplaces
Healthy Drug Free Workplace Conference
February 21 - 23, Prince George BC
Contact Geralyn Macdonald at (604) 561-3128, (604) 563-1570 or fax (604) 561-3135.

Humour Me—Discovering the Hope in Humour Workshop
February 23, Edmonton AB
For more information, call (403) 492-1222.

Lay Beliefs about Exercise Among Older Adults: A Qualitative Study
February 26, Edmonton AB
By Dr. Sandy O'Brien Cousins, Faculty of Physical Education and Sport Studies, University of Alberta.
Contact the Centre for Continence at (403) 492-4718.

Health Promotion: A Balance of Physical, Emotional, Social, Intellectual, and Spiritual Health
February 27 - March 2, Colorado Springs, Colorado
Contact American Journal of Health Promotion, 1812 S. Rochester Road, Suite 200, Rochester Hills, MI 48307-3323. Tel: (248) 650-3660 Fax: (248) 650-3662

Families: the Heart of the Community
February 29 - March 2, Edmonton AB
Conference topics include: advocacy & social change, family leadership, inclusive education, careers & employment, and community inclusion. Contact the Alberta Association for Community Living, 11174 Kingway Ave, Edmonton AB, T5G 0X5. Tel: (403) 451-3055 or 1-888-252-7756. Fax: (403) 453-5779.

Worksite Wellness Programs
March 4 & 5, St. Albert AB
This workshop is for anyone interested in learning how to implement the best practices of their employees and their organization. Registration fee is $198.
Contact Laurie Schroeder at (403) 458-6220 or register at (403) 459-2128.

The Lifestyle Conference
March 13, Calgary AB
Contact Barbara McKeona, Occupational Health and Safety, Human Resources, TDU Health Hospital 1463-29 St NW, Calgary AB, T2N 2T5. Tel: (403) 678-1647, Fax: (403) 670-1041.

Nutrition Action...Food for an Aging Population
March 27 - 30, Ottawa ON
A conference for Public Health Professionals, Seniors/ Service Providers, and the Agri-Food and Health Care Industries. Contact Dina Dughofer, National Institute of Nutrition at (613) 235-3355 or fax (613) 235-7032.

"Our Communities in a Global Economy: Under Siege and Taking Charge!"
April 9 - 11, Ottawa ON
If you care about the health of the community, write to Prevention Congress in your Community Development Program: Contact Golden Planners Inc., 126 York Street, Suite 401, Ottawa ON, K1N 5T5, Tel: 1-800-732-7903, Fax: (613) 565-2173, e-mail: 74177.3700@compuserve.com

Wellness Partnerships: Joint Ventures in Excellence
April 11 - 14, Chattanooga, Tennessee
A national conference dealing with wellness issues in education and the workplace. Contact Anne Chess, National Wellness Institute, Inc., 1045 Clark Street, Suite 210, PO Box 827, Streator, Illinois, 61364, Tel: (715) 342-2969, Fax: (715) 342-2979.

Initiative 96: Innovations; Creative Thinking in Action
April 24 - 26, Edmonton AB
A conference for staff and volunteers involved in community revitalization. Contact Wendy or Maris, Alberta Association of Rehabilitation Centres, Box 105, 2725-12 St NE, Calgary AB, T2E 7J2, Tel: (403) 250-9495, Fax: (403) 391-8664.

SummerActive!
May 2 - July 28, Canada
SummerActive! 96 promotes the benefits of regular physical activity and encourages all Canadians to make a personal commitment to an active, healthy lifestyle. It's for EVERYBODY regardless of age, ability or gender — with a special emphasis on the Inactive and less active! Think Active? Get Active! Live Active!!
Contact ParticipACTION at 1-800-207-4FITT.

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