International Year of the Family
Launched in Alberta

The General Assembly of the United Nations declared 1994 as International Year of the Family (IYF). During this special year, the world is paying tribute to society's most vital unit—the family. More than 100 countries have joined in this effort to strengthen and celebrate families. International Year of the Family was launched at First Night Festivals across the province of Alberta.

The Premier’s Council in Support of Alberta Families

The Premier's Council in Support of Alberta Families has been working with communities, organizations, businesses, schools, churches and cultural groups in Alberta in preparation for IYF. The IYF Calendar of Events reflects the involvement of over 430,000 participants and more than 7,300 volunteers, and includes a wide range of events from festivals, fairs and parades to sports, theatre, conferences and more—all focused on the family.

The Council has also been working with communities to encourage public involvement and participation in forums and discussions on issues of concern to Alberta families. These are being organized across the province by community groups and will be taking place throughout the year. Other initiatives focus on government departments who have developed strategies within existing budgets to support International Year of the Family.

Family Friendly Community Checklist

In order to ensure that efforts initiated through IYF have a long-term positive impact, the Council has developed a variety of resources to support community activities. One of these is a Family Friendly Community Checklist which is a tool to assist communities in reviewing those aspects of the community that can contribute to, or detract from, family well-being.

"This tool is intended to raise the profile of families and their needs," said Sally Huemmer, Executive Director, "we hope to encourage communities to look at how they can work together to improve the quality of life for families through the application of this checklist. For additional information on IYF or the Checklist, please call (403) 422-0475.

The Alberta Centre for Well-Being endorses the International Year of the Family. We will include "family well-being" among the major themes to be addressed in 1994.
The 21st millennium is quickly approaching. I wonder what the world will look like.

On a personal note, I think of my daughters — they will be entering their teenaged years at the turn of the century. What lifestyle choices will they be making?

I recall when my eldest daughter was an infant, standing with her at the checkout line of the grocery store while someone bought cigarettes, hoping that she would never know what a cigarette was. Well, she is 7 now and although cigarettes are still available, they are becoming difficult to access. British Columbia has just made headlines by, amongst other measures, banning tobacco sales to anyone under the age of 19.

Policies such as these are making it more difficult for children to start smoking. The media campaigns are telling kids that smoking (and drinking and driving) are not just uncool (never underestimate the importance of coolness even to a young child), they are downright dangerous.

So on one hand I am feeling more hopeful that my daughters won’t even want to try smoking or get into a car driven by a drunk friend. My kids are more aware than I was at their age towards many health issues, after all these kids were brought up with high-tech car seats, they “buckle up” immediately, always wear helmets when biking or skating, and can recite the four food groups.

On the other hand, as a youth I never had to face the scare of AIDS, I never was tempted to buy alcohol at our neighborhood liquor store, physical education was an inherent part of my school curriculum, video games and TV remote controls didn’t threaten my active living and my parents never had to face the stress of unemployment or not having enough money to put healthy, fresh food on our table!

Making Strides In Health Promotion

Yes we are making great strides, however, as professionals there are still many challenges ahead of us. What priority will health promotion have in the fall-out of health reform? How can health promotion professionals make a difference?

In order to play an even greater leadership role in contributing to the well-being of Albertans we need: research and data bases to identify where health promotion programs are working; more promotional campaigns to keep healthy lifestyle choices in the public eye; and to unite through partnerships to advocate and promote healthy public policy.

A look at the Network of Networks membership shows what a wide variety of disciplines are involved in health promotion. This diversity is beneficial but strength will come from talking the same language, lobbying under a unified voice and being visible to the public, other professionals and policy makers. We need health promotion training to establish a common base of knowledge and skills, and a society for health promoters.

When people ask me what I do for a living in the year 2000 I hope they won’t ask “What is that?” but rather understand what health promotion professionals have accomplished and continue to do toward enhancing the well-being of Albertans. Who knows, maybe my daughters will aspire to work in the field.
Linking Alberta's Well-Being Professionals

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It is important to reflect on the past as we move forward into the future.

In this issue of WellSpring, the first in the fifth volume, and the first in 1994, we revisit the concept at the basis of the existence of the Alberta Centre for Well-Being: well-being itself. Well-being is a delicate balance between social, emotional, spiritual, physical and intellectual health and it can be operationalized through concepts such as heart health, active living and other holistic models of well-being.

One of the major themes that keeps recurring in this publication is that of a paradigm shift from illness to wellness: from reactive to proactive, from curative to preventive...we are seeing it not only in the health sector, but in business and education as well. Corporations are changing to total quality management, a type of "preventive medicine for organizational health", and the education system is diligently trying to find a new balance of efficiency, effectiveness and planning for future human resources needs in the province.

For those of us in health and wellness, broadening our point of reference is not always easy. As a part-time medical student, I am witnessing the current process of educating physicians here in Alberta to be more focused on patient well-being and prevention while balancing the need for investigation, diagnostic measures and treatments—and all within the current economic environment.

As we move into a new year, it's important not only plan ahead as we always do, but to reflect back on the trials and tribulations, successes and failures of the past year. In any delicate balance—be it between well-being dimensions, curative needs vs preventive measures, economic restraint vs the need for new investment—there is a fulcrum that represents the primary goal, Achieving that balance, hitting that fulcrum, may never occur but it's the effort that is important. In the attempt to attain a balance we learn, we reflect, we adjust and we improve.

As I try to balance my life among my children, medical school, my personal well-being and my work with the Centre, I find each day to be a challenge.

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A Dream of Health For the Future

By Dr. Michel R. Joffres,
Heart Health Initiative
Alberta Health

I had a dream, it was 2020, in the land of Well-Being Utopia: Happiness is now the number one concern of communities. Poverty has disappeared and everybody, at all ages, has the feeling that they are contributing to society.

There is only one language and no frontiers. People are directly connected to an information system that can tell them instantly how well they are in terms of intellectual, emotional and physical health, and get instantaneous information on anything they want to know or learn to maximize their health.

The health system has seen a formidable transformation. Diagnostic facilities are not only highly sophisticated to detect diseases, but their main focus is to give diagnosis on the well-being of individuals and communities, and recommend improvements.

Health professionals are first trained in health. Some are highly specialized in the treatment of diseases. They are all working with planners, educators and environmentalists to address the needs of their community. They are supported by the local governing bodies, businesses and industries, and are rewarded on the level of wellness of their inhabitants. There are no more hospitals but centers where individuals with serious problems can continue to contribute to society through a sophisticated human, computer and video network system.

Transformation Is Possible

What I know about dreams is that we cannot live without them, and we cannot live with them. Transformation is possible and through the Heart Health Initiative, I have seen this transformation happening. It is a slow and painful process. What we are trying to do will never get the Nobel Prize. It is not glamorous, it does not turn on the media or public. It will probably not happen in 2020 but in 2022, through perseverance, faith in collaboration, community action, a focus on prevention and promotion, and despite low budgets. We are like children, learning how to crawl, to fall, to walk, in the hope that we will run, and that a lot of others will join us to maybe make this utopia, or a similar one, a reality.

Editorial
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Some days I achieve a better balance than others, some days there is no balance. But each time I come close to that fulcrum, I learn where it is and I remember how to get back. Each day brings me closer—perhaps two steps forward and one step back mind you—to well-being and optimal health.

My New Year's Resolution was simply to enjoy my life more, to reflect on the positive aspects and take more time to experience the successes and happy moments. In your work or professional life, I hope you find time to reflect on the good things instead of dwelling on the not-so-good. Anthony Robbins, a motivational speaker, lives by a key philosophy: Live With Passion.

I'd like to try that in 1994...how about you?
Hope is an essential thread in the fabric of one's well-being. Some describe hope as a human need, others as a biological life force, a mental perspective, or an external pull to transcend self. What we do know is that hope is capable of changing individual lives. It enables individuals to envision a future in which they are willing to participate. Caregivers and professional helpers without hope are impotent to influence learning, adjustment or recovery.

After years of working with chronically and terminally ill people, Dr. Ronna JeVne became fascinated by those who sustained their hope despite the odds. Her interest is shared by those whose focus is psychoneuroimmunology, which has now established that the mind-body connection is such that it can influence one's well-being, and in some instances, the disease process itself.

Literature on coping, resiliency, hardiness, human agency and numerous other psychological constructs does not answer questions about the experience many people call hope. And there has been almost no investigation of the experience of hope. The concept of hope and its significance are recognized in the writings of scholars and practitioners of a variety of disciplines, but professional journals have, until recently, been silent.

Hope is a Legitimate Object of Scholarly Inquiry

Efforts to understand and enhance the experience people describe as hope is now a legitimate object of scholarly inquiry. Although one may be struck with the scientific neglect of a human phenomena as important as hope, it is no small task to study such a multi-dimensional and intangible characteristic. It is the challenge of such investigation that led to the establishment of The Hope Foundation.

The Hope Foundation is a non-profit community organization affiliated with the University of Alberta. Its purpose is the study and enhancement of hope in individuals and groups.

The work of the foundation is centered at Hope House, located at 11032-89 Avenue in Edmonton. A regular newsletter keeps members informed about activities, and plans are underway to begin an academic journal this year.

A group of people currently doing research about hope meets regularly. Others considering research in this area are welcome to contact the foundation. Several workshops on such topics as “Exploring Your Hope”, “Wholly Listening” and “Hope Journaling” are being well-received and a number of people are currently taking a more extensive hope work training program as well. The foundation has limited opportunities for individual counselling.

Dr. JeVne, the program director; Jim Gurnett, the executive director; and Shirley Graham, the board chair, are available to speak to groups interested in the topic of hope. At the hope Foundation, visitors are always welcome and inquiries can be made by calling (403) 492-9811.

It has been said that hope is perhaps the very stuff of which our souls are made. The Hope Foundation is convinced that hope has an important part to play in all aspects of personal and social wellness and is eager to hear from others who want to be more involved with the investigation and intentional use of hope in this way.
Much of society is now aware that cholesterol plays an important role in atherosclerosis (clogged arteries), other coronary artery disease (CAD) and subsequent heart attack. Total cholesterol, as determined by blood lipid profile, is as important to survivors of heart attack as it is to the general population. For many cardiac patients, total cholesterol levels, or specifically elevated LDL (low-density lipoprotein) cholesterol (the bad cholesterol) and depressed HDL-cholesterol (good cholesterol), can determine rate of progress of further atherosclerosis and quality of life.

Cardiac Rehabilitation and Cholesterol

Total cholesterol levels are one of the main reasons cardiac patients are enrolled in a cardiac rehabilitation (CR) program following their cardiac event. Most CR programs include exercise and education sessions that will benefit the patient through increased heart fitness and knowledge for lifestyle and dietary change.

However, through one reason or another, some cardiac patients choose not to participate in any type of CR program. And for these reasons or excuses, they lose. A recent study researched the difference in HDL-cholesterol (good changes in cardiac patients in a CR program and those not in a CR program. The authors, Lawson and Hilgenberg, found that HDL-cholesterol was significantly increased in the group that participated in CR (if maintained 23 months of participation). Increased HDL is a good thing. The authors also found that CR and non-CR influence on dietary habits alone were enough to significantly decrease LDL-cholesterol (the bad stuff) levels.

Diet and Exercise Decrease Bad Cholesterol Levels

What does this tell us? Well, first of all, diet changes alone will not significantly decrease bad cholesterol levels. A combination of diet and exercise, maintained consistently, will result in LDL-cholesterol decreases (i.e., a CR program).

To reinforce this message, the National Cholesterol Education Program (NCEP—USA) has updated its guidelines to include low HDL, an independent risk factor for CAD, defined as 0.907 mmol/L or below. A high LDL level is considered protective, defined as 1.55 mmol/L or above.

Another study has indicated that muscular conditioning utilizing weight training will result in LDL-cholesterol decreases. And yet another study has indicated that negatively perceived social stress can elevate LDL levels, while positively viewed social stress can increase HDL levels. The Framingham Heart Study found that every 1 mg/dL (0.0259 mmol/L in Canada) increase in HDL reduced the risk of CAD by 2 to 3%.

The development and progress of atherosclerosis, through total cholesterol levels, in cardiac patients and non-patients can be controlled. For the cardiac patient, participation in a CR program is essential. For the non-patient, preventative steps in the form of consistent exercise and dietary fat (cholesterol) monitoring are essential.

References Available on Request.
It’s time for change, time for myself, time out, timely action, but the worst of it is I don’t have time!

Heard this before? Probably even muttered it a few times yourself? It’s at the crisis stage in communities, so much so that it’s leading people to feel stretched. That’s not the good kind of stretched that happens after a yoga class either. It is the grinding, heavy stretch that comes with wanting to “do” but not being able to “do”. The “do” list for others gets longer and the “do” for myself items move further down the list. It does pose a problem, for all of us that are trying to get the population up and moving, as all most people want to do is get home and “flop”.

PARTICIPATION started a great movement by allowing “jeans and sneakers” to be the clothes of choice for a “workout”. They took the walk and yes even “stroll” into the allowable activities for the general population to do and get fit too! Active living proponents have expressed, in their marketing, that just about any activity will do as long as there is some movement. It’s certainly allowing for moderate exercise to take it’s rightful place in people’s lives.

It’s a Great Time For Active Living

Recreation practitioners are having a field day with planning events that encompass Active Living components and rightly so. What’s better than going to the mall to do groceries and have yourself come face to face with someone telling you that your kids can “Stay ‘n Play” with qualified leaders while you shop. The kids are heavily into activity when you come to fetch them and pretty soon the grocery bags go down and the activity level goes up even for a few brief minutes while mom and kids play.

The harried housewife flicks on the TV to get a breather from housework and the kids, and is reminded that what she’s doing qualifies as Active Living, which in turn increases her well-being. We provide opportunities with drop in programs, we market, do displays and flyers and use advertisements that qualify the “normal” person for a pat on the back for what they’ve done that day. We are talking about letting the population celebrate their small successes. We should put signs at the top of flights of stairs that congratulate those that use them for accomplishing something. We provide opportunities for people that give them an idea of what they can do (there are many ideas out there) and how to get to it in the day or week, and why we are encouraging them to do it. Wouldn’t it be grand to get a prescription from a doctor that says “Get plenty of rest and take 2 minutes of exercise 3 times daily”. What a difference that would make.

We have to go very slowly with this Active Living “Get Off The Couch” movement.

We already have a very pronounced set of converted out there and the on and off exercise crowd that will make it work for them. The group we need to target is the hard core “less is better” group (when it comes to moving anyways). Again, the small successes have to be measured. Recognizing that changes in

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The Role of The Mind in The Pursuit of Well-Being

By Thora Eyford, BPE, MPE, PhD candidate, Physical Education and Sports Studies

Today's changing view of health is one necessitated by the changing needs of humanity, needs which are brought about by the recognition of the complex and integrated nature of the human being. This shift away from the traditional understanding of health is reflected by a shift in the definition of health, not merely as the absence of disease, but rather as a balanced sense of well-being, constituting the equilibrium of the mental, spiritual and physical aspects of the individual.

With this expanded view of health, the role of the health professional and patient has also been changing. Most industrialized countries have a form of medicine which is scientific and curative in nature. This system is based on the "knowledgeable" physician focusing his energies on the disease and attempting to make the patient well. The inherent strengths of this system have also led to its weaknesses.

Due to the power given to the doctor, the patient becomes less involved in their own health care seeing themselves as an insignificant contributor—and as a result the patient becomes dependent on the professional for their own improvement. The patient has handed over all their responsibility to the doctor and has become passive in their own health care.

Instead of an almost exclusive reliance on diagnosis and treatment, the wellness model emphasizes the development of behaviour and lifestyles which are more conducive to creating health; preventing illness and disease. This, of course, does not ignore the importance or need for diagnostic medicine when required, but places value in preventing illness and disease. This focus on prevention requires a change in the role of the patient in their own health. No longer can a patient be passive in their health care. This new model demands more self-control, more self-responsibility; the patient now has a more active role in their own health.

The only prerequisite for learning to take responsibility for one's own health is to discard concepts that stand in the way and adopt more useful ones. Anyone who comes to see healing as an innate capacity of the body rather than something to be sought outside will gain greater power over the fluctuations of health and illness. Anyone who recognizes the importance of mind and belief in determining responses to treatment will be able to make better sense of past interactions with medical practitioners and better decisions about future ones.

With this change in attitude comes a shift of focus from the elimination of symptoms or disease to fostering the development of attitudes, communication skills, and lifestyles which support an enhanced sense of personal empowerment and well-being.

Creating A Mindset for Wellness

The 21st century has seen great progress in understanding human nature, individual behaviour and most important, an understanding of the complex role and function of the mind. Many have contributed to this understanding: Jung's work demonstrated the close connection between the mind and body and that many physical ailments and symptoms were caused by psychological or emotional difficulties. Therefore he devoted his work to the development of the whole person, believing that an integrated individual would be a healthy individual. Maslow was also interested in the idea...
of maximizing an individual's ability, improving performance and realizing one's potential.

Ellen Langer's research also explores the domain of optimizing health and performance. Her idea of "mindfulness" is concerned with the development of mental skills, mindsets, and disciplines that enable an individual to extract meaning from the information in the environment in order to make good decisions. Her premise is that we receive information about the world and process it by developing categories and distinctions in order to make use of the information. It is during this process that mindfulness and mindlessness come into play—how we code and categorize the information around us determines the utility of the information later.

Langer sees a direct relationship between mindfulness and health. She explains that, from our early years, we are taught that the mind and body are separate and that the body is the most important. According to Langer, this view has to make way for a new integrated view of thought and emotion in order to understand the powerful effect our thoughts have on our general health and well-being.

Langer also believes that the immune system is thought to be the intermediary between psychological states and physical illness, and therefore our incorrect interpretation of the events around us would be the first link in the chain leading to serious illness. Because of this interrelationship, when the mind is in a certain context, the body is in that same context; therefore to attain a different physiological state, we need to place the mind in another context.

The movement toward wellness in the past decade has lead to empowered patient/consumers who have tried to restore control over their health. This trend is reflected in the work of Simonton and Cousins who have mindfulness as their active ingredient. Both have studied the effect of mental outlook on disease outcomes.

Langer found similar results in the elderly: the development of mindful attitudes had direct physical consequences such as improved health, improved immunity, decreased allergy symptoms, relief from arthritis and improved longevity. This mind-body link is basic to the understanding of wellness.

References available on request

not new. Hippocrates taught that health was an expression of a harmonious balance among internal and external forces, and this process involves mind as well as body. This view of health recognizes the physical, spiritual, emotional, social, intellectual and environmental factors that contribute to overall well-being and should not be separated.

We are moving from traditional modes of thought and behaviour to new ones—new structures and new mechanisms will need to be devised. Although there is uncertainty and confusion in the current health care system, which signifies that something is wrong, we should concern ourselves with the next step: the recombinations of new and old information, to create a better system.

We are living in a time between eras. Naisbitt wrote, "the most exciting breakthroughs in the 21st century will occur not because of technology, but because of an expanding concept of what it means to be human".
As this issue of WellSpring is revisiting the five dimensions of well-being: physical, emotional, spiritual, intellectual and social, the Resource Report reflects this focus by providing a brief, yet comprehensive list of the most recently acquired publications and videos related to well-being.

These resources are available for loan periods of one week and I encourage you to visit the Centre’s Resource Room, spend some time reading or take some resources out with you and most importantly, enhance your intellectual well-being!

Health & Well-Being: A Reader
Young Canadians Living Actively: Research Notes
Active Living: Because They're Young (video)
Mental Wellness: Confronting Mental Health Problems at Work
Economic Impact of Worksite Health Promotion
Self Esteem, Sport and Physical Activity
Health For All Targets: The Health Policy for Europe
Subjective Well-Being: SEARO Regional Health Papers
1993 Alberta Survey on Active Living
Walking Works A Manual For Leaders
Physical Activity, Fitness

and Health: Consensus Statement
Health Promotion Through Leisure Agencies: An Israeli Model
World Health Organization Basic Documents
Active Living in the Workplace: Results of the 1992 National Workplace Survey

Please familiarize yourself with the concept of Active Living—it’s here to stay and it makes a lot of sense. Explore the unique perspective of international health and well-being initiatives and investigate worksite health promotion programs currently being utilized.

Kristy Off to Cranbrook with Family

This is my last WellSpring Resource Report as I will be relocating to Cranbrook, B.C. with my husband and my son. I have enjoyed my 2 years with the Centre and look forward to staying involved in some facet by continuing to spread the "well-being word" in our new community. Thank you and be well.

Alberta Centre For Well-Being

Stretching Time
Continued from page seven

smoking, drinking and eating are the hard sell and accepting small changes in behaviour as successes will help our cause. This is the group that will possibly "lose their lunch" if they see one more spandex outfit, so approach is the key.

Key actions that allow recreation practitioners to help adopt and promote the Active Living vein are:
1. To continue to collaborate (the 90’s word) with other agencies and schools to capitalize on our ability to add an "active component" to otherwise less active events.
2. Market, market, market—physical and social benefits of activity, activity ideas, family fun events, everyday role models, low cost accessibility of facilities.
3. Target all areas of activities and use resources wisely to offer recreation programs or leisure activities that teach new ideas and perhaps get the ball rolling.
4. Use the soft sell approach to move the population in small steps toward success by making activity appealing, wanted and accessible without having them make an impossible time commitment.
5. Provide volunteer opportunities to allow them to help in activity sessions and get into the fun of recreating themselves and their children.
Introducing the Alberta Centre for Well-Being's Speakers Registry

The Centre is pleased to present you with a convenient way to locate the speakers you are looking for through the Speakers Registry for Well-Being in Alberta.

The role of the ACFWB Speakers Registry is to function as a central registry for presenters in the areas of well-being and all its dimensions: physical, social, spiritual, intellectual, and emotional.

The Registry also acts as a referral service, providing those seeking a speaker for a workshop, conference, or seminar with a list of potential speakers to choose from.

The Speakers Registry is a service available to health promotion professionals and facilitators.

To access the Registry, call the Centre at 1-800-661-4551 or 453-8692 in Edmonton.
Thanks to feedback from well-being enthusiasts across Alberta, research has taken a new direction at the Alberta Centre for Well-Being. You’ve told us: “We are living in an era of rapid change, I need the facts quickly, in a format that meets with my tight schedule”; “I don’t have the luxury of waiting one or two years to hear the results of studies that focus on one issue”. “I need to have people scanning the recent research for me”. WE HAVE LISTENED. Here is what awaits you.

The Research Update - a Bi-monthly publication co-sponsored by the Cancer Prevention Program of the Alberta Cancer Board, is intended to serve the needs of busy professionals who find it difficult to find time to keep up with the latest research. This short and snappy publication might be just the tool you have been looking for.

The Centre’s Researchers have recently released two major reports, formatted as a mini-series of topics, together with executive summaries. A brief summary of the findings follows.

1992 Survey of Workplace Physical Activity and Health Promotion: Physical Activity Results - this report focused on the Alberta results from the national workplace survey conducted by the Canadian Fitness and Lifestyle Research Institute. Comparisons with a study completed in 1986 were also made to see just how far workplace physical activity programs have progressed. 674 companies in Alberta responded to the survey. Highlights include:

1. In 1992, the larger the company the more likely you were: to find encouragement for staff to be physically active; to have access to amenities which allow staff to be physically active (i.e., bicycle racks, showers, exercise equipment); to have access to sport, recreation and fitness opportunities.

2. Almost one-half of all responding companies share the funding of the physical activity program with their employees.

3. Since 1985 there has been a substantial decline in the percentage of companies who DO NOT evaluate their physical activity program.

4. Compared to 1985 more companies are now using ‘absenteeism records’ and ‘employee productivity’ as evaluation methods. ‘Participation rates’ are still utilized but to a lesser degree than in 1985.

5. Since 1985 there has been a noticeable increase in the percentage of companies who allow family members to access the workplace physical activity program.

6. The perceived benefits of a workplace physical activity program are: better employee relations; improved employee health/wellness; increased productivity.

1993 Alberta Survey on Active Living - The Active Living concept was officially launched in Alberta in October 1992. The purpose of this study was to collect baseline data on Albertans awareness of the active living message as close to the beginning of the campaign as possible. In March 1993 questions were included on the Alberta Survey which is conducted annually by the Population Research Laboratory at the University of Alberta. 1274 Albertans responded to the survey. Here’s what we found:

1. Just a little over one-quarter of Albertans included some link to physical activity or recreation
involvement when they defined active living.

2. Slightly more than one-quarter of Albertans recalled receiving an active living message.

3. Of those who recalled receiving an active living message, one-half heard the message on television.

4. When given the definition of active living almost 50% of Albertans identified improved health as a major benefit of active living.

5. When asked where they would go to get more information on active living, one in three Albertans said they would go to community fitness and leisure organizations.

Results from the Health Promotion component of the 1992 Workplace Survey will be released soon. Watch for a summary of the findings in the next issue of Wellspring!

For more information on these reports or the new research direction please call Dr. Judy Sefton or Kerry Mummary in Edmonton (453-8692 or 1-800-661 4551).

**Calcium and Blood Pressure**

From the Dairy Nutrition Council of Alberta

Researching and developing strategies for primary prevention of high blood pressure is an important public health issue. Both genetic and environmental factors have been implicated in this condition. Historically, excess dietary sodium has been the nutritional factor most often associated with high blood pressure. However, dietary intakes of other minerals such as calcium, potassium and magnesium may modify the blood pressure response to dietary salt as well as influence blood pressure on their own.

Epidemiologic data and human clinical trials suggest that, under some circumstances, increased dietary calcium intake or calcium supplementation may protect against hypertension or lower blood pressure in some individuals.

The newly released fifth edition of the "Report on the Detection, Evaluation and Treatment of High Blood Pressure" acknowledges the critical role of diet in the prevention and treatment of high blood pressure. Furthermore, and for the first time, this report recommends that individuals consume the RNI (recommended nutrient intakes) of 800 to 1200 mg of calcium a day to reduce the risk of hypertension. According to findings from various nutrition surveys, many individuals fail to consume even recommended levels of calcium. It is important to ensure that calcium intakes at least meet RNI's set for each age group.

For more information on the role of calcium in hypertension, contact the Dairy Nutrition Council of Alberta at 453-5942 or 1-800-252-7530.
When one thinks of well-being, images of quality time with the family, pursuing recreational hobbies and making time for oneself come to mind. But well-being now extends further than we ever thought imaginable. The health of our environment is an integral part of our own social and economic well-being.

Imagine for a moment, you head to your favorite camping spot only to discover sounds that signal something is drastically wrong. The waves which normally roll onto the beach, now land with a thud due to overpollution. The haunting cry of a loon echoing across the lake is nowhere to be heard because its habitat has been damaged from oversea. These sounds and images all contribute to the health and well-being of the world and ultimately its inhabitants.

As one of the many species living on this earth, we effect and are affected by everything around us. It's up to us, therefore, to ensure we take care of our environment, not just for our own well-being but for the well-being of future generations.

At FEESA, an Environmental Education Society, we are helping to create well-being for our environment by educating others. Established in 1985 as a charitable education organization, FEESA promotes, coordinates, develops and supports environmental education in Alberta. By working with environmental educators, FEESA is empowering a new generation of decision-makers to make informed choices about their environment.

FEESA's unique focus stresses a “bias-balanced” approach to teaching, learning and ultimately, decision-making. This approach, which has become FEESA's identity, reflects the diversity of views and values held by Albertans about environmental issues. By ensuring the views of the three major players in the environmental forum (business and industry, government, and environmental/community groups) are always represented, all sides of an issue are presented in any program.

At a time when concern mounts as to the health of our environment, education is the key to making informed choices to ensure a healthy planet and ultimately a healthy species.

Jan Patterson is the communications director for FEESA, an Environmental Education Society. For more information on FEESA, contact 421-1497.

"Most futurists believe that our great task is to create the future...not just try to predict it."
H. B. Gelatt

"The 80's were a time of striving...the 90's are a time of surviving...the 21st century can be a time of THRIVING."
Ellen O'Sullivan

"Change destroys and creates at the same time. The extent to which our tomorrows are viewed as challenges instead of failure is, to some degree, the extent to which we control our destiny."
London, 1988

"The best way to predict your future is to invent it."
John Scully
Apple Computer Corporation

"The old administration thought that computers were the icing on the industrial cake, the final step in a maturing economy—NOT the foundation layer of a new economy."
David Pearce Snyder
March 3 and 4, 1994, University of Calgary, Call 1-800-661-4551 for your program.


Communicating About Sexuality "Facing the Challenges" Western Canadian Conference March 16 to 18, 1994 Edmonton A conference for people with an interest in the area of sexual health education, counselling or clinical services. Please call 427-2653 for more information.

Through a Looking Glass: Women's Health in Perspective The Grace Hospital's 1994 Women's Health Conference will be held on Friday evening March 25th and Saturday March 26th at the Calgary Convention Centre. For more information please call 284-1141, ext 311.

Initiative '94 "Dark Clouds & Silver Linings" April 20-23, 1994 Edmonton Inn We've been told that every cloud has a silver lining, but sometimes it's hard to see the hidden opportunities in the storm of budget cuts and other changes. This year, Initiative '94 will explore some of the dark clouds of stress and an uncertain future. Let's find the silver linings and take control of change processes to build creative and enabling services. This conference is for anyone involved or interested in the design and delivery of rehabilitation services. Call 250-9495 for details.

The IEA '94 Congress In 1994, for the first time, Canada is hosting the International Ergonomics Association Congress. IEA '94 will be held at the Westin Harbour Castle in Toronto August 15 to 19, 1994 and is organized by the Human Factors Association of Canada. Call 416-784-9396 for more information.

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Oh... by the way,

One Half Hour of Power

Quality Daily Physical Education (QDPE) is a planned program of instruction and physical activity in schools for all learners on a daily basis throughout the entire school year. To be formally recognized as a QDPE school, the physical education program must provide a minimum of 150 minutes of physical activity per five day week. QDPE establishes the foundations for Active Living by providing learners with knowledge, skills and attitudes. QDPE is the means by which learners embrace lifelong Active Living and should be a school’s ultimate activity goal.

Consider:

* children spend an average of 25 to 30 hours behind a school desk every week. Yet most schools offer less than 1.5 hours of physical education instruction a week.

  Canada Fitness Survey

  * 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, 1988

  * children are up to 40% less active than they were 30 years ago.

  Ontario Medical Association

As caring professionals, parents, administrators, allied agencies and leaders, we have the opportunity to help our children and youth assimilate skills and values leading toward the acceptance of Active Living as a positive and healthy way of life. Find out about QDPE programs in schools in your area. A vibrant, healthy community needs fit and active people.

For more information about QDPE, contact the Alberta Centre for Well-Being, or Quality Daily Physical Education, Canadian Association for Health, Physical Education and Recreation (613) 748-5622.