What Do You Need To Be Healthy?

As many have already pointed out, health is more than the mere absence of disease and infirmity. Ever since the Lalonde documents, Ottawa Charter and Epp Report (and others), policy developers in Canada have articulated what grassroots health promoters, environmental groups and community development workers have long known: that the single most influential set of health determining factors comes from our social environment (of which our health care delivery services are but one part). As the following articles show, the impact of this shift in focus, that “health care on its own does not secure health”, is monumental for our thinking, public policy and practice.

One framework that depicts a determinants perspective describes three broad categories of influence on health: social environment, physical environment, and individual capacity and resources. Individual factors include genetic and biological characteristics or predispositions, mental hardiness, values, and spiritual well-being. Also included are preventive practices and risk reduction behaviours such as exercise, proper diet, smoking cessation, and so on.

The physical environment is divided into natural and built domains. People require uncontaminated land, water and air to ultimately survive. However, we also need safe affordable housing, transportation systems and places built or not - of beauty, inspiration and comfort. A sustainable eco-system and human habitat are clearly essential to health and longevity.

The social environment consists of the many relationships and contexts into which we are born and nurtured, develop, learn, work, play, and grow. Humans are social beings. Our health depends upon the ongoing support of family, friends and community. To thrive, we need positive childhood experiences free of abuse and neglect, and opportunities for physical, mental, emotional and spiritual development. Education/skills-training and occupation confer the differential influence, status and rewards which determine...continued on page 3

What Does A Person Need To Be Healthy?

Poverty permeates life and all the potential that comes with it. Children are our greatest natural resources; accordingly we must attack childhood poverty with all our energies and innovations.

Dr. Tom Nescworthy, Chair of the National Forum on Health and Public Health Services at the University of Alberta...

...continued on page 7
Dr. Andrea's Note

I haven't written a Director's note for two issues for a couple of reasons. Firstly, I was going through some personal stress. Secondly, due to such wonderful and plentiful contributions filling each issue, I didn't feel I could contribute anything more substantial. Although we have a calendar of events, I would like to highlight what's happening in health promotion on the national and international scenes.

We are commencing a new decade of health promotion in Canada. In November, my daughter and I had the privilege of attending the 10th Anniversary Celebrations of the Ottawa Chartor for Health Promotion. It was relevant that Andrea was with me. She was born in 1986, the year that Canada led the world by the Charter, an international template for health promotion. Many of us were disappointed that Canada was not further ahead, 10 years later in terms of implementing the principles contained in the Charter.

Nevertheless Andrea's comments during the proceedings were encouraging. She understands health promotion through wearing a bicycle helmet, news clips of proposals to direct revenue from cigarette sales to fund tobacco prevention efforts for kids, living within communities that support health amongst members and help those at risk, and being an active living kind of kid. However, it was a wake up call to all when Bill C-71, the Tobacco Legislation, was not released as planned the next day.

The economic and political realities of the day are where we need to place our efforts, as aptly emphasized by the keynote speaker at the celebrations, Ilona Kickbusch, of the World Health Organization. In the most recent edition of the Health Promotion International Journal, she emphasizes that the greatest gains in health promotion will be made outside of the health sector.

Not missing a beat, the Canadian Public Health Association's Action Statement for Health Promotion in Canada, which was released in July 1996, moved forward the vision of health promotion. It developed out of a two-year consensus building process involving over 1,000 professionals and volunteers, including many of you, who promote health in communities. It builds upon the concepts and strategies in the Ottawa Charter and the Lalonde Report, Achieving Health for All. The Vision and Values state that "Health promotion's commitment is derived from a vision of how the world could be if it was based on the understanding of the determinants of health. The Ottawa Charter for Health Promotion identified the prerequisites for health as peace, shelter, food, income, stable ecosystems, sustainable resources, social justice, and equity. Additional crucial health determinants include health care delivery systems, adequate income, a small gap between rich and poor, the absence of discrimination based on gender, culture, race and sexual orientation, life long learning opportunities with some control over decision making, social relationships that respect diversity, freedom from violence on all fronts, freedom from exposure to infectious disease, protection of humans from environmental hazards, and protection of the environment from human hazards. Improving health is a vital component of human development."

Government, not-for-profit agencies, the private sector, community groups, and individuals in all sectors have a role to play in moving the principles of the Ottawa Charter forward to implementation. The strategies to accomplish this are clearly articulated. Copies of the Action Statement for Health Promotion in Canada are available through the Canadian Public Health Association and on loan through the ACWPH Resource Room.

By the way, I don't usually make new year's resolutions, but part of my well-being hinged on making some further improvements in my life. I could not embark on these without returning to my birth name, Smith.


drug

Dialogue

Letters to the Editor


- Don Ardell, Ardell Wellness Report, Florida

Update:

St. Albert Tobacco By-law Passes

by Phil O'Hara

St. Albert City Council unanimously passed a by-law to license tobacco vendors on December 2 after hearing strong support for the by-law from residents at a public hearing.

Wellspring readers may recall that the development of the by-law was discussed in the Fall 1996 issue ("Healthy Public Policy Development of the St. Albert By-law"). The article detailed how action in the community, particularly at Paul Kane High School, led to the development of this healthy public policy. This was demonstrated again at the public hearing when four Paul Kane students addressed council in support of the by-law.

In early 1997, city council will be reviewing its smoking by-law to see how it can be strengthened because several related issues were raised at the public hearing that this by-law could not address.

What Does A Person Need To Be Healthy?

I think the right balance is key. I spend most of my day working; I read and write daily; but most importantly, I attune myself to the deeper resonances of who I am by attending to my spirits. I pray and meditate and seek deep connection with those to whom I minister and especially with friends and family.

Rev. Philip Behman,
Director of Pastoral Care Services, Lethbridge Regional Hospital

Alberta Centre for Well-Being

Serving Practitioners in All Areas of Wellness and Active Living

"The Alberta Centre for Well-Being is committed to enhancing the health and well-being of Albertans by providing leadership and creating educational, research and networking opportunities for well-being practitioners and facilitators through coordinated, collaborative efforts."

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From the Resource Room

Now available for loan from the Alberta Centre for Well-Being:

- What Determines Health? (Sept '96)
- ITCS 96 Appropriate Systems/Appropriate Decisions (Nov. '96)
- Health Impact Assessment As a Tool for Population Health Promotion and Public Policy (May '96)
- The Progress of Canada's Children (1996)
- Consumer Health Information: A Directory of Resources in Edmonton and Area (1996)
- Issues in Measuring Effectiveness in Health Promotion Activities, Projects, Programs: A Collection of Canadian Examples (Apr '96)
- Report on the Health of Canadians (Sept '96)
- Report on the Health of Albertans (Sept '96)
- The Determinants of Health and Children (Sept '96)

What Does A Person Need To Be Healthy?

Being conscious...of my connection to all of my thoughts, words and actions
Speaking my truth
Practicing open-hearted listening
Seeing myself with choice, always
Surrendering to higher purpose and through this creating who I am
Creating a balanced life with respect to body, mind and spirit
Expressing my soul's purpose through my work
Discovering wisdom
 Loving unconditionally
 Facing my fears
 Living in the moment
 Seeing the beauty in life and having fun

Callie Roong, Human Resources, Telus Corporation Inc

What Do You Need To Be Healthy

(continued from page 7)

which of us will be at risk of poor health or not. Those fortunate enough to have employment still require a safe working environment where our labours have meaning and value, plus the opportunity for control over workplace decisions and stressors. We also need time for play and "recreation." When in ill-health, we require access to services which can relieve, rehabilitate and restore us back to function. While advances in modern medicine and active, healthy lifestyles have contributed enormous health gains, these strategies alone are not enough. Certainly we need a world in which the healthiest choices are the easiest to make. The pursuit of ambitions, however, is not simply the exercise of mere choice. Structured inequalities and barriers to health do indeed exist, and must be faced. But as many of the articles demonstrate, the task need not be daunting. Our current challenge is to help foster and support the kind of personal development and create the kinds of social conditions necessary for optimal human development and quality of life for all people. A Health Determinants perspective can help open up the debate about broader issues of public good and alert us to the foundations of well-being. What you think...what do you need to be healthy? >

References


Ethics in The Workplace

by Don Sheppard
St. Stephen's College

An ethical workplace is a healthy workplace. An overstatement you say. Perhaps, but I don't think you could find a healthy and healthy workplace that is not characterized by work environments where customers, competitors and staff are treated with dignity and respect, where work receives fair, value-added products and services are sold at fair prices, and where corporate decisions are made after considering the impact on employees, customers, stakeholders and the community—alike. We see unhealthy, unhealthy workplaces all around us. In a time of corporate and public sector cutbacks, increasingly fierce competition and skilled consumers, many organizations are driven to reduce costs and to maximize their bottom lines. The result is increased anxiety and insecurity, with people constantly worrying that their jobs may be the next sacrifice on the altar of short-term objectives, in a world of quarterly profits, market share, and returns on investment. Ethics and ethical issues dominate the news. In a time of massive corporate downsize-

ing, we see record sales being earned by the leaders of these very same corporations. Senior policymakers and officials in the blood network in Canada are reported to have knowingly permitted the use of contaminated blood, which will result in the death of hundreds of blood users. It now seems evident that unethical practices by corporate and public leaders led to the Erby mine disaster that killed 26 miners. The number of homeless people is increasing, while lines at food banks lengthen. At the same time, the notion of a "good society" seems world-wide. Who then would be surprised if we begin to fear for the quality of life that we have enjoyed, the survival of the organizations we work in and perhaps even begin to fear for the very survival of human society? It would be easy to wonder if anyone really cares about ethical behaviour anymore. Yet, how can we explain the fact that more than two and one-half million books on business monthly forum for people wanting to discuss workplace ethics. People come for a variety of reasons. Some come simply for a learning experience. Some seek reassurance that others believe in the need for ethical behavior in the workplace and that ethical workplaces, where quality of life is important, do exist. Some participants have become very disillusioned by the pain and stress in the harsh environment of today's workplace. They share stories of this pain and the ethical dilemmas they face; the unethical practices that have been inflicted on them. The workplace is a monopoly on good or bad ethical practices. They also share the message that it is important for their personal well-being, and that of the organization they work, to continue their efforts to make it a more ethical place.

As we develop the "Ethics for Breakfast" series, we have come to learn a widening network of people interested in workplace ethics, who believe that high ethical standards define the reputation and the character of an individual and an organization. They are aware that high ethical standards are a necessary condition of market-place integrity and competitive ability, a necessity for the long term survival of an organization. In 1996, members of this network began exploring the possibility of establishing an Ethics Institute to support and promote ethics in Alberta workplaces. We worked with the Alberta Congress Board, an organization made up of senior representatives from business, labour, government and education, as they planned their annual conference, this year entitled "Values & Ethics for the 21st Century." Conference delegates were presented with the concept and gave strong support to continuing the planning for the Ethics Institute. This work will continue through the coming year. Our focus on the cutting edge of exploring workplace ethics. It is certainly refreshing and reassuring to repeatedly hear the message from a wide variety of people that the bottom line dollar need not be the only focus for an organization. Organizations and the people in them must also work in the best interests of their customers, investors, employees, as well as the best interests of the community and society at-large. Very heady stuff!

We have just scratched the surface. Much remains to be done, but we are convinced that people want to work to ensure healthy, ethical workplaces, where the quality of life for all stakeholders is the guiding principle. >

Don Sheppard is the Director of Corporate Consultation at St. Stephen's College. For more information, you can contact him at 403-453-6711 or fax 403-482-875.
It is already diche to say that the problem we collectively face as a western industrial society of the late 20th century can only be solved by a paradigm shift. "Paradigm shift" is an pretentious and academic way of saying that we need to change our thinking about something. People working to improve the collective welfare, in the health, environment and social justice sectors, know that we need to change our thinking.

The need is articulated explicitly by the health promotion sector. The Saskatchewan Provincial Health Council has stated "Goal One: To change our thinking about health and to consider the broad determinants of health." Ever since the World Health Organization defined health as more than the absence of disease, health determinants have come to include increasingly broader aspects of life.

A parallel trend is happening in the environmental sector. Environmentalists, generally, have tended to focus on environmentalism as something out there; out in the forests, oceans and rivers -- out in the elements. The most familiar and successful environmental campaigns have been in defence of specific geographical locales such as British Columbia's Clayoquot Sound or the Whaleback Montane region of southern Manitoba, or protecting very visible animal species-- the whales for example. This work earns a high degree of public visibility and profile but also helps enhance thinking about the environment as something distant and separate from the individual being.

Urban environmentalists have been successful in recent years by promoting the "home" or "environment". By handling waste management and pollution products (household hazardous waste) as environmental issues, as opposed to "home economics", environmentalists have mobilized resources to produce successful programs such as the Blue Box Collection Program for recyclables, and the Education Expo for household hazardous waste disposal.

The evolution of environmental consciousness seems to be a continuing process of integrating separate spheres human existence into a seamless whole. Just as the Great Ozone hole has emerged with the immediate indoors, we are now poised to make another change in thinking about the environment to include our biological inner environment, namely our individual health.

It really doesn't take much of a leap to consider the question: where does the individual begin and the environment end? How is it that upon passing the threshold of your lips that the atmosphere becomes your respiration? That the water you drink magically changes from being the source out there to being the blood that flows in your veins? Recognizing the intimate connection between the individual self and the environment is "ecological thinking". Ecological thinking is a kind of thinking across boundary lines. In ecologic terms, there is no separation between you and the environment.

The epidermis of the skin is ecologically like a pond surface or a forest soil, not a skyscraper, as a delicate interconnection. This view, this way of thinking, health promotion efforts are targeted only at protecting physical health i.e. nutritional status improvement or promoting exercise are insufficient for our well-being. It doesn't make sense to take nutritional supplements if you don't have the right air and water quality. Conversely there is no benefit to fighting pollution or saving the whales at the expense of your health.

Health practitioners and environmentalists are harmonizing their activities in increasing numbers to break down divisions between the outdoor and indoor environments, the indoor and the outer environments. We cannot work simply to protect only one of the three. Environmental determinants of health are generally considered those aspects of the physical environment to which humans are exposed: air, water, soil, food, and the built-environment. As users of these resources, the primary concern is the human biological response to the quality of these aspects. As environmental determinants, air, water, soil, and food are considered important as the transport pathways for contaminants that do and might affect the health of people. The range and number of potential contaminants are many, including tobacco smoke, ground level ozone, heavy metals, pesticide residues, synthetic chemicals, hazardous organic compounds, radiocladides, biological agents, and others.

The built-environment refers to the other aspects of human existence, otherwise referred to as "qualities of life" and include urbanization, accidents and stress, transportation, indoor air quality, issues related to housing (availability, security, etc.), workplace design, green spaces, and others.

Certainly, as a carrier of potentially disease-causing contaminants, the environment is a determinant of health. It is also clear that the quality of life in our built environments has an impact on our sense of well-being. But focusing only on these as environmental health determinants suggests that disease prevention in humans is still the primary objective. This relatively narrow focus overlooks determinants which indirectly affect individual human health, but directly affect the well-being of humans as a species and the survival of non-human species.

Stanford University Professors Paul Ehrlich and Stephen Schneider compiled a list of 15 central and global scale indicators which both directly and indirectly impact human health. Among them are air contaminates such as ground level ozone, sulfur dioxide, and nitrous oxides in the atmosphere which affect human and crop health. But Ehrlich and Schneider have also included such indicators as: loss of tropical rainforests because of the fire rainforests they possess, including the botanical models for many modern pharmaceutical and geothermal deforestation because more than a billion people depend on freshwater to meet their energy needs; decline in fertility and availability of agricultural soils; and species extinction because many non-human species are the very working parts of humanity's food production system. Soil microbes, for example, are non-human species vital to our survival as they allow food to grow.

Global climate change is, arguably, the most dramatic example of the indirect environmental human health determinants. According to the Canadian Global Change Program's Health Panel, the implications of global warming are of considerable concern. Global warming will disrupt all aspects of human activity (for example, agriculture, water supplies, industry and transport, demographics and human health); increases in air quality; and reduces the incidence of various natural disasters such as violent weather disturbances; cause floods in some areas, droughts in others; increase incidence of heat-related disease; and increase the range and abundance of insect borne diseases.

Other atmospheric environmental issues such as ozone depletion and ultraviolet radiations appear similar in indirect determinants of health. While health promotion efforts may be successful in limiting exposure to the sun and sunscreen use, they will not protect people from the consequences of the collapse of the marine ecosystems due to excessive exposure of phytoplankton to UV rays.

As ecological understanding of the environment and our personail health becomes more refined, we become more conscious of what we do to the planet, we ultimately do to ourselves. With this view, the objectives of health promoters, environmentalists and social justice activists become one and the same.

Veronica Goodwin is a MS graduate student in the Environmental Health Program, Dept of Public Health Services, University of Alberta. She has worked in the areas of Occupational Hygiene and Laboratory Medicine and been an active member with the Toronto Lakeshore Environmental Society. Myles Kitagawa is an Associate Director of the Toxics Watch Society of Alberta. Both of us are non-government and environmental organization dedicated to community awareness and advocacy on urban ecology. For more information, contact the Toxics Watch Society at (403) 433-4800.

Centre Happenings

Welcome Aboard!

Felicia Taylor is our new Library Assistant who works with Tracy in the Resource Room. She is a recent graduate of Grant MacEwan Community College's Library and Information Management Program. She has previously worked in health food stores, bookstores and libraries. Felicia enjoys the outdoors and is presently a board member of the Edmonton Bicycle Commuters. The ACWF is welcoming Felicia to the Staff Team.

Ooops, we goofed!

Speaking of humor, if you didn't get the punchline in Jeannine Roman's article, "Health, Humor and Creativity" (last issue) , it's probably because there was a typo ("Why is six afraid of eight") . The riddle should have been why is six afraid of seven? Because seven eight nine. If you did get the riddle in spite of the error, then you're a lot more creative than we thought.

WellSpring

Fond Farewell

Kerry Munnery, former Research Coordinator, has gone department. Tired of our Alberta weather, with highs of -50°C, Kerry has decided to swim with the sharks and hop with the thinking algae (literally for a change). He has accepted a position of Associate Professor with the Faculty of Health Sciences at Central Queensland University in Australia. The ACWF wishes Kerry and his family all the best with their future endeavors! He can be reached at munneryk@hscu.edu.au.
Creating a Health Promotion Framework

PEI's Circle of Health

by Julie Devlin Dodd and Patsy B Hugun

"The circle is an ancient form of gathering. People gather into circles as a way to celebrate, to hold council, to create community, to govern by consensus and to make cooperative decisions."

Calling the Circle, Christina Baldwin

What Does A Person Need To Be Healthy?

Good health should include the physical, emotional and spiritual aspects. Learn to like yourself first. Wanting to get up in the morning and to go to bed at night complements good health.

Promote a holistic approach to well-being.

Karin Krumen, Alberta Mental Health Care, Consumers' Network

Learning Within the Circle of People Gathered

The first day began with an overview of PEI's health reform vision and structure. Patsy Hugun, Director of Community Development with the Health and Community Services Agency, emphasized that the vision is to enable families, individuals and communities to have better control over their health. "It really supports health in a broad sense as being a resource for living," she said. "...not just preventing people from becoming ill, it's how we enjoy life more, how to have a sense of well-being and vitality."

Irving Roobman, Director of Health Promotion, noted that PEI residents have a good health education climate and that PEI residents, as a group, are more likely to have been exposed to health education programs than people in other parts of Canada.

The Challenge

In 1993, health reform began in PEI, and it emphasized health promotion. However, the lack of common understanding of health promotion raised expectations in the community and the health system, and made it difficult to prioritize and decide on resources.

A working group of the Provincial Health Promotion Steering Committee embarked on the challenge of seeking consensus on a framework to guide health promotion by establishing a two-day process and extending a broad invitation. More than 100 people accepted the invitation to participate in the one-day workshop, "Mapping Health Promotion on PEI."

The Circle of Health

The group developed the concept of a navigational compass as a symbol of direction. The core of the compass tied together values and beliefs, and the next layers pointed to strategies, populations and determinants of health. A three-dimensional model allowed people to handle the framework and see how the components of health promotion work together. Exploring the framework as a whole encourages broad thinking and the many connections of health promotion. Moving and aligning the circles of the framework helps people to identify themselves and their contribution to health promotion.

As the variety of people exposed to the compass framework grew, so did interpretations. Some people saw a wheel, others a compass and others a circle. The PEI Health Promotion Framework seemed to develop its own identity and in the end, to name itself: The Circle of Health.

Contribution of the Circle of Health

It is just over a year since the conception of the PEI framework and just a few months since finalizing the framework identity as the Circle of Health. The Circle of Health is both a challenging and supporting tool. The many dimensions of the Circle give hope that fundamental change is possible: the integration of the many dimensions challenges new ways of thinking.

In PEI, the Circle of Health is being used in many ways as the basis for an inventory, for developing new tools in planning and evaluation, as a curriculum outline to write plain-language health education materials, and as a guide for planning workshops. During the summer of 1996, the framework structured the curriculum for the PEI Health Promotion Summer Institute at the University of Prince Edward Island. Veterans Affairs Canada, partnering with the PEI Health and Community Services Agency, is using the framework as a planning tool to build a health promotion strategy for services and veterans.

From its inception, the Circle of Health has traveled to other parts of Canada and the world. In Northern Ireland, the process of developing the PEI framework resulted in a framework unique to South and East Belfast. In Quebec, the framework has been translated into French and is a teaching tool for undergraduate and graduate students at the University of Laval.

The Future of the Circle of Health

The Circle of Health is a tool that can symbolize connectivity; it can inspire creativity; it can sustain hope for fundamental change. The future of the Circle of Health, like the future of a society based on the values of the Circle of Health (sharing, caring, balance, social justice and choice), is in our hands.

You may preview the Circle of Health Promotion Framework Kit from the ACFWR Resource Room. The Kit includes a three-dimensional Circle of Health, a Circle of Health Learning Guide and background documents. Or purchase the Kit directly, send $10.00 (for printing, 3 x 1) to the Health Promotion Development and Research Division, PEI Health and Community Services, P.O. Box 2000, Charlottetown, PEI C1A 7N8, Ph: 902 368 6157, Fax: 902 368 6136. E-mail: digita@hrs.ur.ca

WellSpring
Penbrooke Meadows Community - Determining its Health

by David Swann, Palliser Health Region

Life has become quite polarized in Alberta today, with every aspect open for debate and a growing array of narrow self-interests, such as the promotion of credit cards, quality assurance, privatization, city citizen involvement, etc. David Christließ has commented, "It is not the decision that amkills us, it is the lack of making decisions", in other words, the decision. He continues, "We must transform politics in ways that will help gain creative sustainable change, our capacity to deal with future problems, and build a civil society. The very nature of our political process then, is fundamental to our ability to achieve healthier communities.

What is emerging, too, is the recognition that people's involvement in decision and actions to improve life is health promoting in itself and crucial for sustained improvement in our families, workplaces and communities. Many professionals are familiar with the determinants of health, but are not at all clear about how to engage people or what their roles are. There sure is too much to learn about community participation, political process or working together across sectors and along with community people, to address the complex and interconnected world of health determinants.

As a physician, I am quite aware of the demands of sickness and injury, and the importance of medical care and technical assistance. I am equally impressed with research indicating that citizens are improving their well-being through community action, and simultaneously transforming environmental and social health in their communities. Threats to health and life are those associated with poverty, alienation, low-level of violence, lack of meaningful work, and poor human relations. Clearly, these issues are not going to be addressed by doctors and hospitals in their usual role, but many people who deal with these issues end up in hospitals and counselling offices, courts and welfare lines. If government and professionals cannot solve these challenges, and communities are not prepared to tackle them, we need to find a creative blend. Health Promotion and a strategy for health determinants argues for new "human software" related to our culture, purpose and the meaning of modern democratic society.

Who wants Health Promotion? It creates no wealth, gives no credit to the provider, is difficult to measure, argues for complex solutions based in the community (which we have no time for), and starts the status quo. No wonder Health Promotions and Population Health approaches are poorly understood and not supported, even at the provincial level. Yet it is such programs that are needed to rebuild viable communities.

Penbrooke Meadows: Case Study

People in the community of Penbrooke Meadows, a residential development, didn't need to read research on determinants of health to know what they needed to improve their lives and the lives of their families. They know that life is difficult because of lack of marketable skills, violence, cultural division, neglected environment, and family dysfunction. Helped by funding from Boots, Calgary and without foundation, citizens, agencies and the Community Association decided to address the broader issues affecting their 10,000 residents through a comprehensive approach that dealt with "determinants of health" - low education levels, unemployment, multicultural relations, poverty, environmental change, violence, and vandalism.

Three community workers, Karie Latt, Denise Bell and Charlette Moseweise, with volunteers and small working groups are now addressing the causes of health in Penbrooke Meadows. Some of their approaches include:

- an asset inventory to enable jobs finding and barriers of services in the community.
- by-law enforcement to create a sense of fairness and trust.
- collective kitchens which are being started from different backgrounds to learn and meet as well as feed their families more inexpensively.
- women meeting to discuss their well-being and what to do to improve family well-being.
- information and skills for computer literacy.
- job search, self-employment and management skills.
- improved opportunities for single mothers to meet and learn new skills.
- a Streetwise Block Watch program.

Challenges

There are good reasons why this approach to community health is still not common. It is extremely time-consuming and requires skills in communication, conflict resolution and planning that many people (including health professionals) have not learned or find difficult. Issues change and people in the community may not have the time or skills to contribute consistently. Conflict is inevitable and people need to be aware of basic elements in anticipating and resolving tensions.

Yet the evidence is that engaging people in discerning the key elements of their lives, helping them in identifying their priorities and taking collective action, are health-promoting and community-building, especially at a time when people are profoundly cynical about political change.

People in Penbrooke Meadows know that employment, steady income, good human relations, and fair political processes are what they need. Many understand that they are part of the key to transforming their conditions. They are learning to work together with agencies inside and outside the community, and they are calling agencies and professionals to be more accessible to community needs.

What Does A Person Need To Be Healthy?

For me, health is a joyful optimistic approach to a life which includes close relationships with family, friends and Creator; being involved in meaningful work and contributing to the welfare of the larger community; and of course, caring for oneself through regular exercise, a healthy diet, and opportunities for mental stimulation, reflection and enjoyment of the arts and nature.

Sylvia Campbell, Retired Teacher and Social Worker, Leduc

References

1. Transforming Politics (paper) D. Christließ, 1995
Kids in the Hall takes a holistic approach to job training

by Gail Baron, Assistant Executive Director
Edmonton City Centre Church Corporation

Kids in the Hall (not the extremely popular) is a job training and employment program for youth. The program has attracted national-wide attention, largely due to the fact that Human Resources Development Canada (HRDC) has allocated $922,700 to fund the training portion of the program for three years. The employment portion of the program takes place in the upscale Kids in the Hall Bistro, located in Edmonton's City Hall.

The program is designed for youth. 16 to 24 years of age, who have been involved with the child welfare system, are dependent on social assistance, have been in trouble with the law, or have experienced homelessness. Many of the participants have suffered abuse at the hands of family members and foster families, some have been abandoned by their parents, others have simply taken a wrong turn in life. All of them need guidance to get on a road to a healthier, happier future. Kids in the Hall provides opportunities to increase the well-being of the participants by providing them with support, skills training and employment.

The project's lead sponsor is Edmonton City Centre Church Corporation (ECCOC). Says Martin Garber Conrad, Executive Director of ECCOC, "We know that young people making the difficult transition away from street life find it nearly impossible to get and keep secure employment. Although they get help dealing with many of the social problems that pushed them onto the street, the demands of the commercial workplace are beyond them. With their low level of education and job skills, those who do find work are unable to succeed for more than a few weeks, even with considerable support from outreach workers and other helping professions. Still, these young people need employment opportunities to enable them to access social assistance."

Kids in the Hall is a major community partner.

Working in collaboration with Life-Role Development Group Ltd. (LRDG), Legal Aid Youth Office—Edmonton, and Goodwill Industries of Alberta, ECCOC acts as general project overseer and banker. LRDG is involved in curriculum development. Legal Aid Youth Office provides referrals to the program, and offers legal advice.

"It was a stay at home dude before he came to Kids in the Hall. The project has helped him to see options for the future and recognize the skills he already has. "I have discovered I have really good people skills," says Pat. "The program has helped me develop a positive attitude towards my past. I get a lot of respect for taking care of my son—I feel good about it."

Social worker Pat Moffat finds the Kids in the Hall program innovative because of its extended length. Most employment training programs don't run right hours a day, every week day for six months. "We have youth for a longer period," says Pat. "This allows us (the staff) to get to know them well. They also get to know themselves better because of the intensity and duration of the program."

How do we measure success?

Program success, as measured by HRDC, is that 80% of the youth who graduate from the program will be working or self-employed, or be involved in school or further job training 12 months after graduation. Since intake began in June of this year, about 45 youths have covered the program. Career educator Calvin Avey expects 13 youths to graduate in January. He also points out that two participants left the program early because they found permanent jobs.

Calvin says that the definition of success varies—"different participant to participant. "For some, Calvin explains, "Success is being able to walk with their head up high and hold a job, even for a little while. For others, success is being able to see that they are worthwhile human beings, no matter what their past has dealt them. Others feel it is important to earn a certificate in something, be it Alberta Bar training, standard First Aid, CPR or food sanitation."

Social worker Pat Moffat observes a lot of success on a day-to-day basis. "When I see youth who can be comfortable on the floor, walking with their head up, I call that success. I see more positives in the kids than they see themselves. These youth find it hard to accept and internalize the fact that they are gaining skills. But I witness the changes."

How will the youth judge their own success? "I want to finish high school, then go on to college. I am interested in becoming a legal assistant or a criminologist," says one young woman. "I am going to college in February. I've had lots of support from the Kids in the Hall staff in making my application. I couldn't have done it without the program," reports another soon-to-be graduate. Another participant is apprenticing to become a cook.

Project staff will monitor the progress of the grads for one year after graduation. Although hopeful for their futures, many of the youth do express a major fear of "being found out" once they are out in mainstream society. They worry that people will learn about their past, and reject them. The project staff hope that the self-esteem the youth gain during their time in Kids in the Hall will be deeply rooted enough to help them accept their newfound success.

For information, contact Gail Baron at (403) 424-7543.

References
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Calendar of Events

1997

Coping with Stress in the Workplace
Feb 25, Edmonton AB
Diagnose sources of stress, understand the consequences and develop a plan of action for coping with occupational stress.
Contact: Ph 403-492-1218, Em: extension.info@ualberta.ca

Workplace Health System Training
March 1997, Edmonton AB
Contact Marie Nashun at Ph 1-800-664-4551, Em: mnelson@ualberta.ca

8th Annual Art and Science of Health Promotion Conference
Mar 3-5, Hilton Head Island, South Carolina
Inquire Today! Call American Journal of Health Promotion at Ph 1-800-627-5629, Fax 1-913-843-1274

Changing Gears 97 Health and Wellness Symposium
Mar 13-14, Calgary AB
An opportunity for individuals committed to health promotion and prevention to meet and hear the latest research finds, trends, and recommendations for action.
Contact University of Calgary-Campus Recreation, Ph 403-220-7749

Promotion Techniques for Health
Mar 15-16, Edmonton AB
Hands-on training in planning and preparing health promotion campaigns.
Contact: Ph 403-492-1218, Em: extension.info@ualberta.ca

Global Conference on Lifelong Learning
Mar 20-21, Ottawa ON
For more info Em: gclarke.carleton

Resiliency Conference and Training with Woolf and Woolf
April 1997, Edmonton AB
Contact Katie Nielson, Family Centre at Ph 403-423-4918

Reducing Back Injuries at Work
Apr 1, Edmonton AB
During this workshop, Laurie Schoder will present specialized solutions that have helped her clients save millions and reduce their lost-time back injury claims by almost 50%.
Contact Laurie Schoder at 403-459-2338

Communicable Disease Control
Apr 8-11, Toronto ON
2nd National Conference
Canadian Public Health Association, Review trends, discuss measures of prevention, highlight issues, focus on problems.
For info Ph 613-725-3769, Fax: 613-725-9876, Em: conference@spha.ca, www: http://www.spha.ca

Building on the Past...Looking to the Future
Apr 16-18, Hamilton ON
Education Centre for Aging & Health, 19th annual conference.
Initiative 97-Catch the Wave
Apr 21-23, Calgary AB
The Alberta Association of Rehabilitation Centres conference will focus on trends in community rehabilitation.
Contact Wendy of Mart, Ph 403-250-5859, Fax 403-295-9504

Evaluation in Partnership
May 4-7, Ottawa ON
Presented by The Willow Group, Ph 613-237-2324, Fax 613-237-9900, Em: kpeters@willowgroup.com

11th International Symposium for Adapted Physical Activity
May 15-17, Quebec City
Contact: Ph 613-413-9664, Fax 613-238-2102, Quebec City, PQ G1M 2S8.
Ph: 613-528-9041 x2671, Fax: 613-528-7318

Lecture and Workshop
Droldly Persuasion
Advertising and Addiction
June 1997, Edmonton AB
Jain Kibboue, Ed.D., is an internationally known media critic, lecturer and writer. Through her illustrated lectures and award winning films (Killing Us Softly; Pick of Lies, Calling the Shots), Jain reveals the serious impact of the media and culture on our lives.
Contact ACPWB at Ph 403-455-8602 or 1-800-661-4551.

Women and Health Promotion Conference
June 3-5, Hamilton ON
Contact the McMaster Research Centre for the Promotion of Women’s Health, Ph: 905-525-9140 x23554, Fax: 905-524-2542, Em: mwowers@mcmaster.ca

Women’s Health in the 21st Century
June 8-10, Saskatoon SK
Contact 9th International Congress on Women’s Health Issues c/o Dr. Phyllis Neeper, Stern, School of Nursing, Indiana University 1111 Middle Drive, Indianapolis IN 46202, Ph: 317-274-0032, Fax: 317-274-4928, Em: pneeper@indiana.edu

Vitalize 97 - Provincial Volunteer Conference
June 12-14, Calgary AB
Contact, Alberta Wild Rose Foundation, Ph 403-422-9305

Supervising the Injured Worker
June 24, Edmonton AB
Gradual Modified Return to Work is recognized to be effective in reducing hidden costs, increasing productivity, and boosting morale.
Contact: Laurie Schoder, Ph 403-459-2328

4th International Conference on Preventive Cardiology
June 29 - July 3, Montreal QC

5th National Health Promotion Research Conference
July 4-5, Halifax NS
Gender and Health: From Research to Policy. Contact Atlantic Health Promotion Research Centre, Ph: 902-494-2240, Fax: 902-494-3594, Em: ashpoc@dal.ca

Investing in Health: The Shaping of Public Policy
Jul 6 - 9, Halifax NS
Canadian Public Health Association, 1565 Carling Ave, Ste 400, Ottawa ON K1H 8R1, Ph: 613-725-3709, Fax: 613-725-9826
2nd National Wellness Conference
Jul 12 - 18, Stevens Point, WI
The Theory, Practice, Spirit, and Culture of Wellness. Contact the National Wellness Institute, Inc., 1045 Clark Street, Suite 210, PO Box 827, Stevens Point WI 54481-0827, Ph: 715-342-2869, Fax: 715-342-2979, Em: nwic@wellnesswi.org