Focus on Rural Living

Spring 1999, Volume 10, Number 1

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Directors Note

Cynthia Smith

It is the 10-year anniversary of the Alberta Centre for Well-Being. We have many things to celebrate. Over the next year, WellSpring will be full of memorabilia from the past decade and the occasional reflection.

We’re not getting older, we’re getting better!

Here’s one. To address the provincial mandate of the organization, did you know that the ACFWB had a satellite office in Calgary for a couple of years? Did you know that we currently have two staff who work out of their homes the majority of the time, one in Lacombe and one in Nainiendia? Talk about rural, find that on the map!

Over the years, WellSpring has been theme-focused for different periods. From time to time, the editor will ask me for my theme suggestions.

Recently, (as is often the case, being a provincial organization) I was grappling with how the ACFWB can better meet the needs of practitioners and researchers in rural areas, serving approximately 50% of Alberta’s population.

I am not the only person concerned with this topic. Over 160 participants attended the Health in Rural Settings: From the Ground Up conference last fall in Lethbridge and heard that rural health issues have not been addressed.

“There is a need for a definition of rural that encompasses a range of communities that fall into this category, including those that are rural and remote and those that are rural but on the fringe of urban areas,” Judith Kull summarizes in her article within.

Also, Susan MacMillan, in talking about some of the learnings from Health in Action, has stated that, “Practitioners have expressed feelings of isolation from each other, a lack of information, and are concerned about duplication of effort.”

ACFWB Trivia Question:
Where was the ACFWB’s first office?
Answer on page 2

Presenting to practitioners in northwest Alberta, I recall some of them referring to provincial organizations and the government as sitting in “their ivory towers in Edmonton.” That was a wake-up call. Yet despite the barriers, strides have been made, as evidenced by other articles which highlight the capacity built in rural communities around well-being.

Examples include a gardening program for older adults and an indigenous youth leadership program.

To address the needs of the rural practitioner, the ACFWB has taken our services on the road in the past year and surveyed a sample of our network who live in rural Alberta. Web-based distance learning is also being explored. We are always interested in hearing from you. If you would like to talk to any one of us or have us out to your neck of the woods, please call me. We want to live up to the title of this note.
1999 International Year of Older Persons (IYP)
Need information? Try one of the following:
• Provincial IYP
Information Line: 1-800-642-3855
• Provincial Website:
www.gov.ab.ca/mchностs/iyp/iypop.htm
• Canada Coordinating Committee for the IYP:
http://iyp.op-acp.ca

Back by Popular Demand!
The 199 Active Living Ideas for Older Adults poster/brochure is now available. After obtaining and incorporating feedback from practitioners and seniors, this poster will be reprinted. The first printing of 15,000 "went like hotcakes", so don't delay and order your free copy today! To order, phone (780) 427-6949 or 1-800-661-4551, fax (780) 455-2092, or e-mail: lyrown@ualberta.ca.

Shipping and handling charges apply.

Thank You.
A special thank you to Jim Gunnet, Executive Director of The Hope Foundation, for his years of dedicated service on the WellSpring Editorial Committee. His creative energy and tenacity provided us with many interesting planning meetings and engaging WellSpring articles. Your presence will be missed.

Volunteer Opportunity – WellSpring Editorial Committee
WellSpring is looking for three individuals to volunteer on the Editorial Committee. WellSpring is the ACFW's communication vehicle to

Centre Happenings
health promotion practitioners and Alberta's source for health promotion and physical activity information. We are looking to complement our multi-sectoral committee with persons who are interested in the following areas: spiritual, environmental, or workplace health. If you have an interest in physical activity it as pertinent to one of these areas, we would like to hear from you. Each position is a two-year term with four meetings per year (conference calls for those outside of Edmonton). Interested or aptitude in writing and editing would be an asset. If you would like more information about joining our dynamic team of creative thinkers, contact Marie Carlson at (780) 427-7816 or 1-800-661-4551, Fax (780) 455-2092. E-mail: marie.carlson@ualberta.ca.

Next Issue: Are You Fat?
If you would like to submit an article in WellSpring regarding the issue of weight control or obesity, please submit it by March 1, 1999 to Betty Lee at fax: (780) 455-2092 or email: betty.lee@ualberta.ca

Area Code Change
The area code for northern Alberta, and thus for the ACFW, is now 780.

Research Trivia
Answer: Sherbrooke School
From page 1

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Run away from gallstones?
Another potential benefit of moderate to vigorous exercise that it may reduce the risk of painful gallstone attacks (and subsequent surgery) by 26 to 40%, according to a study of 45,000 male health professionals. Conversely, the study found that men who watched more than 40 hours of television per week had about double the risk of gallstone symptoms compared to those watching less than six hours of TV per week. The researchers hypothesized that physical activity may be beneficial because it reduces blood levels of cholesterol and triglycerides, which have been linked to gallstone attacks.

—UC Berkeley Wellness Letter, January 1999

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Health In Action: Connecting Professionals to the Information They Need
Susan MacMillan, Project Manager, Health In Action

Health In Action is a dynamic website with more than 300 Alberta-based health promotion and injury prevention programs and research projects, links to other Internet sources, listservs, and discussion groups. It is a tool for connecting program planners, practitioners, and researchers to resources when they are developing and implementing programs. Increasing practitioners access to the Internet, and thereby to Health In Action, has resulted in an increase in access to information about programs that are implemented in rural communities and the learning and support that come from such access.

Issues in Connecting to Information
Since the implementation of the Regional Health Authority (RHA) system in Alberta, practitioners have expressed feelings of isolation from information about health promotion and injury prevention activities and from the people who lead them. RHAs have been planning and implementing programs in many areas of interest to others but there are few coordinating processes for these activities. Individual RHAs, then, do not know when others are active in areas complementary to their own. Many are concerned about duplication of effort and lost opportunities for working together.

Connecting to Rural and Urban Information
It may be recognized that the environment and experiences of people living in rural communities may be quite different than in urban environments. By having access to program and research information from both environments, practitioners can use the knowledge and experience gained from those working in diverse communities to enhance their own programs.

Health In Action ensures that its databases include information from both urban and rural environments. Health In Action contains 261 health promotion and 78 injury prevention programs. If the Calgary and Capital Health Regions are defined as urban regions (based on their service area) and all other regions are defined as rural (based on the same criteria), 153 of these programs (121 health promotion and 32 injury prevention) are based largely in an urban environment and 186 programs (149 health promotion and 46 injury prevention) are rural-based.

Connecting to Rural and Urban People
In addition to information, practitioners also seek support from one another. Networking with others can be challenging as people change jobs and locations and are often too busy to take time to make contact unless a specific purpose. Health In Action provides support to practitioners by creating a directory in which practitioners may add or change their information as needed. This database includes contact information on 186 practitioners from rural-based regions and 153 practitioners from urban-based regions with a further 23 that work in a province-wide capacity.

Programs and contact information in the Health In Action databases represent the diversity in focus and approach of health promotion and injury prevention in Alberta. Health In Action also provides practitioners with more sources of information and support than they would otherwise have following regionalization. This valuable tool is growing into a vital point of connection for health promotion and injury prevention practitioners in rural and urban communities in Alberta.

To get connected, contact Susan MacMillan, Ph. (780) 439-2580. E-mail: susanma@planet.com or visit the Health In Action website at www.health-in-action.org.

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Heart Disease in a Semi-rural Australian Setting
An Example of Integrated Research Guiding Practice

Ron Plotnikoff, PhD

In 1997, researchers at the University of Newcastle in Australia began surveillance of heart attack episodes in the Hunter Region in the State of New South Wales. The attack rates were averaging 25% higher than almost any other World Health Organization (WHO) surveillance centre. Subsequent studies confirmed that, compared with the rest of Australia, this region had consistently higher mortality rates from heart attacks. Within the semi-rural (Coalfields area) population (approximately 50,000), fatal and non-fatal attacks were about 20% higher compared with the rest of the Hunter Region. As the name implies, the “Coalfields” comprise a number of small rural mining communities.

In 1989, the National Health and Medical Research Council provided a five-year major grant to the University of Newcastle’s Medical Faculty to develop and evaluate new programs to reduce coronary artery disease in the Hunter Region. These study interventions of this Heart Disease Prevention Programme Grant included:

- A community development primary prevention program in the Coalfields Area called the “Coalfields Healthy Heartbeat”.
- A programme of secondary prevention and rehabilitation for people who already have evidence of coronary artery disease;
- Lifecyle interventions to reduce the risk in people whose relatives have had a heart attack and who may themselves suffer at a higher risk.

The program research team represented disciplines of epidemiology, biostatistics, health psychology, education, sociology, physical activity, physical education, nutrition, nursing, cardiology, exercise physiology, and behavioural medicine which worked in an interdisciplinary fashion. The full research team met one afternoon per week for the five-year project.

The Coalfields Healthy Heartbeat Project: “Communities Helping Themselves”, was the main focus of the Hunter Area Prevention Programme. The project consisted of a management committee of community leaders, council representatives, health professionals, community representatives with strong interest in heart health, university representatives and a healthy lifestyle project co-ordinator. The project aimed to help the rural communities in the Coalfields area develop programmes that would reduce smoking, improve diet and physical activity patterns to combat high levels of premature illness and death from heart disease.

To help with the planning of heart health activities in the Coalfields, a needs survey was conducted in the resident’s view of health issues. There was also a baseline representative community survey on knowledge, attitudes and behaviours in relation to heart disease.

Health promotion was planned over a co-ordinated sequence of activities in the home, shopping centres, schools, workplaces, and social clubs. Some of the major projects included:

- Coalfields School Healthy Heartbeat Project. This was a highly successful, integrated heart health curriculum with daily physical education in the schools. It included diet and exercise programs for parents and community members, and teacher in-service training for all the district’s 17 elementary schools.
- Establishment of a branch of the Australian Cardiac Association in the Coalfields Area. This is a self-help group which provides support, information and education for sufferers of heart disease and their families.
- Programmed students conducted various projects associated with the Coalfields Healthy Heartbeat Programme. These research projects included:
  - Evaluating the Coalfields School Healthy Heartbeat Project in terms of quantifiable changes in knowledge, attitudes, physical activity, anthropometric, and fitness outcomes.
  - Qualitatively, the school principal was the greatest social agent of change.
  - Theory testing of community motivation to take protective actions against heart disease; and
  - Sociological examination of the inconsistency between heart health promotion messages and local culture, including health ideology, gender and beliefs about the human body.

And helping people reduce the fat in their diet. Secondary prevention and rehabilitation were other components of the research and development work. Many of the research activities moved beyond biomedical aspects to investigate the anxieties expressed by heart disease patients and their relatives, the role of counselling, and the psychological and social barriers to behavioural change.

The Heart Disease Prevention Programme's efficacy was also measured by the WHO’s 10-year MONICA Project, which monitored heart disease trends and determinants. In 1974, the University of Newcastle was included as one of the MONICA centres to monitor the Hunter Region (Coalfields Area) catchment areas. By 1994, there was a reported decrease in mortality and an improved heart health profile in the region. Though these changes were somewhat modest, the infrastructure and evidence-based research established were for community developers and health practitioners to continue their work in lowering the rates of heart disease into the next century. As in Finland’s classic Narkila Project, it may take 20 years before the effects of integrated heart health community interventions are fully recognized.

For further information, contact Ron Plotnikoff at (043) 492-0936 or E-mail: ron.plotnikoff@uow.edu.au.

We have the Energy
Jan Kutho, BScN, RN
Population Health Associate

We have the energy. That’s the theme of the Regional Municipality of Wood Buffalo where a ground-breaking health promotion initiative is underway. This northeastern region, which includes Fort McMurray and surrounding areas, is well-known for abundant supply of energy from the oil sands. But what about the people of the region? Are they energized? More to the point, are they sufficiently physically active in their work, at home or at play to benefit their health? Who or which group is most at risk, and more importantly, what can be done about it?

These and other questions were asked by a broad-based community steering group, the Heart Action Subcommittee (HAS), which came together in the spring of 1998 to strategize about the heart health of its citizens. Motivated by the results of a comprehensive area-wide needs survey (the Northern Lights Regional Health Needs Assessment, 1997), the HAS mandate is to boost the physical activity levels of 30- to 50-year-old men in their region. What they learned from the needs assessment (among other things) included:

- 51% of the male population; and
- 59% of the female population.

These and other findings clearly point to the need for action to reduce heart disease in the region.

Their strategy to address physical inactivity as a significant and modifiable risk factor for heart disease. Their target: 30- to 50-year-old men in the region. Their aim: to decrease heart disease mortality and reduce health care costs throughout the population.

HAS objectives were selected from the Physical Activity Guidelines (CFLR, 1997) and included creation of supportive physical and/or social environments conducive to physical activity; the development of educational strategies to influence people's knowledge, motivation, skills, and/or expectations regarding physical activity and social support; and the development of positive relationships with community, school, and work environments.

Related Readings


(Continued on page 6)
Snap Shots

New programs/research on Active Living and Health in Rural Communities in Alberta

Availability of Physical Activity Programs in Alberta Nursing Homes

The ACFPH research team recently completed a survey examining the type, frequency and duration of physical activity programs offered within nursing homes in Alberta. Issues such as physical activity leaders' qualifications and residents' attendance in physical activity versus other recreation programs were also investigated. Rural/urban differences were noted when institutions were asked about perceived barriers to physical activity programming. Recommendations from the Canada's Physical Activity Guide to Healthy Active Living were used as a source of comparisons for other results of this survey.

Please see Research Update (vol. 6, no. 2) at www.health-in-action.org/Well-Being/expander/expander.htm or request a copy of the Executive Summary through (780) 427-0949.

Pauline Rat, Research Coordinator, ACFPH, Ph. (780) 492-0534, E-mail: pauline.rat@ualberta.ca

Older Adult Recreational Needs

A needs assessment was conducted in five communities surrounding Edmonton to determine the recreation and information needs of older adults. The communities targeted were Camrose, Gibbons, Edson, Stony Plain and Waskishin. Although all of the organizations included in the sample offered active living programs, four barriers to offering programs were identified: lack of interest; participants unable to participate due to lack of mobility; lack of staff; and/or lack of volunteers. The majority of the organizations had less than 50% of their residents participating in the active living/physical activity classes.

Jennifer Yuskins, Older Adult Coordinator, ACFPH, Ph. (780) 674-6803, E-mail: jennifer.yuskins@ualberta.ca

Perceptions of Farm Women

In this qualitative research study, 19 farm women were interviewed about their perceptions of health, work, and of the relationships they perceived to exist between their health and work. Health was seen as having consequences within oneself and having the personal resources to fully participate in work and other choices. Values such as values such as health, work ethic, social support, and relationships were seen as central to the experience of health and work. The study found that farm women perceive health as a resource that they use to cope with stress and to maintain their relationships. The study also found that farm women perceive work as an important aspect of their lives, but that they also need time to themselves and to care for their families. The study also found that farm women have a strong sense of community and that they feel that they are able to support each other in their work and in their personal lives.

Jennifer Young, Nursing Instructor, Nursing Program, Red Deer College, Ph. (403) 342-3336, E-mail: jennifer.young@ucor.reddeercollege.ca

Next Issue: Are You Fat?

If you have a new or unique program/research on weight control or obesity which you would like to highlight in the Snap Shots column, please submit a short abstract (no more than three sentences) with a contact person and number, to Betty Lee at facs (780) 455-2092 or e-mail: betty.lee@ualberta.ca.

A Successful Rural Conference

Health in Rural Settings: From the Ground Up

Judith Kalig
Regional Centre for Health Promotion Community Studies, University of Lethbridge

International Multi-disciplinary Conference on Rural Health

Despite the fact that 25% of Canadians live in rural areas (Canadian Almanac Directory, 1997, 1976), little formal attention is spent in addressing the unique issues relevant to this group. This past September, Lethbridge was the site of a conference that provided a forum to discuss rural health issues. Health in Rural Settings: From the Ground Up focused on three perspectives: community mobilization, professional rural-based practice, and research and policy. These three perspectives were chosen because of their links with current rural health issues. In keeping with the determinants of health, the broader definition of health was used to allow for discussion of all of the variables that influence rural health. Consequently, papers were presented on living with HIV/AIDS in Southern Alberta, mobilizing rural communities to develop smoking cessation programs, and assessing a community's capacity in a rural heart project.

The conference was sponsored by the School of Health Sciences, The University of Lethbridge, Regional Centre for Health Promotion and Community Studies, CMC Health Region, AADAC Lethbridge Community College, and Alberta Public Health Association. Attended by 162 registrants, the conference featured two plenary speakers, six theme speakers, 57 papers in 23 concurrent sessions, eight posters, and four panel discussions.

The Speakers

Dr. Michael Troughton, one of the two plenary speakers, spoke about the need for a redefinition of rural that would allow for a formal recognition of the symbiotic relationships between people and land. Graham Scott, the other plenary speaker, discussed the need for a revised health system that would ensure there are sufficient physicians in rural settings.

The six theme speakers were chosen because their expertise matched one of the perspectives of the conference. Thus, in regard to community mobilization, Madeleine Dion Strent presented a paper that addressed this concept from an aboriginal framework and Dr. Judith Kalig spoke about community resiliency and the usefulness of this concept in mobilizing a rural community.

Beth Dr. Steve Clark and Dr. Martha McLeod discussed issues related to professional rural-based practice. These speakers emphasized the uniqueness of the work in rural communities and the need for greater understanding of the differences between health workers in urban and rural environments.

Finally, Dr. Michael Broadway and Gary Ledoux talked about research and policy. Dr. Broadway focused on his research in Brooks, Alberta, in relation to the placement of a meatpacking plant there and the subsequent effects on the community. Mr. Ledoux discussed Health Canada's views in relation to population health and the determinants of health with a special emphasis on rural communities.

Overview of Learnings

In general, the ideas and themes presented by these speakers emphasized the need for a definition of rural that encompasses the range of communities that fall in this category, including those that are rural and remote and those that are rural but on the fringe of urban areas. In addition, there was agreement that rural health issues have not been well addressed in policies or programs that are currently in place.

Concurrent Sessions

The concurrent sessions complemented the themes and ideas. Examples of programs profiled in these sessions are:

• a special speech therapy program designed to address the lack of time speech therapists can devote to each client;
• a physical fitness program developed after a needs assessment in a rural area of Arizona;
• a community health centre was created to meet one rural community's health needs.

Repeatedly, presenters discuss the need for equitable health services for rural residents, spoke of health care worker retention programs that have been developed to meet this challenge. An example presented was the integrated educational program at the University of Alberta. It provides rural experiences for undergraduate and postgraduate medical students.

It was striking that most of the papers were in the community mobilization category, pointing to the links between building the capacity of rural communities and addressing their community's challenges. Noteworthy examples include a support collaboration model used in Eastern Kentucky that incorporates community members as workers and community input throughout the entire process and a community development project with German-speaking Memphites that has addressed their education and health needs.

Summation

Hopefully the connections made at the conference between the registrants will lead to future collaborations on projects related to rural health, and that either conferences will be held to fill the need to share information that is obviously there.

For more information, contact Judith Kalig, Ph. (780) 382-7119, E-mail: kalig@bg.alnah.ath.

Rural health issues have not been well addressed in current policies or programs.
For many years, Indigenous youth and their families have faced many changes in the social, emotional, spiritual, political, and technological aspects of daily life. The statistical evidence that portrays their lives is very grim. For example, although the Indigenous population of Alberta accounts for approximately 7% of the total population:
- 21% of the community corrections youth cases are Indigenous;
- approximately 65% of the youth in custody in central and northern Alberta are Indigenous;
- 46% of child welfare cases in Alberta involve Indigenous children, and;
- the suicide rate is 5 times the national average in the 15 to 24 year age group for Indigenous people.

Sport and Recreation as Prevention Initiative

The relationship between physical activity/recreation and a reduction in risk factors for youth has been acknowledged for many years. In 1994, a study titled "Canadian Youth: Docs Activity Reduce Risk?" analyzed the impacts and benefits that physical activity/recreation had on Canadian "Youth at Risk". The study found that "strategies involving physical activity/recreation appear to be particularly promising in minimizing risk factors for youth. Physical activity/recreation can provide positive benefits related to psychological health, physical health, familial interaction, peer influence, academic performance, community development, and other lifestyle behaviours".

The study went on to define how these benefits were realized. "Physical activity/recreation can help youth at risk by improving self-esteem, providing positive role models, teaching teamwork, and social skills, promoting self-confidence, providing a sense of belonging, reducing risk factors for disease, giving youth something constructive to do, providing a means of relieving stress, promoting positive morals and values, teaching cognitive, leadership and life skills, providing an opportunity for social interaction, enhancing cultural awareness, providing a sense of community, focusing family support, and promoting wellness for youth." The study concluded, "An Active Living program tries to instill an appreciation for regular physical activity in all Canadians. youth at risk may start to benefit from this."

Alberta's Future Leaders Program

In response to the identifiable needs of Indigenous youth and the ability of sport and recreation to address some of these needs, the Alberta Sport, Recreation, Parks and Wildlife Foundation (ASPRWF) approved the development of a sport and recreation program for Indigenous communities. In March 1996, Alberta's Future Leaders Program (AFLP) was created after consulting with native groups regarding the design and structure of community-based programs for their youth.

The concept of the AFLP is based loosely on the Manitoba Northern Fly-By Sport Camp Program introduced in 1986. The Report of the Aboriginal Justice Inquiry of Manitoba, in its analysis of crime statistics in 1989, showed an average reduction of youth crime in 49% in the eight Indigenous communities where the summer sport camps were introduced. The major factor attributed to these leadership initiatives which accompanied the sport programs.

The AFLP provides recreation for youth living in Alberta's indigenous communities through quality youth role models. The short-term goal of the AFLP is to facilitate the development of community-based sport and recreation initiatives to address the social needs of Alberta's Indigenous youth. The long-term goal is for each community to value sport and recreation as a preventative tool, thereby continuing the initiative on a self-sufficient basis.

With these basic concepts in mind, the ASPRW begins to address the needs of the community's youth. The following basic framework is presented from which each individual program is designed to meet the needs of each community.

- An inter-agency community-based approach is used, involving each community's leadership, schools, youth, school, RCMP, corporate sponsor and social services agencies.
- The private and corporate sector is approached to form partnerships in support of each community-based project.
- Through their community leaders, sport, recreation and art development are used to address the needs of youth.

Each program follows a basic structure that includes:

a) the provision of qualified summer youth workers/role models to create a summer sport camp and recreation experience,

b) a strong youth leadership/mentor program, with the leadership component continuing into the fall and winter;

c) an investment of $16,000 to $24,000 per community, per year that will be cost-shared between the community, the private sector and the foundation.

Given that there is only a three-year agreement, there is a need to develop a program that would eventually sustain itself within each community. The AFLP is built on the concept of training the community's "future leaders", and an inter-agency community-based approach is used to actively identify the youth which the community feels will be their future leaders. Once identified, these youth begin an active summer recreation program whereby the AFLP summer youth workers will teach them some life and leadership skills. the mentoring process is actively supported with a personal development program designed to establish a foundation for the eventual leaders.

Successes To Date

The AFLP has evolved from a program of six communities, six corporate sponsors and two provincial sponsoring agencies in 1996, to a projection for 1999 of 21 communities, 29 corporate sponsors and over 30 different non-profit organizations and government agencies in the community, provincial and federal levels.

Looking at the long-term horizon, the AFLP has successfully facilitated the development of new, long-term, community sport and recreation programs in:

- Slave Lake;
- Javelin;
- Woodland Cree Nation;
- Wasana Deserres through MD #17; and the
- Dease Lake First Nation.

Based on the results for 1998, the AFLP continues to be a success. The feedback from each community positively endorses that a summer sport and recreation program channeling indigenous youth into a positive lifestyle is a personal benefit to the youth of the community.

For more information, contact Ed Gillis at P.O. Box 220, Slave Lake, Alberta T0G 2E0 or e-mail: edgilis@christian.org.

Reference:

Green Thumbs Up

Shannon Pate, Recreation Aide
Recreation Therapy, Vulcan Community Health Centre

Since 1995, the Vulcan Community Health Centre (VCHC) has been working on creating a wheelchair accessible oasis for the 15 long-term care (LTC) residents, acute and palliative care patients. This need assessment conducted with staff, residents and residents' families, became apparent that Green Thumbs Up would be a worthwhile project to initiate. The majority of residents in our rural LTC facilities come from agricultural backgrounds and depend on plants in one way or another for survival. Gardening is their day was considered meaningful work, not leisure, as we perceive it today.

In the beginning at VCHC there was a cement pad with a small path leading to a locked gate, a bench, and a ground level flower bed that required getting down on your hands and knees to work in. Just getting to the garden was a problem in itself. An alarm was set off every time you opened the door, followed by a nurse cautioning you down to ask your motives for going outside, which was a good thing because the door locked behind you. This environment was neither inviting nor accessible, and it did not promote independence. “While the miracles of modern science may lead to a longer life expectancy, life without quality may be the end result.”

Residents have their sense of being and integrity as individuals when they are no longer able to choose for themselves without setting off alarms. Recreation gives them opportunities to participate in life.

In rural communities, we do not always have the resources to offer a wide variety of choices, however, the opportunity for change presented itself in my research – I found horticultural therapy. Horticultural therapy as a therapy promotes physical, social, and intellectual stimuli for the residents. It improves physical and cognitive functioning creating a sense of accomplishment, productivity and independence.

The garden is a non-threatening environment that challenges and demands attention, thought and patience. Nature itself is constantly changing with the seasons, creating all types of conversations, and the life cycle of plants provides numerous tasks to keep an individual busy year round. Activities include planting seedlings, transplanting, propagating, working soil, watering, weeding, drying and pressing flowers, arranging flowers, and cooking and baking with harvested veggies and fruits. Not all activities in the garden need to be physically active. It can be a place to watch for birds, wildlife and worms (until our fishing trips), and a home for the ducklings we hatched.

All of this work has nostalgic value. When the senses are stimulated by the sweet smell of herbs freshly picked, the warmth feeling of sunshine on the face, the sound of neighborhood dogs barking and children playing, the taste of freshly picked peas, and walking outside to see a rainbow of colors, you cannot help but reminisce.

You do not have to invest a large amount of money on design; gardening can be a very inexpensive activity. Numerous people have donated bulbs, extra seeds, bedding plants, and we have started our own seedlings. I have seen plants from old sinks and tubs, cabled troughs and garbage cans. It’s just a matter of using your imagination and community resources.

Phase IV will involve furnishing and landscaping. The final Phase (V) will be a grand opening party – one I cannot wait to plan.

I believe that the Green Thumbs Up is a growing success. We have increased community awareness, created enthusiasm and improved the quality of life for everyone in our facility from patients to staff. This project would not have been successful without help from staff, families, volunteers and the community. I hope that by being excited about working with the elderly through recreation and horticulture or fundraising, I will erase some of the negative stigma surrounding LTC. I believe it is time for the younger generation to start investing time and energy into LTC facilities since no age reversal potion has been found. So what I put in today might be what I get tomorrow.

If it seems futile, if friends don’t appreciate me, if my heart is sad, or my mind is tur

continued from page 3

We Have the Energy

and other health promotion concepts, programs, and resources. An audience analysis is the next step in the planning process. The adoption/implementation of an approach which may be delivered through the workplace will be seriously considered owing to the considerable prevalence of shift-work in the region. Far more can be accomplished by working with others on a common vision than by working alone. The Heart Attack Subcommittee, building on the capacity and resources of its member groups, has created a unique synergistic partnership that lives up to its motto and image. The Heart Attack Subcommittee has created a health promotion strategy that lives up to its motto and image.

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From the Resource Library

by Tracy C. Kitagawa

The Regional Centre for Health Promotion and Community Studies (RCHPS) has also published a number of other studies on rural community issues in southern Alberta. These include: A Health and Social Needs Assessment of Alberta Native Women, Community Assessment of Municipal Districts, Surviving and Thriving, Resilience in the Crowsnest Pass, and Community Assessment of the Kananaskis (Medicine) Mountains. The reports are available for loan from the ACFWP or contact the RCHPS at the University of Lethbridge (329-2699) to purchase your own copy.

"Reaching the Hand to Reach Active Living Programs for the Elderly in Rural and Isolated Communities" by Norah C. Kearing in Towards Active Living: Proceedings of the International Conference on Physical Activity, Fitness, and Health, 1994. In this article, Kearing presents some key points for practitioners to keep in mind when trying to introduce active living programs into rural communities, particularly those with a significantly older population. She also discusses the paradox of small, cohesive communities being both easier and more difficult places to develop active living programs than larger centres. It is because there is already an established informal communications network to access for programming ideas and publicity, and more difficult because of the lack of recreational facilities. Examples are then cited of rural communities that have used their small size to their advantage as well as how they addressed the facility issue. The article concludes with a reminder that rural communities comprise seniors whose interests, attitudes and health status vary, and that while we may "...truly believe that all rural seniors could benefit from health promotion activities," it is more realistic to provide them with programming options and then leave it up to them to participate or not.

Creating the Future...Building Communities Forever

1999 - Canada

1999 International Year of Older Persons

Contact the Canada Coordinating Committee for the IYOP
Ph: 613-565-5813
http://www.yopl.ca

Perspectives in Exercise Testing & Prescription
Mar 5-7, Banff AB
Contact Katherine MacKean, University of Alberta Fitness Unit, 83-55 University Ave W, Edmonton, AB T6G 2X7, Tel: 780/492-4435, Fax: 780/492-6577, E-mail: katherine.mackean@ualberta.ca

Edmonton Woman's Show
Mar 13-14, Edmonton AB
Ph: 780/748-3389

10th Annual Nurturing Ourselves Conference
Mar 26-27, Fredericton NB
Women's Struggles, Women's Strengths, Keynote: Bonnie McFarlane and Sharon Fitch, Contact: Marion Noble, People Link, 115 River Street, Fredericton, NB E3M 8V6, Ph: 506/857-3258, Fax: 506/857-3319, E-mail: loisraob@al networks.nb.ca

A gentle reminder boosts physical activity

Signs in a shopping mall touting the health and weight-loss benefits of walking up the stairs instead of taking an escalator will encourage people to take a few steps towards fitness, researchers at Johns Hopkins medical centre in Baltimore discovered. During the first month of the study there was no sign. During the second month, a sign posted between the escalator and the 20-step stairs carried the message "Your heart needs exercise - use the stair." During the third month, the sign portrayed a woman with a thin waistline wearing pants that were too large saying, "Improve your waistline - use the stairs." With no signs, about 5% of the 18,000 shoppers studied took the stairs. Each sign boosted stair use 7%. Among shoppers judged to be over 40 years of age, stair use rose to 8%. Shoppers carrying a child or a package larger than a briefcase were excluded from the study.

Active Living Coalition for Older Adults (ALCOA) has a new Community Event Kit available titled "Celebrating Active Living Together." The Kit contains information and tools to assist in celebrating the International Year of Older Persons through active living. Kits are available on a cost recovery basis for $10.00 each and can be ordered by calling (905) 890-1203 ext. 293, Fax: (905) 890-0654, E-mail: alcoa@istar.ca

Create the Future...Building Communities Forever

Conversations in Dissemination
Mar 5, Edmonton AB
This APLGA pre-conference workshop will bring practitioners and researchers together to continue on the topics of research creation and application. Contact Marie Cartier, ACFWP, 11335 105 St NW, Edmonton AB T5K 4L8, Tel: 780/439-7816 or 1-800-661-4551, Fax: 780/439-2092, E-mail: marie.cartier@ualberta.ca

AFLGA Train the Trainer Event
Mar 5-6, Edmonton AB
Want to further your knowledge? Inspire others! Advance your career in the fitness industry. Become an AFLGA trainer. Contact The Professional Fitness Unit, 51 55 Van Vyse Street, U of A T6G 2B5, Tel: 780/492-4435

The Health of the Public: Influences and Outcomes
Mar 6-7, Edmonton AB
Contact the Alberta Public Health Association, P.O. Box 250, 8220 102A Ave, Edmonton AB T6E 2L2, Tel: 403/345-9987
Calendar of Events
continued from page 7

Canadian Health & Wellness
Trade Show
May 7-9, Edmonton AB
Edmonton's first trade show to bring all aspects of health, fitness and wellness under one roof. For more information, Ph: 780/305-6116, 9267-486-3726

Healthy People & Healthy Communities
May 9, 10, Toronto ON
Four themes: Integrating preventive medicine, pushing the boundaries, outcomes, and the ethics of health care. Contact Carey Hill, The Canada West Foundation, 550 630 3rd Avenue SW, Calgary, AB T2N 1N4, Ph: 403/295-3553, Ext: 601/609-4776, E-mail: hphc@uwproperty.ca

Fitness Conference
May 12-16, Calgary AB
Contact The Canadian Aquatex Leaders Alliance Inc, 125 Laro Dr, Scarborough ON M1B 3W6, Ph: 416-755-1812, E-mail: calaquatex@gmail.com

Activity for All Older Adults:
From Research to Action.
May 15-16, London, ON
An active exchange of information among older adults, researchers, policy makers, service deliverers and community groups. Contact: Gareth Jones, Canadian Centre for Activity and Aging, University of Western Ontario, London ON, N6A 5C7, Ph: 519/685-1608, E-mail: ccac@uwo.ca

Research to Action
May 15-17, Halifax NS
Working Together for the Integration of Canadians with Disabilities. Contact Francine Varma, Atlantic Health Promotion Research Centre, Dalhousie University, 6200 University Ave, Halifax NS B3H 1H1, Ph: 902-494-2240, E-mail: francine.varma@dal.ca

Investing in Prevention...Creating a Preferred Future
May 18-20, Edmonton AB
This international conference will address long-term prevention and early intervention efforts for children and families. Contact Sheila, Pembina Community College, Ph: 403/320-3617

National Forum on Physical Activity and Disability
Jun 9-5, Ottawa ON
Contact Chris Bourque, Active Alliance for Canadians with a Disability, 1101 Prince of Wales Dr, Ste 250, Ottawa ON K2C 3W7

Public Health in the New Millennium
Jun 16-18, Winnipeg, MB
Contact the Canadian Public Health Association, 400-1565 Carling Avenue, Ottawa, ON K1Z 8J1, Ph: 613/725-3769, E-mail: cpoha@cpha.ca

Global Conference
Sep 3-5, Montreal QC
Contact the International Federation on Aging.

Canadian Association on Gerontology Conference November 4-7, Quebec ON
The Door to a New Era in Aging: Challenges for Business. Contact the Canadian Association on Gerontology, Ph: 613/731-9045, E-mail: cagco@ogu.com, Web: www.cagco.ca

2000 – Canada
Beyond 2000: Healths
Tommorows for Children and Youth
June 14-18, Ottawa, ON
Contact the Canadian Paediatric Society, 180-2204 Weildale Rd, Ottawa ON K1G 4H8, Ph: 613/252-1997, Fax: 613/252-3332, E-mail: beyond2000@cpisca.ca

32nd Annual Community Development Conference
July 17-23, Stevens Point, WI
Contact National Health Institute, PO Box 827, Stevens Point, Wisconsin 54481-0827, Ph: 715/342-2909, Fax: 715/342-2979, E-mail: nwhinstitute.org

2001 – Canada
17th World Congress of Geology
July 1-4, Vancouver BC
Contact: Dr. Gloria Guzman Chair 2001 Congress Organization Committee, Ph: 604/270-5662, Fax: 604/291-5066, E-mail: guzman@ucalgary.ca, Web: www.humanities.ucalgary.ca

1999 – International
American College of Sports Medicine's Health and Fitness Summit and Exposition
April 16-18, New Orleans, LA
Contact ACSM Meetings Dept., Box 1440, Indianapolis, IN 46206, Ph: 317/637-9290, Fax: 317/637-4161

National Wellness Conference
July 17-23, Stevens Point, WI
Contact National Health Institute, PO Box 827, Stevens Point, Wisconsin 54481-0827, Ph: 715/342-2909, Fax: 715/342-2979, E-mail: nwhinstitute.org

Community Building: Weaving the Fabric of Resilient Communities
July 25-28, Spokane, Washington
Contact: Hester Dooley, Ph: 208/760-1111, Fax: 208/761-1107, E-mail: info@travelengine.com, Web: www.comm-clear.org

3rd World Congress on Physical Activity, Aging & Sports
Aug 10-14, Orlando, Florida
 Held in conjunction with the 1999 International Conference on Aging and Physical Activity. See Web: www.humanities.ucalgary.ca

Alberta Centre for Well-Being
Our Mission:
Supporting practitioners to improve the health and quality of life of Albertans through physical activity.

Director: Cynthia Smith
Communications Coordinator: Betty Lee
Education Coordinator: Marie Carson
Resource Coordinator: Tracy C. Kitching
Administrative and Network Assistant: Ivy Rosval
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