At The Crossroads:
Shifting the Paradigm from Illness to Wellness in Alberta

By Brian Kearns

Health is at a crossroads in Alberta. When any of us reach a crossroads, we need to decide which is the right direction to reach our destination. If I had to decide how to achieve having “Healthy Albertans in a Healthy Alberta”, I would try to concentrate on two things: setting clear goals and assisting people to take responsibility for health. These two things, it seems to me, are the keys to making healthier choices, the easier choices for Albertans.

Setting Clear Goals

The challenge in health care is to shift the focus from an almost exclusive emphasis on caring for the ill to an emphasis on building a healthy society. This shift is the challenge of a positive vision of health that requires reorienting health service so that they can continue to confront the factors that lead to illness, while strengthening the forces that contribute to and

(continued on page four)

Announcing The Provincial Well-Being Conference:
Well-Being For The Future III:
Creating Healthy Environments Through Collaboration

March 3, 4th, 1994
University of Calgary
Calgary, Alberta, Canada

Your personal registration form and program are the centrefold of this issue of WellSpring
Hello! It is with some nervousness that I write my first column in WellSpring. I have never written to such a large audience.

It has been a busy and educational time for me since I became Director almost a month ago. I was not aware of how much is happening in the health promotion area.

In many ways, the theme for this issue—the paradigm shift from illness to wellness—parallels my background. After working in health care for a period of time, it was evident to me that our current health system was failing Albertans by not positively changing lifestyle behaviour. I made the conscious decision to focus my energies on health and to be part of an organization that is addressing well-being in the true sense of the word.

In my first days on the job I represented the Centre at the Public Roundtable on Health in Edmonton, chaired by the Honorable Diane Mirosh, Minister Responsible for the Health Planning Secretariat. I would like to share with you what I heard.

Over and over, participants recommended shifting the focus from health care to health promotion. The health system must be integrated as never before. All aspects of health including determinants of health, prevention and promotion, are to be part of the continuum as we move away from the predominant medical model of delivery.

Consistently the point was made that the future system must be community-based. A new approach to health must recognize the concept of the Sustainable Community. That is, health must be seen to be a vital and integral part of everything that happens in a community. Above all, services in a community must complement one another and be provided from a customer’s point of view.

Following the Roundtable, I attended a breakfast where Ms. Mirosh was the invited speaker. She indicated that a 3 year plan for the health system will be announced in January, 1994. The future system, she affirmed, will be community-based with an increased emphasis on education and promotion of healthy lifestyles, and (continued on page a...
The shifting of paradigms reflects a fundamental philosophical evolution to a new reality—from an old way of doing things to a new one. Paradigms shift slowly and gradually at first, but build momentum quickly as theory and hypothesis become accepted reality.

Paradigm Shifters

Those who help in such an evolution of fundamental thought are referred to as "paradigm shifters"—people who envision the future, based on the past, and actively advocate for change. It is these individuals who are often regarded as rabble-rousers or renegades—pushing leaders and educators to see the need for change—then to facilitate the resulting metamorphosis.

Some of the most famous people in history were paradigm shifters who brought us to a new way of thinking—a way that may have seemed bizarre and even ludicrous at first—to a new way thinking and operating that appears so normal, one could not imagine the old system.

Do you remember the story of blacksmith who laughed when he saw the first automobile drive by, "That thing will never catch on", he said, pounding away at a horseshoe. (He should have been learning about engines.)

The health care system, must move from a predominantly curative model to one balanced with prevention and promotion for several important reasons.

First of all, health promotion and disease prevention have been shown through several studies to be essential to the future of not only the health care system, but to the health of individuals and communities worldwide. Treating an individual of a serious illness generally costs more than preventing it in the first place through solid education and health promotion campaigns.

We know from workplace studies that healthier employees are absent less, use fewer sick days and are more productive than those whose companies do not focus on workplace well-being and occupational health.

We know from cancer studies that early detection and prevention are usually more cost-effective than treating invasive and persistent life threatening cancer.

As a health promotion or well-being professional, you are a paradigm shifter. You may be faced with resistance from your organization, your clientele, your funding agencies or your peers as you promote your thoughts and ideas.

But it is people like you who will reduce AIDS to the prevalence and incidence of diseases like small pox; who will determine a better way to reimburse physicians; who will bring about the fundamental change in philosophy that sees the implementation of a new system of health care which aims at promoting health and preventing illness; and a government that allocates more than 1% of the health care budget to promotion/prevention activities.

A Metamorphosis Has Begun

As long as paradigm shifters continue to work toward creating a new reality for health care in this province, a metamorphosis will occur. And once the paradigm has truly shifted, we will all look back on the old reality and wonder why we ever did things that way to begin with.

Our new paradigm is apparent. Though still fuzzy and over another hill, we are slowly but surely picking up momentum as more and more individuals, agencies, professional associations and politicians realize they had better climb aboard or be left behind.

In this issue of WellSpring, our contributors explore the paradigm shift in health care using a blended approach to illness and wellness. If you have any comments on this subject, please write "The Editor".
Health in Alberta: At A Crossroads

By Brian Kearns
Acting Chief Executive Officer
AADAC

(commented from page one)

behavioural component and are rooted in how people live. The most pressing health problems are not amenable to mass immunization or sanitary reform. The connections between one’s behaviour and these health conditions are less clear and less predictable than the relationship of germ to disease.

The key here is to recognize that people are interested in finding simple ways to enhance their own health and avoid these health problems. This interest is at the heart of the self-help movement which is holistic in its approach and recognizes the power of physical, mental, social and spiritual resources. These are the resources with which people must work in different stages of health, during different stages of life whether they are recovering from illness or maintaining their health. Personal health and well-being are more than the sum of our body parts.

The public expects health professionals to assist them in taking charge of and balancing their mental, emotional, social, physical and spiritual resources. Then people can have some reasonable sense of being okay and be able to cope with what life dishes out.

Health is not prescriptive. It has to be achieved in the context of people’s needs and the health resources available to them. There is no doubt that our behaviour is determined by the most predominant needs. Assuming that the majority of Albertans are not facing physical threat and insecurity, their needs are often a sense of belonging, self-esteem and personal growth. People want to feel more than just disease-free—they want to feel good about themselves.

A good health system will reflect that need and maintain an investment in the health of the whole population, not just those who are ill.

This vision of health and what it requires to make it a reality have implications for all levels of the Alberta system. It means taking the view that the most important health resources do not reside within health institutions exclusively, but in people using their personal resources of mind and spirit in partnership with their families, communities and health professionals.

Taking Responsibility For Health

Today’s major health problems all share a foster health.

The key here is to understand that the threats to our health today are no longer the acute infectious diseases such as diphtheria, polio or even influenza, all of which are being successfully managed through basic sanitary conditions and through immunization programs in Alberta and across the world. Life expectancy is now higher than it has ever been—unless you eat, smoke or drink yourself to death, step under a car or fall victim to today’s violence.

The health threats of today come from the chronic lifestyle disorders that lead to lung cancer, cardiovascular disease, liver cirrhosis, traffic fatalities, debilitating injury, family violence and other stress-related conditions.

Theses are the health problems around which we need to set our goals and measure our success in achieving greater health and well-being for Albertans.
Ever since the Canadian Cancer Society was formed back in 1938, it has had an active public education program dedicated to the prevention and early detection of cancer. This continues to be an important role for the organization as current scientific research indicates that up to 60-70% of cancer is theoretically preventable through healthy lifestyle choices such as not smoking, protection from overexposure to the sun and a balanced diet.

Another important role for the organization also exists—tending to the tremendous needs of people who currently have cancer. Therein lies a challenge of convincing key decision-makers on the importance of allocating new resources to education. This can be difficult because education is a long-term investment. The benefits may not be felt until well into the future. While we can evaluate our educational programs to assess their immediate impact on the knowledge or attitudes of our target audiences, long term results such as cancer prevention are difficult to prove. Conversely, patient needs are immediate and very tangible.

Increasing Demands

The increased demands that have resulted from downloading within the health care system have further complicated the issue by creating an even greater urgency in patient care. We need to keep people focused on the fact that Alberta's population is aging, resulting in an ever-increasing cancer rate. If we do not take action today to prevent cancers, we will be compounding our problems for the future.

Increased Responsibility

Professionals in the wellness field now have the added responsibility of providing education within their own organizations. This internal education may include a need to change attitudes in order to shift the focus from illness to wellness. Furthermore, it needs to be done without alienating the providers of services for patients.

No Easy Solutions

There are no easy solutions as to how to divide the pie of limited resources. The success of our efforts will greatly depend on our creativity and our ability to work cooperatively within the health care system. We need to continue to collaborate with other stakeholders such as not-for-profit agencies, government departments, professional associations, politicians and private industry to pool our resources, enhance our program delivery, enact public policy, and tap new sources of funding.
There has been a realization among North American employers that they can help optimize the health and performance of their employees by the promotion and facilitation of healthy lifestyles and healthy workplaces. Opportunities for employees to improve their health at work have changed dramatically since the turn of the century when fitness, and drug and alcohol intervention programs were the focus of workplace programs.

Evolution of the Workplace

Workplace programs have been evolving and changing since they were first introduced. The last two decades have brought many changes to the way we live and see ourselves. We have become more sensitive to our own health, the health of our employees and the health of the planet. Reflecting these changes, the paradigm is shifting. Active Living is emerging as an important focus for the 1990’s.

What makes Active Living and the workplace such a good fit? First, Active Living can be an extension of already existing programs. Secondly, Active Living offers something for everyone—it can help both employers and employees reach their workplace goals by:

* getting everyone involved—not just the people who are young and fit
* improving overall quality of work life
* providing opportunities for people to socialize in healthy ways
* demonstrating that the organization is concerned about more than just “the bottom line”
* reinforcing the company’s commitment to its most valuable asset—its employees
* helping to control health-related costs (the annual health costs for disease linked to physical inactivity are estimated at $2.5 billion)
* reducing absenteeism rates (the Canada Life Study showed a 22 percent reduction in absenteeism among employees participating regularly in a fitness program).

Many Canadian workplaces are taking steps to ensure that Active Living becomes a permanent feature of their corporate culture. It is health promotion professionals who will help shift the paradigm of physical activity to keep Active Living evolving to meet the needs of all Albertans.

A question of ethics?

“Smoking is the leading cause of lung cancer...A message brought to you by Sweet Sixteens, the cigarettes for those who still remember the first time...”

An anti-smoking campaign sponsored by a tobacco manufacturer? Well, maybe not. But it illustrates one of the ethical concerns people have about social marketing. With the increasing use of social marketing, people have questioned the potential for conflict of interest. They have also raised some concerns about commercial marketing’s reputation for being intrusive and manipulative, making people buy things they don’t want.

Is social marketing morally suspect? Find out what our panel of experts think at “Tools for Change: Social Marketing in Your Community”, March 17 and 18, 1994, at the Westin Hotel in Edmonton. To get your name on the conference mailing list, contact the Health Unit Association of Alberta at (403)429-6701.
WELL-BEING FOR THE FUTURE

Creating Healthy Environments Through Collaboration
March 3 & 4, 1994
University of Calgary
Calgary, Alberta
CREATING HEALTHY ENVIRONMENT
MARCH 3 – 4, 1994; UN

KEYNOTE ADDRESS: "WORKING TOGETHER FOR A POSITIVE FUTURE"
GUY DAUNCEY

9:00 - 10:00 A.M. As in a hologram, personal and family well-being are co-reflective of community, economic and political well-being. When there is dysfunction on one side of the picture, it projects itself onto the other. We all want to build a healthy, positive environment - but what are the keys to overcoming the negativity in our culture, which causes so many problems?

SPEAKER: Guy Dauncey is a community activist, lecturer and consultant in the fields of social, economic and environmental change. He is author of the "The Unemployment Handbook", "After the Crash: The Emergence of the Rainbow Economy", and other titles. He lives in Victoria, and worked as a full-time consultant on the Bamberton project from 1991 - 1993.

10:00 - 10:15 A.M. Nutrition Break. Visit Expo.

DAY 1
CONCURRENT SESSIONS:
10:15 - NOON

1. CALGARY SUSTAINABLE HOUSING SOCIETY (C)
   More details to come

2. COMMUNITY RESOURCE COMMITTEE: PROBLEM – SOLVING YOUTH VIOLENCE AND STREET GANGS (C)
   Brian Noble, Parks and Recreation, City of Calgary Deputy Chief Jim Graham, Calgary Police Service

3. ACTIVE LIVING: IN THE COMMUNITY, SCHOOLS & WORKPLACE (S)
   Speaker: TBA

4. WELL-BEING IS A VERB: BUILDING A COLLABORATIVE TEAM FOR THE '90S (W)
   Lance Taylor, Alberta Health/Mental Health Calgary

5. THE NATIONAL WALKING CAMPAIGN (C)
   Debbie Palmer, Alberta Liaison, National Walking Campaign, Retired Senior Citizens Services

6. WORKING WELL: A SOUND INVESTMENT IN HEALTH (W)
   Maryann Kennedy, Canadian Cancer Society

NOON - 1:30 Lunch (Buffet). Visit Expo.

CONCURRENT SESSIONS:
1:30 - 3:30 P.M.

1. CREATING A HEART HEALTHY ENVIRONMENT THROUGH COMMUNITY ACTION (C)
   Kathleen Ness, Heart Health
   Co-ordinator Director Nutrition Services
   Darlene Speitien, Heart Health Project Worker

2. CLOWNSELLING: TOWARDS A BETTER UNDERSTANDING (G)
   Wayne Hunter

3. LEARNING FOR LIVING + STUDENTS AS PARTNERS IN WELLNESS EDUCATION (S)
   Helen Siemens, Calgary, Calgary Board of Education Calgary School Students

4. BENEFITS OF RECREATION (G)
   Paul Servos, Executive Director, Alberta Recreation & Parks Association Dave Mitsui, U of A

5. EXERCISE BEHAVIOUR CHANGE AT THE WORKSITE: THE STAGES AND PROCESS OF CHANGE (W)
   Carol A. Hills, Faculty of Physical Education and Recreation, U of A

6. HEALTH PAYBACK: THE RESULTS (W)
   Carole Perkins, Health Systems Group

3:30 - 3:45 Popcorn Party

ITS THROUGH COLLABORATION

KEYNOTE ADDRESS: "WORKING AS A WHOLE: LESSONS FROM THE VICTORIA HEALTH PROJECT"
SUSAN ILES

8:30 - 9:30 A.M. From 1988 to 1992, the Victoria Health Project was a Government financed experiment in home-health care; an experiment which was successful at keeping frail elderly Victorian residents out of expensive acute care hospitals by caring for their health and social needs in the familiar surroundings of their own homes. But the Victoria Health Project was successful and important not only for what it did during its four year span, but also for how it was done. The VHP worked to reshape health care philosophy and the way our institutions, our health practitioners and the public perceive and relate to the system. In the future, hospital-community partnerships may become the rule rather than the exception.

SPEAKER: Susan Iles is the Executive Co-ordinator, Quality Improvement for the
Greater Victoria Hospital Society. As the Executive Co-ordinator of the Victoria Health Project she was responsible for advancing co-operation, integration and co-ordination among the partners and participants.

9:30 - 10:00 A.M. Active Living/Nutrition Break. Visit Expo.

DAY TWO
CONCURRENT SESSIONS:
10:00 A.M. - NOON

1. DESIGNING A HEALTHY COMMUNITY (C)
Guy Dauncey

2. ON THE RIGHT TRACK: NURTURING COMMUNITY (C)
Debbie Kocay, AADAC
Others from Calgary
Board of Education and Calgary Health Services

3. TBA ...RE: CULTURAL DIVERSITY (G)
United Way Multi-cultural organizational change training team

Continued on back page

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REGISTRATION FORM
Deadline for registration February 15/94.

NAME __________________________________________ ORGANIZATION __________________________________________

ADDRESS __________________________________________ CITY ________ PROVINCE ________ POSTAL CODE ________

PHONE NUMBER ___________________________ FAX NUMBER ___________________________

SESSIONS

☐ Regular $100
☐ Student/Senior $65
☐ Total $________

☐ Regular $60
☐ Student/Senior $35
☐ Total $________

☐ 2 day $40
☐ 1 day $25
☐ Total $________

(Recreation pass (all facility pass access to: fitness and lifestyle centre, racquet centre, public skating, Olympic pool, fitness classes)

☐ 2 day $10
☐ 1 day $5
☐ Total $________

Please check appropriate day and circle desired sessions
☐ Day One ☐ Day Two

Sub total $________

☐ A.M. 1 2 3 4 5 6 ☐ A.M. 1 2 3 4 5 6
Add 7% GST $________

☐ P.M. 1 2 3 4 5 6 ☐ P.M. 1 2 3 4 5 6

Total $________

Please indicate if you wish to receive information on:
☐ daycare
☐ parking
☐ hotels/motels
☐ restaurants
☐ introduction to climbing wall
☐ introduction to speed skating

Make cheque or money order payable to: Well-Being for the Future
Mail to: 400 - 5th Ave. S.W. Suite 420,
Calgary, Alberta T2P 0L6

For more information phone the Alberta Centre for Well-Being at:
(403) 453-8692
or call toll-free 1-800-661-4551
4. THE EASTSIDE FAMILY CENTRE: AN EXAMPLE OF COMMUNITY COLLABORATION (C)

5. STAFF ABUSE: THE ALBERTA EXPERIENCE (W)
   Nancy S. Rowan, Director, Patient Care Services Alberta Health Care Association, Co-chair, Staff Abuse Task Force

6. CREATING A WELL INSPIRED ENVIRONMENT (C/W)
   Tammy A. Robertson

NOON - 1:30 Lunch/Buffet. Visit Expo.

CONCURRENT SESSIONS:
1:30 - 3:00 P.M.

1. COMPREHENSIVE SCHOOL HEALTH — PARTNERS FOR HEALTHY LIVING (S)
   Cathy McLean-Stearns, Project Co-ordinator
   Linda Smith/Dr. Carolyn Pim, Steering Committee Members, Calgary Health Services
   Representatives from selected school sites

2. EVOLUTION OF COLLABORATION — ALBERTA HEART HEALTH PROJECT (C)
   Caine K., Hodges P., Joffres M., McLaughlin K.

3. THE ALBERTA FOREST CONSERVATION STRATEGY: COLLABORATION ON THE GROUND (C)
   Dr. Glenda Hanna, Department of Physical Education and Sport Studies, U of A

4. NATIONAL SURVEY OF WORKPLACE HEALTH PROMOTION/FITNESS PROGRAMS (W)
   Judy Sefton and Nora Johnston, Alberta Centre for Well-Being

5. HELMET HERO: A CHILDHOOD INJURY PREVENTION PROJECT (C/S)
   Jennifer Drozdowski, Health Promotion Program Manager, Barons Eureka — Warner Health Unit and F.C.S.S.

6. PENBROOKE MEADOWS FOOD CONSULTATIONS (C)
   Dr. David Swann, Healthy Calgary

3:00 Nutrition Break

CLOSING SESSION:
3:15 - 4:30

HOW TO BE AN ANGEL OR WING IT IN AN UPTIGHT WORLD
   Carolyn Baxter

Well-Being for the Future III will be held at the University of Calgary, Physical Education Complex, University Drive, N.W.

Alberta Centre
for Well-Being
3rd Floor, 11739 Groat Road
Edmonton, Alberta
T5M 3K6
I was reading Marilyn Ferguson's book, "The Aquarian Conspiracy", when I first encountered the word, "paradigm"... a framework for thought... a scheme for understanding and explaining certain aspects of reality... a distinctly new way of thinking about old problems. It was to this book I referred when I was asked in the winter of 1985 to assist a colleague develop a framework for a new position within an Employee Assistance Program of a metropolitan public school board. This position, one I would fill for the next four years, would have as its original mandate "to enhance the morale and job satisfaction" of its 7000 employees.

As the Activities Consultant, I was challenged to find a way to conceptualize and operationalize my mandate for myself and those I would be working with. Originally inspired by the literature on "quality of work life", I next explored the notion of wellness from the perspective of authors including Robert Allen, Don Ardell and John Naisbitt. Working proactively to shed light on the paradigm shift from which I saw my role emerge, I identified five "workplace wellness premises":

I. More people at work want to enjoy their time at work, want to achieve a sense of purpose and contribution from their efforts and want recognition for such.

II. As a person's place of work is a natural and significant channel to social networking, it is important for the workplace to offer a climate conducive to fostering personal, professional and social growth.

III. The workplace should provide emotional support and a means to develop one's competency as an employee and as a member of the human race.

IV. "Job satisfaction" correlates significantly with intrinsic variables—recognition, sense of influence into one's job and policy, good support, and open communication both horizontally and vertically in the organization.

V. "Wellness" refers to the total health, including physical, psychological, social, emotional and spiritual and emphasizes the absence of "Dis-ease". Implied is self-initiative and responsibility, plus a commitment to making the changes necessary to make our lives healthier and more meaningful.

Possibilities

Unlike many corporate wellness programs, I did not focus on the recreation and physical fitness side of things. Using Tubbing's Wellness Wheel, I saw each spoke of the wheel or dimension of wellness as a possible "entry point" for program design and delivery. I understood that to be successful for staff to regard my services as beneficial, I couldn't prescribe, but needed to start where people were at. I knew from personal experience and learning theory that success in a low risk area can generate the confidence necessary for greater risk taking. So I opted for the "trial balloon approach"—something for everyone... a range of services and programs. What I could not deliver, I helped staff create for themselves or find in the community.

Passion

To me, paradigm shift results in a change in the fundamental ways I am in my world. It means a loss of what I knew myself to be, to accept and grow into what I am and will be, or, perhaps always was. In both my personal and professional journey, I have felt scared and resistant to this emerging paradigm of wellness with all of its manifestations. I also feel embraced by and am learning to embrace its truths as my truth. While no longer at the helm of a corporate program, I continue to work with people and organizations committed to bringing about this paradigm shift in their lives. To paraphrase a favorite quote: "To love who I am and what I do, and to know that both matter, how could anything be more wonderful."
The time has come to switch from an illness to a wellness model of health care in this province. According to Donald Self and James Busbin in their book, Marketing for Health and Wellness Programs, there are three different approaches to health care representing models of delivery and management. The first is the traditional approach where the individual shows concern when symptoms of illness or disease are present. This approach relies on medical professionals to provide treatment.

The second approach is that of prevention which focuses on reducing risk factors that cause illness or disease, including listing the “do’s” and “don’ts” but on the signs or determinants of health. It is a positive approach emphasizing self-responsibility and a delicate balance between physical, social, emotional, intellectual, mental and spiritual health.

These differentiations in concept do not as easily translate into practical applications. Currently, the Alberta health care system is dominated by the traditional approach—a reactive model of illness and treatment. The majority of Albertans access the system when they are ill, not necessarily to prevent illness. The prevention and wellness approaches, however, are being viewed by leaders in the health promotion movement as essential to not only the future of the health system in this province (and elsewhere) but to the future health of our people.

A Fine Line Between Illness and Wellness

Dr. Guy Woolsey, physician at the MaeEwan Medical & Sport Institute, believes that there is a “fine line between the illness model and the preventive/wellness models”. Dr. Woolsey feels the health care system would benefit from a blended approach to taking care of those who fall ill while promoting prevention and well-being.

Don Schuman, President of the University of Alberta Hospital, agrees the health care system must continue to recognize that people will still become ill. Therefore a balance between the illness approach and prevention/wellness activities should be carefully fostered. Schuman emphasizes prevention and wellness must not be promoted through blanket programs but targeted at specific populations, especially those at risk.

Barriers

Changing the hospital-based mentality held by most Albertans is one of the barriers to recognizing prevention and wellness as important to health care, according to Lynne Waring, a senior's health consultant with the Edmonton Board of Health. Waring feels many people tend to ignore the principles of a healthy lifestyle because they know they can get treatment at the hospital. "Society has an expectation built on the 'care' in 'health care' instead of the 'health'", she says.

Common opinion has it that the two things that would likely have the greatest impact on the role of prevention and wellness in a new health care system are education and money. According to Waring and many others involved in the health promotion movement,
people are responsible for making their own choices regarding their overall health and well-being. We must help them become more informed of health information and available resources, and how to make healthy lifestyle choices. Schurman, in agreeing with the importance of information and resources, feels strongly that the education system should be a starting block for prevention and wellness education in children — increasing the level of awareness for future generations.

**A Bigger Slice of Pie?**

However, dollars are essential to the success of any education and behavioural modification promotion. Woolsey, Schurman and Waring all agree that the government must allocate more funds toward prevention and promotion in order to improve the system and level of health in Alberta.

This echoes recommendations from the Rainbow Report in 1989 — presented to Albertans nearly five years ago — in addition to the recommendations made in 1992 by the Minister's Advisory Committee on Health Goals and Objectives for Alberta... good intentions need to be turned into good practice.

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**The Threat to Physical Activity in Schools**

The Alberta Government is holding "Basic Education Roundtables" to look at finding new approaches "to meet the changing needs of Alberta students and spend less dollars doing it".

The government has proposed that a "basic education" enables students to know the basic requirements of an active, healthy lifestyle and accept responsibility for their physical, spiritual and emotional well-being. However, a basic education would not include "physical fitness".

The Alberta Centre for Well-Being is committed to Active Living - whereby Albertans integrate regular physical activity into various facets of daily life, including school. Only 10% of Canadian youth are active intensely enough to receive the health benefits associated with regular physical activity. *(Campbell's Survey on Well-Being in Canada, 1988)*

- We must inform the government of the need to include quality daily physical activity as part of a basic education for the benefit of our youth and the future health of Albertans.

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**Be Sure to Tear Out Your Registration Form, Fill it in, and Mail it Early for the 1994 Provincial Well-Being Conference (see centrefold)**

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**New Nutrition Resource Catalogue Now Available**

The 1993/94 Nutritional Education Resources Catalogue and order form are now available. It contains new resources and an exciting new look. A must for anyone involved in nutrition education! Get your free copy by contacting your closest Dairy Nutrition Council of Alberta office by calling 1-800-252-7540. Or write to Carolyn D. Hall, Dairy Nutrition Council of Alberta, 14904-121A Ave, Edmonton, AB, T5V 1A3.
Resource Room: A Valuable Tool For You

By Kristy Hollingshead Rumsey, BA
Resource Coordinator

While on maternity leave I had a good opportunity to consider the direction which I envision the Resource Room taking in the coming year. Firstly I'd like to focus on the changes to the Resource Room and some of the new policies enacted in order to increase availability of the Centre's resources to Network of Networks members. I felt a sound starting point would be encouraging the utilization of our ever-expanding and valuable collection now that the Resource Room is set up as a lending facility as well as a reading room.

Network members may borrow materials (up to a maximum of 5 items per person) for one week periods and a photocopier is available for your use ($0.10 per page). Resource Room hours are from 8:30 am to 12:00 noon and 1:00 pm to 3:00 pm Monday to Friday. If possible, it is also a good idea to call and make sure that I am available to assist you if you are visiting for the first time or have specific search requests. This helps me to prepare materials for you if you are short for time. If you are from outside of the Edmonton area, I would be pleased to send requested resources courier collect.

Due to their scarcity or copyright restrictions some of the materials in the Resource Room are available for viewing only, but the majority of resources are available for loan.

Once again I encourage Network members to visit the Centre and make use of our special collection of well-being books, journals, videos, resource kits and reports. Whether writing a paper, preparing a proposal for a wellness program or just information gathering, the Centre's resources are valuable and available. I welcome any calls regarding the Centre's resource collection or network operations (1-800-661-4551; 453-8692 in Edmonton). In the future we look forward to further expansion of the resource room including read-only access via computer modem to our resource database.

Speakers Registry

Looking for a speaker or interested in speaking opportunities? As of November 1st, the ACFWB Speakers Registry for Well-Being in Alberta will be officially up and running. Look for a feature article in the Winter issue of WellSpring detailing topics, how it works and how to get involved.

Positive Solutions To Health Costs Encouraged By Alberta's Pharmacists

Alberta pharmacists launched a province-wide public awareness campaign in October to encourage Albertans to take positive action which can help keep health care affordable.

The campaign is "Always Ask" and it encourages people to take advantage of the fact that pharmacists are in every community in Alberta, and are the most accessible health care provider to the public.

Of the $4.1 billion in health care expenditures made by the Alberta government in 1992-93, drug costs accounted for approximately 7.3% or $300 million.

Your pharmacist has information on making healthy lifestyle choices, appropriate use of medications, as well as ways you can help cut drug costs. "If health costs related to improper use of medications decreases even a little as a result of this campaign, it will be worth the effort," says Reg Hihn, Alberta Pharmaceutical Association president. Call 990-0321 in Edmonton; 295-1300 in Calgary for more information.
coming up...


The Centre is pleased to announce the appointment of Ms. Cynthia Lowe, MHSA, to the position of Director of the Alberta Centre for Well-Being. Cynthia brings a varied background in health reform, public policy and health promotion to the position. The Centre is also pleased to announce the appointment of Kerry Mummery, Edmonton-based research associate, and Pam Seto, practicum student for this semester, to the ACFWB staff.

New Attitudes in Health Promotion Research: Third National Conference on Health Promotion Research
June 16-18, 1994, Calgary, Alberta. Call the Faculty of Social Sciences, University of Calgary: (403)220-5889.

Health Services Research Seminars: From the Healthcare Quality and Outcomes Research Centre, University of Alberta.
The purpose is to foster discussion in current issues and methodological topics related to health services research. The seminars are offered one Thursday each month: December 2, January 27, February 24, March 31, April 28, May 26 in classroom F, 214.02 Walter Mckenzie Centre, from 12:00 to 1:00 pm. For topics call 492-9589.

ACFWB INWATS: 1-800-661-4551

Announcing a New Program on CBC Television...
Alive: The Picture of Health
Sundays at 11:30 am. Alive has the answers. It's an upbeat half-hour television series...a provocative, entertaining and informative guide to the art and science of staying "alive and well". It's about people--all of us--and our health--the struggles, challenges and solutions we face as individuals and the community.

Sports Nutrition Resource Binder: From the Sport Medicine Council of Alberta
Detailing issues relating to nutrition and it's role in physical activity. Attend a workshop to apply the nutritional concepts in the binder. Phone, write or fax to register for this informative 4-hour Sports Nutrition Workshop, or to receive the binder. (403)453-8636.
Annual *WellSpring* Readership Survey

Please complete the following survey and return it to the Alberta Centre For Well-Being at:

11759 Groat Rd  
Edmonton AB  
T5M 3K6  

By January 1st, 1993

1. Indicate your profession or present position

2. Which term would best describe where you live: urban or rural

3. Please provide some comments on the format and content of this newsletter

4. Please list your recommendations regarding special topics or interest areas for future issues

5. What type of resources would be most valuable to you in carrying out your work in the well-being area

6. What educational workshops or seminar topics would be useful to you in your activities and/or work in the well-being area

7. Please provide any comments that you feel would be of interest to the Alberta Centre For Well-Being

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**Oh...by the way,**

**The Active living in the Workplace Mobile Exhibit rides again.**

Nora Johnston, ACFWB workplace coordinator is taking the Be A Well-Being exhibit on tour once again to workplaces across the province. If you area interested in more information on active living in the workplace, the Alberta Lotteries Wellness Check or this promotion, please call Nora at 1-800-611-4551 or 453-8692 in Edmonton. This project is funded by the Alberta Recreation Parks and Wildlife Foundation with Alberta Lotteries monies.