Healthy Public Policy
Development of the St. Albert By-Law

by Phillip O'Hara

In their book on Canada's health-care system, Seena Gopas, Michael Rachlis and Carol Koshar credit Dr. Trevor Hancock, "a practising health futurist", with first coining the phrase "healthy public policy". They define healthy public policy as any policy that creates and encourages a context for health. The implications for developing public policy are clear: policies governing the environment, housing, the economy, agriculture and food, etc., have important health implications. Our ability to manage these policy areas within a health promotion framework is as critical to nurturing wellness as the role of our doctors and hospitals - perhaps more so.

"We need such an all-inclusive test because our health is really a reflection of the social, economic, and physical environment in which we live," Rachlis and Koshar argue. "How well we manage these environments, and how much we, as a society, are willing to pay for their management, indicate our values.

Ten years ago, an international conference in Ottawa, sponsored by the World Health Organization and others, produced the Ottawa Charter for Health Promotion. The charter outlined five strategies for health promotion:

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community action
4. Develop personal skills
5. Reorient health services

These strategies form a hierarchy, but they're also mutually supportive. We need healthy public policies to ensure supportive environments that are conducive to strong communities, which in turn will demand that we reorient our health services.

Developing healthy public policy is not simply a top-down process dominated by government bureaucrats and health professionals. Policy decisions must be

...continued on page 5

By the time you read this, the U.S. Department of Health and Human Services will have released a report entitled "Physical Activity and Health: Report of the Surgeon General." The document comes as a result of mounting evidence that physical activity is a powerful determinant of health.

Active Living Canada, along with other organizations, views the release of this report as a unique opportunity for well-being professionals in Canada to raise awareness and profile the benefits of physical activity in our own country. An information kit has been developed containing the following two parts: Part A provides a Canadian perspective on physical activity and health and contains key statistics, activity patterns for Canadians and quotes from leading Canadian researchers; Part B is a response guide for leaders outlining strategies for calling attention to physical activity (and inactivity) issues that may be important to your community or organization.

To order, contact Active Living Canada in Ottawa, ph: (613) 784-7543; fax: (613) 784-7544; e-mail: acl@crtm.activeliving.ca. Please note that specific information about the Surgeon General's report is on the U.S. Center for Disease Control internet page at http://www.cdc.gov/whatisnew.htm.

The Book of Wellness: A Secular Approach to Spirituality, Meaning and Purpose by Donald B. Ardell (1996). A lighthearted look at what we should spend less energy promoting fitness, nutrition, and stress management, and a lot more effort encouraging people to ponder the meaning and purpose of their lives. Comments from some of North America's top health and wellness leaders on what constitutes a well-being lifestyle are included.


A series of three documents developed as part of a collaborative initiative among various partners within Health Canada's Population Health Directorate. These resources, titled: Annotated Bibliography, Detailed Analysis, and Discussion Paper, review research on resiliency (dating from 1984 to 1993), offer an expanded definition of the concept, and discuss potential implications for health promotion research, program, and policy. Available for loan, or to order contact Diane Jacoelle, Health Promotion and Programs Branch, Health Canada, Room 624, Tunney's Pasture, Ottawa ON, K1A 1B4. Phone: (613) 957-8540, Fax: (613) 990-7097. Note: The ACFWB also has a file of current articles on resiliency - contact the resource coordinator for a bibliography.

Handbook on Using Stories in Health Promotion Practice by Ron Laborie and Joan Feather (1996). An excellent guide on how "structured dialogue" can be an effective tool for strengthening health promotion in practice settings. Available from Joette Lhoti at ph: (613) 957-8567, fax: (613) 954-5543 or e-mail: joette_lhoti@steeple3bw.ca.

Resources From Other Organizations

Creating a Capacity for Change in Health Promotion and the Non-Profit Sector: A Discussion Paper on Healthy Organizational Change by Katie Michels for the Ontario Prevention Clearinghouse (1996)

A discussion paper that focuses on healthy organizational change in the context of unpredictable futures in health promotion and the non-profit sector. Available in print and on-line through the Ontario Prevention Clearinghouse worldwide web homepage (http://www.opp.on.ca). A link...

Free Multicultural Health Promotion Poster

Designed by the University of Calgary, this poster will help break language and cultural barriers to health. The message, "HEALTH PROMOTION, Make it happen in your HOME, COMMUNITY, WORKPLACE," has been produced in 24 languages by the Southern Occupational Health Resource Service.

Ahmoric: English
Arabic: Eritrean
Bengali: Farl
Blackfoot: French
Chinese: Gujarati
Chippewa: Gujarati
 Cree: Hindi
Dogrib: Inuktitut

Health Promotion, a term now commonly used in Canadian society, is not a familiar concept to many ethnocultural communities. Funding was provided by Health Canada, Alberta/NWT Regional Office, the Alberta Occupational Health and Safety Heritage Grant Program, and the U of C.

While supplies last, the poster can be ordered for the cost of shipping and handling in small quantities of selected languages. Contact Dr. Billie Thornton, U of C, Dept. of Community Health Sciences, 3330 Hospital Drive NW, Calgary AB T2N 4N1, Tel: 403-220-6046, Fax: 403-270-7307, E-mail: thornto@uca.ualberta.ca.

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 curating educational, research and networking opportunities for well-being practitioners and facilitators through coordinated, collaborative efforts."

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The title was the title of the first meeting of the newly established Provincial Health Ethics Network (PEN). PEN is terminated from seeds planted with the 1989 Rainbow Report of the Premier’s Commission on Future Health Care for Alberta, one of the Six Directions for Change, coming from that report, was the establishment of a provincial ethics committee. On February 1, 1996, the Provincial Health Ethics Network officially burnt into flower. PEN operates through a Board and two Ethics Coordinators, Mr. Ali Naor, Nansh in Edmonton and Ms. Lenore Hamilton in Calgary. The symposium took place in Red Deer, May 24, 1996. As early as by the 25th centen- nary, it can be claimed to have been a success. Regrettably, others do not deny that they could not accommodate all those who wanted to come. The ethics content consisted of three talk and two major case presentations. The opening talk, “An Overview of Contemporary Bioethics: The Place of Values in Health Care,” was given by Dr. John Donnelly. This was followed by Dr. Michael King’s presentation of a challenging case of a young woman with severe anorexia. After presenting the case for 20 minutes, the delegates discussed it further in small groups. A summary plenary ses- sion concluded discussion on the case. This effort of group participa- tion was very effective and popular. It is testimony to the fact that everyone practices ethics everyday in their own lives, but we all need opportunities to dis- cuss our ethical dilemmas with others.

The second half of the pro- gram, the plenary talk was a joint presentation by Dr. Janet Storch and John Donnelly on issues at the end of life (assessment of competence, third party decision-making, advance directives, refusal of treatment, and assisted suicide). This was fol- lowed by a case presentation by Ms. Helen Lanta in which some of these issues had to be faced by her patient in a long-term care setting. The specificities of this case were also discussed by each table, before coming back to a plenary discussion of the delegates as a whole. This led to the next interpretation by Dr. Doug Kinsella presenting results of two surveys, several years apart, of physician atti- tudes towards assisted suicide and euthanasia, in Alberta.

By John B. Dusso, OC, MD, PhD, Vice-Chair, PEN

The Health of Gays and Lesbians in Alberta

by Lorne Warnick, MD

Most gay and lesbian lives involve a life in the closet; that is, they either deny their own sexuality entirely or lead double lives, holding up the issue of social isolation and its impact on health. Those who are public about their sexual orientation are often ostracized by family and friends and subjected to abuse (verbal and physical). Social isolation, stress, fear of stigmatization, living alone, or having a relationship but leading a double life, takes its toll. Homosexuals are much more likely to have problems with alcohol, drug abuse, depression, and suicidal attempts. Although often stated that homosexuals have more physical problems particularly of a sexually transmitted nature, overall this is not much different than with heterosexuals. Statistics do show that homosexuals, in a slightly lesser group, die at a signifi- cantly younger age than their heterosexual counterparts.

What is tragic is the impact that a homophobic society can have upon adolescents who at a very young age become aware of their homosexual orientation but are unable to discuss this because of fear. Unlike other minority groups who are identi- fied by physical attributes such as skin color, a young male or female homosexual has no way of identifying others like themselves. The result is that the teenage homosexual adolescent is a terrible sense of social isolation and of being alone. This is accompanied by feelings of fear, guilt, shame and self-hate.

Of all adolescents males who commit suicide, about 30% were gay and were struggling with accepting their sexual orientation. This is probably true for females as well. Many more homosexual adolescents attempt suicide, end up abusing alcohol or drugs, and/or lead very con- stricted lives.

There is some good news however. Perhaps a new era is dawning. Starting with the Stonewall riots in New York in 1969, the rights of gay and lesbians to have a equal place in society as productive, responsible, and was has been promoted and accept- ed. Very gradually societal atti- tudes are changing. The Canadian Human Rights Act now includes sexual orientation. Same sex relationships are recog- nized by the Federal Government and are eligible for benefits just like heterosexual couples. Many groups have evolved that help to elevate the sense of social isolation and are available to any homosexual individual who wishes to join. Organizations, such as Parents and Friends of Lesbians and Gays (PFLAG), are exemplary in their activities.

In spite of all of this, many gay and lesbians at all ages still live in the closet because of fear. All programs that work for the area of mental health, medical services, pastoral care, teaching and social work have a responsibility to work towards removing the ignorance and bias that exists against heterosexuality. The following are examples of what can be done individual- and collectively in the work- place and schools to decrease the stress and improve the well-be- ing of gay and lesbian individu- als.

- Personally discourage "gay bashing," remarks, or jokes.
- Ensure that employers provide equal benefits to both het- ero- sexual and homosexual couples.
- Individuals who are comfort- able with their homosexual orientation should make this known to provide positive role models and “safe haven” for less certain individuals.
- Encourage workshops on the subject of diversity.
- Allow parents which promote- equality or organizations such as PFLAG to be placed in common areas.
- Ensure that both employers and employers are aware of anti-discrimination legislation.
- Lobby government through local MLA’s to change the Individual Rights Protection Act of Alberta.

Homophobia hurts everyone. We all need to work towards making our society less stressful and better for all, including gays and lesbians. We must remind ourselves that diversity in any society is a strength. John F. Kennedy in 1963 said, “If we cannot overcome our differences, at least we can help make the world safe for diversity”.

[Continued to page 7]
The Wellspring Editorial Committee asked some CHC members to give us their thoughts about what they hope the CHC will accomplish or what they hope to bring to the CHC.

Here are their responses.

**Margie Jones**

**Health and Well-being what it means to me.**

I have been totally committed to the delivery of health care in communities over my many years working within the system and living in rural Alberta. To me, health and well-being means having the ability to cope with whatever is our lot in life in a manner satisfactory to oneself. It is much more than not being ill.

To be healthy, people need adequate shelter, meaningful employment, economic security, a support system from family and community, and a positive self-image enriched by recreational endeavours, within a safe community which is environmentally friendly.

A healthy community would not need food banks or substantial, slum housing. A full range of services would be available to support its citizens of all ages. These include education, health promotion and preventive health care, acute and long term care, social services, mental health care, support services, nutritional counselling, and addiction treatment services.

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**Robert Taylor**

**Just a couple of questions...**

The wellness of individuals in Alberta communities may improve substantially as a result of the government charges of the health care system. Yes, you read it right — at some future point, we may credit some of the bottom line cut-backs for improved personal health. However, I believe this is conditional upon individuals shifting their views from a curative to a preventive health care system where individuals assume responsibility for their own health.

Many of us have spoken to heart attack survivors who claim to live more fulfilling and balanced lives following their surgery. Now they exercise every day, have stopped smoking and boosting, eat more raw vegetables, whole grains and less fatty foods, have stopped their workaholism, spend more time with family, and found spiritual purpose in their life. Their actions beg the question, why did they wait for that swift kick in their chest to acquire enlightened awareness?

As the risk of being branded, hereina, I question: Should society passively pay for a universal health care system while abusers make obvious negative choices? Although society doesn’t have the right to prevent me from my choice of getting high, should I be eligible for universal health care without a premium adjustment? Just asking?

None of us have finite answers, nor should we fear our thoughts on others. Yes, at the crossroads of change, isn’t this an appropriate time to ask sensitive questions? Optimistically, I believe the changes to our health care system will be positive for our communities if we shift our perspective from cure to prevention.

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**Gerharda Harmensma**

**Personal Health & Well Being**

To gain optimal health, there needs to be a balance between all aspects of life such as the physical, emotional, spiritual, intellectual, creative and economic areas. I believe that health centres need to focus on promote preventive and health care in all these factors that affect the well-being of individual.

It is also important to be a contributing member of one’s society or one’s community whether through paid or volunteer work. Being part of a community not only enhances the health of the community, but also enhances your sense of belonging to your own community. A healthy community is a place where one feels safe, where you know your neighbour, and you have a sense of belonging. A healthy community also includes:

- Accessibility to all necessary services such as grocery stores, recreational activities, and community health centres.
- Inclusion of all people regardless of race and personal activities.
- Celebration of diversity and discrimination based on ethnic differences; for eg. having a community festival.
- Ability to meet the economic needs of individuals.
- An inner city residence.

Gerharda Hannes is a member of the Central Community Health Council. She is actively involved in her community and sits on the board of Normwood Community Service Centre and the Communities for Controlled Prevention.
Healthy Public Policy (continued from page 1)

made with the active participation of diverse, non-medical players who come to the table as equals, not passive spectators. There must also be support for action at the community level. But local actions are often conditioned and constrained by larger forces of power (Quinney, Garvin, Wall, Eds. 1994). That's why coalition advocacy is necessary. Coalition advocacy is typically done by a number of organizations and individuals who temporarily come together to advocate a particular policy change. Coalition advocacy can overcome and complement the limitations of community action. It can also help to identify the broad determinants of health that keep individuals and communities healthy.

Health professionals engaged in coalition advocacy should be guided by community development principles. They must see themselves as primarily a "resource to a process" rather than leaders of a process. They should bring their knowledge and analytical skills on how political and bureaucratic structures function. As well, they can help legitimate the community's health concerns with supporting resources. Finally, health professionals can strengthen their own political voice through local and provincial associations on such broad healthy public policy issues as housing, nutrition, etc.

In my experience, an effective way to help shape healthy public policy is for health and community groups to work together as partners on a health concern at the local level supported by coalition advocacy. So what does this look like? The short answer is that it looks different every time. But let me use an example from a project I'm working on to illustrate how action in the community can lead to the development of community health policy.

In 1992, Marlene Russell, principal of Paul Kane High School in St. Albert, was frustrated seeing dozens of students congregating outside and smoking. She gathered together interested students, parents and staff to develop a school policy prohibiting tobacco use. Slowly the group attracted support from health and community organizations in St. Albert and Edmonton.

But the results from a 1994 Youth Tobacco Survey and a subsequent Compliance check were the catalysts for healthy public policy on youth tobacco use in St. Albert. Survey results indicated that 23% of St. Albert teens use tobacco versus 13% in neighbouring Edmonton. As well, after three compliance checks, over 50% of local tobacco retailers continued to sell tobacco products to minors. St. Albert Alderman Caro Watanamakan and many residents were appalled by the statistics. Watanamakin had a personal motivation as well. She simply could not stand watching her middle-aged friends die prematurely from smoking-related diseases. When Watanamakin learned of teenagers smoking with carefree abandon, she projected the health effects 30-40 years ahead and it scared her.

About a year ago, Watanamakin joined the group meeting at Paul Kane. Staff support from the St. Albert Public Health Centre and health organizations, like Action on Smoking and Health and the Alberta Lung Association, helped to provide a framework for action. A coordinator was hired to manage a student tobacco enforcement program. The program was to be popular among students, another program was scheduled and a neighbouring high school required the program. This fall a prevention program starts at a local junior high school. Paul Kane students have also met with the business community and city council to advocate further action.

Over the past few months, Watanamakin has been championing a proposed by-law to license tobacco retailers. The logic of the by-law is simple: reduce youth access to tobacco to reduce youth tobacco use. Surveys show that strong enforcement of Edmonton's by-law is an important reason why fewer teens in Alberta's capital use tobacco.

What began with a principal's frustration over the number of her students who smoked has mushroomed into a community-wide initiative. At a community meeting last April, residents received an update about the problem of teen tobacco use and how they can take action. A community coalition has formed to tackle tobacco use by youth and adults. All Parent School Councils in St. Albert received information packages encouraging them to contact their school trustees and aldermen about the rate of smoking among young people. Health professionals in the community and provincial health organizations are also advocating for the proposed by-law.

On June 17, St. Albert City Council voted unanimously to direct the city administration to develop a tobacco retailers licensing by-law. Sometime in August, council is expected to consider the proposed by-law.

Healthy Policy – Public and Otherwise (continued from page 1)

[Blackwell, Thurston, Graham, 1996]. Similarly, the disproportionate impact on women of health system policy changes in Alberta suggests that these are not "healthy public policy" for women (Scott, Thumstone, Cross, 1996). As Baker (1996) suggests in a comparative study of policies to reduce child and family poverty, failure to reduce poverty is linked more to a failure to respond to women's needs than to party affiliation. Thus people from different ideologically insecurity is likely to fail if they ignore certain aspects of the policy issue.

Public policy, like the rest of life, is complex. When we break policy into manageable chunks, as Howlett and Rames have done, it becomes clearer where health promotion advocates have played important roles at various stages of the policy cycle. It is also clear that we can think of policy at many levels while not ignoring the role of public policy. Finally, health promotion programs use skills and other resources, such as connections to communities, that are essential to the involvement of affected constituencies in making public policy that is healthy.

Figure 1: Five Stages of Policy Cycle and their Relationship to Applied Problem-Solving

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<thead>
<tr>
<th>Phases of Applied Problem-Solving</th>
<th>Stages in Policy Cycle</th>
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<tr>
<td>1. Problem Recognition</td>
<td>1. Agenda-Setting</td>
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<td>2. Proposal of Solution</td>
<td>2. Policy Formulation</td>
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<td>4. Putting Solution into Effect</td>
<td>4. Policy Implementation</td>
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<td>5. Monitoring Results</td>
<td>5. Policy Evaluation</td>
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References are available upon request.
Coming this Fall: Community Campus Learning Circles Workshops

Women's March Against Poverty
by Audrey Cormack, President, Alberta Federation of Labour

On May 14, 1996, I gathered with thousands of other women to send off the caravan that was to travel across Canada, raising awareness about poverty and the effects on women and children. The plan was for the caravan, carrying approximately 15 women, to stop in many cities across the country in every province. As well, several women joined the caravan in each province. I was fortunate to be with the caravan throughout Alberta.

1996 is the United Nations International Year for the Eradication of Poverty, so collectively the Canadian Labour Congress and the National Action Committee on the Status of Women agreed to organize this event, following on the success of the Quebec Women's March Against Poverty a year earlier.

Recent trends have not promised a better standard of living for women: in 1995 the wage gap between women and men increased for the first time in 30 years; women's programs have been devastated by governments at all levels; and the Canadian Health Social Transfer came into effect April 1, 1996 thereby destroying national standards and responsibility for health, welfare and post-secondary education. It was time for women to speak out against poverty.

Our message across Alberta and the country is "Jobs, Bread and Justice". Jobs. We are calling for jobs with a future, for women. We call on the federal government to announce a federal jobs strategy to create jobs with a future: stable, full time employment with adequate wages and benefits. A central element of this strategy must be investment in social infrastructure, including funding health, education, child care and other services which communities need.

Bread. We are calling for a Canada Social Security Act. We call on the Liberal government to bring in a Canada Social Security Act to restore the four fundamental international standards for social assistance and to add a fifth standard prohibiting discrimination in the design and delivery of programs and services. We are also calling for a national child care program.

Justice. We are calling for commitment against violence, such as transition houses, anti-rape centres and women's centres. These give women back to their communities a chance to escape abuse, to organize themselves, and to create other equality-seeking programs. Everywhere we went in Alberta, we met women who came out to support our message. Some came because they were living what we were talking about; some because they knew how fragile their existence was and that there was a very high possibility that they could be in the same situation tomorrow, and many women came out to support us because they knew and believed that what was happening, here in Canada, is just plain injustice. In a country as rich and diverse as ours, we should all be speaking out in support of the eradication of poverty!

We met the caravan at the R.C. border and proceeded to Canmore to be warmly welcomed by the women of Canmore at a picnic lunch in the park. In Medicine Hat, the next day we had a noon time celebration in the park with about 100 supporters. The caravan's visit to Medicine Hat was particularly important to the women there who had successfully just opened a Women's Resource Centre and were looking to promote the communities knowledge of women and poverty issues.

In Lethbridge, many groups came together for the first time, and we had a wonderful evening program that combined cultural, aboriginal women and labour groups.

In Calgary, about 250 people heard from women who are living the tragedy of poverty. It means to them to live five day-to-day and how the government actions will affect their lives. In Red Deer, women from all walks of life participated in a wonderful lunchbox, from women living in poverty to homemakers, from single moms to business women. Edmonton's events started with about 40 cars meeting the caravan at Gateway Park. With filled cans, flying balloons and a police escort, we drove to St. Winston Churchill Square. People along the route waved and hooted in support. The March through the inner city began with approximately 250 people and picked up people as the walk progressed. We were met by approximately 1700 people at the park, where we had entertainment and speakers told their stories.

Finally, the caravan continued to Lloydminster where the Alberta contingent handed the message over to Saskatchewan.

The March across Canada concluded on June 16th in Ottawa. Tens of thousands of women gathered to march on Parliament Hill. It was a wonderful, beautiful scene, to see so many people gathered in support of each other. Men, women and children looked in the smiling faces of speakers and felt the music in the air, speaking to the crowd and speaking to the community. The March through Canada was a tribute to justice for all, for all groups and for all people.

The entire event was a huge success, and for me, it was a wonderful opportunity to travel across Alberta meeting women of many different cultures. Hearing their stories, whether they are struggling to find work, to feed their families, to overcome physical barriers, or to be accepted because of an alternative lifestyle, reaffirms my commitment to work for the eradication of poverty.

The outcome of the entire event that I headed over and over, across Alberta and also when I was in Ottawa, was, "What is going to happen now?" How can we ensure that this effort does not just end with the March? The March across Canada was neither a beginning nor an end. We know that. Our challenge is now to continue to carry the message and seek the solutions together. This can happen in all our communities and in many different forms.

Here in Alberta we must take every opportunity to press our governments for support and action. We will have a provincial election within the next year, and we will have an opportunity to ensure that candidates and parties understand the need for action.

In Edmonton, the women who were involved in the organization of the events, have met since the March to discuss future actions. They have committed to meeting in early September to discuss in detail how they can continue to raise awareness of poverty and the effect on women's lives. As well, from my organization, we have requested a meeting with representatives of the provincial government to express our concerns and ask for their commitment to the eradication of poverty.

Together, we will truly be able to work for the eradication of poverty for all, "Bread and Roses: Jobs and Justice" for all.

Volunteer Appreciation
The Centre would like to thank Gina Poole for all her volunteer work during the months of June and July. Gina, a student at NAIT, took some time out of her summer to help us with some administrative tasks. Thanks, Gina!

Wellness Wagon
The 1996 Wellness Wagon successfully completed its summer tour. Evaluations are currently underway to determine and improve its effectiveness in promoting health. If you saw the Wellness Wagon in your neighborhood, please call/fax/write to us about it. We would love to hear from you!
Research Corner

Alberta Sport and Recreation Injury Survey

by W. Kerry Mummery, PhD, Research Coordinator

A total of 4,329 telephone numbers was called, of which 2,940 (68.5%) were determined eligible households. Of this number, a total of 1,478 households (50.2%) and 1,462 households refused to participate in the study (49.8%). The questionnaire was structured to replicate the recent Quebec and Ontario surveys to provide comparative information. The questionnaire related to sport and recreational activities participated in at least ONCE in the 12-month period before the survey. It did NOT include activities such as housework, gardening, mowing the lawn, picnics, or walking to do errands. Respondents who did not participate, respondents were guided with the following qualifiers: bike riding, swimming, home exercises, team sports, etc. Of principal interest were injuries resulting from sport or recreational activities that led to a visit to a health care professional. Where required, participants were informed that these professional included doctors, physiotherapists, chiropractors or sports clinic personnel. The questionnaire collected information with respect to frequency and type of sport and recreational activity involvement; number, types and location of injuries requiring medical attention; the nature of the most serious injury; location and type of medical attention received; and an estimate of the amount of time lost to work, school and regular activities because of the injury in question. A brief overview of the findings of the study is presented in the sidebar. The final report will be available in the future from the Sport Medicine Council of Alberta.

Findings in Brief:
- 83% of Albertans reported participating in at least one sport or recreational activity in the previous 12 months.
- 10.6% of Albertans reported having to visit a health care professional, in the previous 12 months, as a result of a sport or recreational injury.
- Of the sport or recreational activity participants, 12.7% reported seeing a physiotherapist, chiropractor, or sport clinic personnel.

The Health of Gays and Lesbians in Alberta (cont'd from p. 3)

References and Further Reading:

Resource Centre (continued from page 7)

Based on these injury rates, it is estimated that 242,000 sport or recreational injuries were experienced in the previous 12 months.
- The most common types of injuries were sprain/strain ligament (31.2%), strain/pulled muscle (18.8%), and fracture (13.4%).
- The most common locations of injuries were the knee (25.3%) and ankle (13.4%).
- Of those Albertans reporting injuries, 5.1% reported having to stay at least one night in a hospital as a result of their injury.
- Of those Albertans reporting injuries, 27% reported missing at least one day or more of work or school as a result of their injury.
- The sports or activities having the most injuries were: ice hockey, biking, baseball, basketball, soccer, jogging/running, and recreational cycling.
- The sport or recreational activities with the highest injury rate were: bowling (100%), rodeo (63%), rugby (47%), team handball (40%), and competitive cycling (27%).
## Calendar of Events

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<th>Date</th>
<th>Event</th>
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<td>September 18 - 21, Phoenix, Arizona</td>
<td>10th Annual Terry Fox Run</td>
<td>Phoenix, Arizona</td>
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<tr>
<td>September 20, Washington, DC</td>
<td>Canadian Mental Health Association National Conference</td>
<td>Washington, DC</td>
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<tr>
<td>September 25 - 28, Hamilton ON</td>
<td>Developing a Smoking By-Law for your community</td>
<td>Hamilton, ON</td>
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<tr>
<td>September 23 - 26, New South Wales, Australia</td>
<td>2nd International Health &amp; Ecology Conference</td>
<td>New South Wales, Australia</td>
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<tr>
<td>September 18 - 21, Edmonton MB</td>
<td>Tobacco Planning and Evaluation Workshop</td>
<td>Edmonton, MB</td>
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<tr>
<td>September 18 - 20, Grand Prairie AB</td>
<td>International Day for the Preservation of the Ozone Layer</td>
<td>Grand Prairie, AB</td>
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<tr>
<td>September 9 - 11, Mexico City</td>
<td>Women's Health Conference</td>
<td>Mexico City</td>
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<tr>
<td>September 12 &amp; 14, Edmonton &amp; Calgary, AB</td>
<td>Tobacco Planning and Evaluation Workshop</td>
<td>Edmonton &amp; Calgary, AB</td>
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<tr>
<td>September 18 - 21, Edmonton MB</td>
<td>Urban Care Support Network Annual Conference</td>
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<td>International Literacy Day Summit</td>
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