WellSpring
Linking Alberta’s Well-Being Professionals

Children and Obesity - A Challenge For Active Living

By Dru Marshall, PhD

Several research studies have concluded that obese children are less active than nonobese children. Inactivity may be a significant problem for obese children; it may lower physical fitness, impair movement skill development, and reduce opportunities for social interactions.

Physical fitness specialists know that decreased activity leads to detraining and functional deterioration which, in turn, may reinforce decreased activity. Specialists in motor learning agree that, although practice does not make perfect, it is one of the most important motor skill learning variables.

Social Effects of Inactivity

A decrease in opportunity for social interaction results in an impairment in overall development. In the long-term, lack of movement competence can be a major obstacle to successful integration into society.

The Effect of Obesity on Movement Competency

The purpose of this study was to document the actual movement competencies, as measured by the Test of Gross Motor Development (TGMD), of obese versus nonobese children; to determine if the gap in movement competency between obese and nonobese children increases over time; and to determine if quality daily physical education (QDPE) programs had an effect on movement competency in obese vs. nonobese children.

130 students in grades one and four, from eight schools within the Edmonton Public School System, chosen on the basis of permission and convenience, participated in this study during March through June, 1992. Informed consent was obtained from parents and guardians.

Preliminary Findings

1. Obese children were less movement competent as measured by the locomotor skills subscale (containing 7 items: run, gallop, hop, leap, horizontal jump, skip, and slide).
2. The gap in movement competency between obese and nonobese children increased over time.
3. Quality daily physical education (QDPE) programs appeared to provide a "protective" effect for the development of movement skills in obese children in that the gap in movement competency between obese and nonobese children did not increase over time in those schools in which QDPE was offered.

Since obese children were not as competent in motor skills as their nonobese peers and this difference increased over time, it suggests that intervention should occur early and that obese children should receive... (continued on page 7)

Winter 1993, Volume Four, Number One
Welcome to a new volume of WellSpring—a new year, a new look, and new ideas to share and discuss. In this edition of the Director's Note, I wish to reflect on something I have always believed: THE WORLD IS OUR COMMUNITY.

In December I spent three weeks in southeast Asia—the first trip in four years that was not work related. No matter how hard I tried, I could not keep from focussing on a plethora of health and leisure issues. Headlines such as these kept confronting me: "Anything but clean! Fighting the war on fat without being slave to diet"; "Selling sex for their survival"; "Studying the effects of childhood sexual abuse".

The December 21st issue of The Straits Times (Singapore) read much the same: "Videophone set snapped up and more orders expected"; Muslim youths learn about kidney failure". "Ban on sale of ciggs to minors next year" was a headline that really caught my eye—thanks to the efforts of Les Hagen and Action on Smoking and Health. The Malaysian health minister announced that the government will ban the sale of cigarettes to minors in 1993. Those found guilty of the proposed law would face a maximum jail sentence of two years or a M$15,000 (about $2,500 CAN) fine. This is a far cry from the $10 fine an Edmonton retailer received in late December, or the recent judgement on another Edmonton retailer suspending his retail tobacco sales license.

A particularly alarming issue I discussed with an ex-inner city youth worker whom I met en route from Hong Kong to Bangkok, was the escalating incidence of AIDS in Thailand and the appalling lack of medical facilities. In addition, the rising use of young children for prostitution on the streets of Bangkok also came up as a major source of concern for social and health care workers.

Ironically, when I returned home, the Mayor's Task Force on Safer Cities was briefing city council on the incidence of child prostitution in Edmonton.

I believe I do not have to cite any more parallels, and why the issue of the world as our community is so important. There is so much information to share and so many perspectives to learn from. I have found that the trend to become global is a reality—not just in the world of commerce, but the world of health and social issues.
It's tough being a parent these days. We're bombarded with information on what we should and shouldn't teach our kids, how to keep them safe from infancy through early adulthood, how to talk to them about sex, AIDS and other sexually transmitted diseases, how much television to watch, what kinds of programs and movies to avoid, video games, and how soon and how often to enrol them in physical activity programs. Then there's the whole active living concept which says kids don't necessarily have to participate in structured activity, they simply need to get off the couch, away from the TV, video and computer games, and do something physical—anything.

There are about one-thousand books on the market that deal with raising kids. Grandparents cannot believe how complicated child-rearing has become. Street smarts, nutrition, sex, music, videos, drugs, peer pressure, smoking, social acceptance, and self-esteem could all be separate courses at some central parent training university. Yet, as many critics have proclaimed, "you need a license to drive a car, but anyone can be a parent". Albert's pessimistic vision of human aptitude for parenting, statistics seem to support this view. Divorces are on the rise, the face of the family has changed dramatically and kids are at risk of being abducted, becoming drug addicts, acquiring AIDS, and a literal rash of other health problems as a result of unhealthy and relative inactive lifestyles.

I believe activity has a big role to play in the well-being of our children and the future of the human race. Activity helps control blood pressure and prevent heart disease, and enhances lifestyle. Kids who are active tend to smoke less, do fewer drugs, are more socially adjusted and handle stress better. However, statistics have it that as kids get older, the natural tendency to be active—to run,

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A Letter to the Editor
From Don Ardell, Editor of the Ardell Wellness Report:

Greetings to you, Judy Sefton and the well folks at the good Centre. I just finished the latest WellSpring (Fall/92) and, as always, enjoyed it very much... Rather than go on about all the good stuff, let me indulge myself by hurling a few slings and arrows for both exercise and stress release...here is a rewritten version of the first two columns of the article entitled, "Alberta: A Leader in Workplace Well-Being")--without the happy-go-lucky "put on a happy face" and "twist the facts" orientation that seems designed to give credit where it is not due—at least not yet.

"Workplace wellness is in the news everywhere it seems, except Alberta! We'd like to be positive but the only data we could cite goes all the way back to 1986. We updated this information recently, but the new information gives little cause for celebration on the part of health promoters.

"For starters, only half the companies that were part of the 1986 baseline survey bothered to respond to our survey. This is a good sign that they have nothing to report of a positive nature; nearly all surveys on any topic show that those who have little progress to report prefer to ignore invitations to report on progress.

"Of the half who did respond, the picture is

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Kids and Self-Esteem: A Role For Teachers

by James Battle, PhD

A high degree of school drop-outs (approximately 30% in Canada) and an escalation in conduct disorders and emotional problems (depression, anxiety) present a serious challenge to teachers at all levels of education. All of these adjustment problems are associated with low self-esteem. Thus, the greatest challenge, in my view, for teachers in the current decade and the year 2000 is to develop and implement effective self-esteem enhancement programs designed to prevent conflict and adjustment problems and assist students in staying in school and developing their potential effectively.

Can teachers enhance self-esteem and achievement? Teachers can augment the self-esteem and achievement patterns of their pupils (Battle, 1981; 1991; 1992). Teachers can exert this effect because once the child enters school, teachers function “in loco parentis,” sharing many of the responsibilities of parents. Consequently, when children enter school, teachers become the most significant other affecting the self-esteem of their pupils (Labenne & Green, 1969). Teachers exert a powerful influence on their pupils’ self-esteem. Thus, how teachers interact with their pupils significantly affects students’ perceptions of self-worth. Staines (1958) found that teachers who interact positively with their students induce shifts in self-esteem.

The teachers of schools with effective self-esteem enhancement programs provide their student mutual respect, encouragement, unconditional positive regard and opportunities to experience the consequences for behaviour. These teachers also promote positive interactions, success experiences, cooperative learning and realistic expectations. Effective self-esteem enhancement programs:

1. Promote academic achievement
   - self-esteem is a better predictor of grade-point average than IQ.
   - school drop-outs generally possess lower levels of self-esteem than their counterparts who do not drop-out.

2. Enhance success experiences
   - positive self-esteem increases the probability of success

3. Prevents adjustment problems
   - positive self-esteem reduces the probability of adjustment problems

4. Saves lives
   - identifies students who may be in need of special assistance (i.e. psychotherapy).

The teacher as a child advocate. Teachers should function as advocates for their pupils. As child advocates, teachers should help each child develop his/her potential to the fullest. To accomplish this very difficult task, it is essential that teachers attend to both cognitive and affective needs and promote the development of positive perceptions of self-worth in their pupils. One effective way to is to establish a positive “teacher-pupil-learning process” (Battle, 1990). This process is one in which the teacher communicates to the child that he is an individual who is worthy and significant. It is a process in which the teacher provides structure for the child and communicates to her that she is expected to perform and behave in a certain fashion. It is also communicated to the child that she can determine whether or not she will function in the expected fashion and that she must assume the responsibility for her actions.

The need for teachers to attend to and develop cognitive and affective aspects of developing children and youth is becoming increasingly more apparent. Administrators, psychologists, teachers and parents are finally realizing self-esteem enhancement is crucial for students to reach their potential and function productively in current and future generations.
Children with a below-knee amputation are missing their foot and a portion of their leg. As a result, they are fitted with an artificial foot and leg called a prosthesis. The long-term goal of our research is to enable below-knee amputee (BKA) children to walk and run like able-bodied children.

To accomplish this goal, we have structured our research into three phases: description, evaluation, and application. In the description phase, we have obtained basic information about how BKA children walk and run and how they differ from able-bodied (AB) children. We have determined that during gait, the BKA children have a tendency to incline their trunk further forward and toward their nonprosthetic side compared with AB children.

With respect to energy expenditure or effort during gait, we have reported that BKA children consume about 14% more oxygen than AB children. Finally, we have found that strength and balance of the nonprosthetic limb of the BKA children are as good or better than that of the AB children. We have concluded that these differences are primarily due to the lack of function of the prosthesis and that one area of research should be directed towards creating a prosthesis that allows BKA children to function the same as AB children.

Evaluating Prosthetic Problems

Towards this end, it is necessary to have a method of evaluating whether the changes made to a prosthesis or rehabilitation undergone by a BKA child do improve the function of the child. Thus, Phase II of our research is designed to develop a set of evaluation measures to test the effectiveness of alterations. We have selected four measures that are directly related to the quality of life of the amputee;

* Quantifying the pressure between the prosthesis and the stump (residual limb) during gait. This measure is related to the child's comfort.
* Describing the orientations of the trunk. This measure is related to appearance.
* Determining the forces at the knee joints--related to load.
* Effort during gait--measured by oxygen uptake.

Measures for appearance, load, and effort are already established. The final method, socket pressures, is currently under development and should be complete in about a year.

Quality of Life Issues

The goal of the final application phase of this research is to develop prostheses, evaluation tools, and rehabilitation procedures to enable BKA children to walk and run like AB children. We are presently working on two projects in this area. The first is a preliminary design of an artificial ankle joint complex that will function like an intact one. The design will include rotations in three planes and be capable of applying force to the ground to help propel the child during gait. The second project is a computer simulation that will help the surgeon estimate the outcome of a surgical procedure before actually performing it. For example, many BKA children undergo surgery during periods of rapid growth to cope with atypical growth patterns. With this computer program, the surgeon will simulate the surgery and estimate the changes in gait before estimating to determine the efficacy of the procedure.

The long-term goal of our research is to enable BKA children to walk and run like AB children. We have developed a comprehensive plan to achieve this goal.
The Alberta Schools' Athletic Association (ASAA) is a voluntary non-profit organization that was established to coordinate a program of worthwhile activities for high school (grade 10-12) in an educational setting. Inspired in 1956 by the desire to have a provincial basketball championship for high school boys and the realization that it was time to establish a structure for the overall coordination of school sport in Alberta, the ASAA currently has 301 member schools serving a total of 112,000 students.

The activities sponsored by the Association have continued to grow in accordance with the consistent increase in member schools. Four years after the ASAA began, girls basketball was added to the roster of activities. Track & Field was the second activity sponsored by the Association with the first provincial competition held in 1953. Badminton was added to the schedule in 1963, followed over the past 30 years by volleyball, cross country running, gymnastics, wrestling, curling, golf, cheerleading and football. In 1989 gymnastics was eliminated bringing current activities to ten.

Although the program operates for the benefit of the student athletes, the volunteers administering, coaching and promoting the program are responsible for its success. Over 2500 school personnel in Alberta donate their time and talent to ensure the school athletic program will provide enjoyable, positive athletic experiences for students.

The main objectives for the ASAA are to promote participation, maintain good sportsmanship, fair play, integrity, equal opportunity for males and females, and good will within and between high schools participating in interschool athletics. The Association sponsors 29 provincial championships directly involving over 4000 student athletes in 10 activities.

In addition to competitive opportunities, the ASAA, in cooperation with the Alberta Sport Council, offers skill development in over 35 different activities through the Sport Outreach Program. Students may receive scholarships to attend sport camps of their choice. In 1992, over 500 students attended sport camps under this program.

The opportunity for teachers, students and coaches to travel, exchange information and engage in friendly competition are valuable educational experiences for all participants.

The Alberta Coalition For School Health

The Alberta Coalition for School Health is a member of the Canadian Association For School Health (CASH). The mission of CASH is to promote comprehensive school health programs using the comprehensive school health model.

Such programs consider and promote an interdependent and dynamic relationship among health instruction, health services and a healthy environment within the school, family and community through education and programs which follow a comprehensive school health model—a model of health which is more than the traditional health topics of immunization, hygiene and sexually transmitted diseases, but addresses the modern issues of self-esteem, social and emotional wellness and relationships in and outside the school.

For more information on comprehensive school health, please contact the ACFWB resource coordinator for a representative near you.
Implications

Since obese children enrolled in QDPE programs appeared to improve in movement competency with daily physical education, this would suggest that:

1. Regular physical activity provided in a school setting is important in the development and improvement of movement competency in obese youngsters and may serve as an important point of intervention.

2. QDPE programs improve movement competency in individual who need this type of improvement, and benefit of QDPE which has not been studied before. This finding should be replicated with further research.

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How do we begin to create a safer world for our kids—a world where there is no need to discuss drinking and driving, drugs and safe sex; a world where all kids wear helmets and protective gear as a part of the social environment of sport; a world where there is no need to scream smart our children or arm them against sexual abuse and other forms of violence against children; and a world where all children feel good about themselves, eat well, are active and live in loving and nurturing environments.

Practice What You Preach

It sounds like a fairy tale from years gone by. Yet the key to successful safeguarding of our children is inherent in every community, government and school programs—get to know your children; talk to them about their life; educate yourself on modern issues they confront; discuss problems with them—do not talk AT them; and most of all...PRACTICE WHAT YOU PREACH. If you want the children in your life to build healthy lifestyles attitudes and behavior patterns, be a healthy role model.

Be A Healthy Role Model

You are your best asset in protecting and educating your child to protect himself or herself. For more information on agencies that can help you find the information you need, please call us at 1-800-661-4551 or 453-8692 today. The Editor

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A New Health Promotion Program Survey:

Alberta Health-Mental Health Division and the Alberta Centre For Well-Being are jointly conducting a survey of health promotion activities in Alberta. The purpose is to identify the health promotion activities which are currently being undertaken and to look at aspects of how they are conducted.

The survey forms will soon be mailed out to a representative sample of agencies who subscribe to WellSpring. We would be grateful for your cooperation in promptly completing and returning these forms. The results will be available to WellSpring readers in the Fall/93 issue.

Please Participate

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Dr. Dru Marshall is a research associate with the Alberta Centre For Well-Being based at the University of Alberta.
Does good nutrition mean good grades? Though certainly not that simple, a well-nourished child is likely to be more alert, better able to concentrate and have higher cognitive functioning - three important factors in obtaining good grades.

**Nutrition Education**

How does or can nutrition fit with schools? Education is a key means of helping ensure children develop sound attitudes, knowledge and behaviours regarding nutrition. To be most effective, *nutrition education* must start early and be an ongoing and integral part of a child’s environment (including school as well as home and community).

The Alberta Education curriculum mandates that all children in Alberta receive some nutrition education - in grades one through six (in Health), in grade 8 (in Health and in grade 11 (in CALM, the Career and Life Management program). Food Studies, available in some junior and senior high schools, is an optional program where students learn more about nutrition.

Various teaching aids, programs, and consultative services are available to help in nutrition education efforts for school aged children. Some key community resources include the local health unit, Alberta Agriculture office, school board and the Dairy Nutrition Council of Alberta (offices in Edmonton and Calgary).

**School Food and Nutrition Policies**

This is a second means of helping to ensure good nutrition of children that can complement nutrition education efforts. Policies can be developed at the school district or individual school level to deal with such issues as acceptable foods allowed in the school (e.g., foods brought into the school by students, foods available in school vending machines, cafeterias and snack stands) and even foods appropriate for selling in fund-raising projects. The nutritionist at the local health unit is an excellent resource to schools wishing to develop such policies.

**School Feeding Programs**

School feeding programs are a third way nutrition can be incorporated into schools. Helping address an immediate hunger issue, a school feeding program may be anything from a snack, breakfast or lunch program to an "emergency shelf" program.

To develop the sound nutrition attitudes, knowledge and behaviors in children, the successful implementation of a variety of approaches and initiatives appropriate to identified needs is likely the answer.

Some of these may deal with short term and immediate concerns (e.g., feeding programs, policies) while others may deal with more long-term concerns (education); some will deal with the individual and the family recognizing individual responsibility and control, while others will deal with the school environment, ensuring it is conducive to positive nutritional behaviors.

What are the nutrition initiatives in place in schools in your community? Do you know the actual amount and content of nutrition education in the school curriculum? As health professionals, we share the responsibility of ensuring that our children, our future, develop to their maximum potential.

Know how nutrition is integrated in schools. Support and get involved in current and new initiatives.

Nutrition is too important and fundamental an issue to leave to fate. (^

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Brenda White Represents the Dairy Nutrition Council of Alberta

Alberta Centre For Well-Being
AIDS: What Every Family Should Know

Ten years ago, AIDS was a mystery disease. Today, research efforts continue to place AIDS at or near the top of health agendas for countries worldwide. Here are some facts everyone should know about AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus)—the virus that causes AIDS.

* HIV affects cells of the immune system leaving the body defenseless against germs that do not normally cause illness.
* HIV infection predisposes us to an increased risk of certain cancers.
* The virus can live dormant for some time after entering the body.
* During this dormant time, a person may not realize he or she is a carrier.
* Sexual contact, needle-sharing and passage from a pregnant mother to a baby are the most common ways of becoming infected.
* Heterosexual women are presently the fastest growing group becoming infected with HIV.
* Alberta has the fourth highest number of all AIDS cases in Canada.
* Technically, anyone who has had sex with more than one partner or shared needles with an infected person in the past ten years is at risk. For more information call the AIDS Info Line at 1-800-772-AIDS.

The Provincial and Regional Fitness Resource Centres were established in 1981 with a grant from Alberta Recreation and Parks (now Alberta Community Development).

In order to meet the growing demands for fitness services and resources across the province, the Be Fit For Life Network (BFFL) was initiated by placing a BFFL Centre in community colleges throughout the province.

Each regional centre strives to serve their particular region based upon geographical and cultural needs. In fulfilling its mandate of providing leadership in promoting healthy lifestyles and services, the BFFL Network has established itself as a unique delivery system in North America. It has enhanced the growth and development of a number of active and healthy lifestyle programs and services in Alberta, some of which include: Fitness Appraisal and Counselling, Fitness Certification Courses, Fitness Leadership Development Courses, Educational Workshops and Services, Community Networking and Project Partnerships, and Hosting Special Events (e.g. Corporate Challenge, Passport to Active Living).

Each centre is provided with direction from a volunteer advisory board. This not only assures the needs of the community are identified and met, but that various community-based partnerships are maintained.

All BFFL coordinators hold a minimum of a Bachelor of Physical Education degree (or equivalent) and have extensive training in the area of fitness and leisure lifestyle services. Each BFFL Centre is an accredited Fitness Appraisal Centre which meets the standards as set by the Canadian Society for Exercise Physiologists (CSEP), formerly the Canadian Association of Sport Sciences (CASS).

"Actively" Serving Albertans

The average Albertan is impacted by the BFFL in a variety of ways. Most of the individuals being reached by the Network are impacted directly through the various programs and services offered. Others are indirectly affected through the changing attitudes and perceptions regarding physical activity and healthy lifestyle practices as more and more Albertans live actively.
Today, students in Alberta schools are learning more than how to kick a soccer ball or score a basket. They are also learning how to stay healthy throughout their lives. Many schools are shifting their emphasis from team sports to personal fitness. Options programs called "Fit for Life" (Lorne Akin School, St. Albert) and Personal Wellness Programs offered at schools like Dr. Gordon Higgins School in Calgary, exemplify this concept. The overriding goals of physical education programs today is to help students develop skills and attitudes that will equip them to lead an active, healthy lifestyle through adulthood.

Not Throwing Sport Away

Progressive schools are not throwing sport away, but they're not going to allow sport to be the central focus of the curriculum.

The re-focusing of programs comes at a time of growing concern for our children's health. The Health Status of Canada's Youth, by Health and Welfare Canada, is one document attesting to the need to look at how we are addressing well-being in our schools. Dr. Graham Fishburne, a professor and fitness expert at the University of Alberta, says that daily exercise:
- makes children more alert and attentive
- enables students to grasp concepts more easily
- increases fitness and health
- makes youngsters better socially adjusted
- helps in the handling of stress
- leads to fewer problems with discipline
- reduces time spent watching television

Towards Lifetime Activity Habits

Today's schools need to motivate students to turn off the Nintendo and television and begin to develop some lifetime activity habits. Traditional physical education programs have focused on "activity units" such as basketball, volleyball and softball. There is often repetition of both the activity and level of instruction year after year.

An emphasis on game playing skills does not do enough to develop lifelong healthy habits as physical educators have come to believe. We need to teach students about fitness and lifestyle because we often cannot provide an environment where students are able to become active on a daily basis. More programs are shifting to lifetime pursuits of fitness through walking, running, weight training, and swimming. Even the focus on "sport" activities has shifted to golf, tennis and other sports students will use after they have left school.

Physical Education Is Changing

The way sports are being taught is also changing. Schools are teaching a variety of racquet sports as opposed to spending an entire unit on tennis, for example. This philosophy stems from the understanding that if a student does not feel successful at tennis in class they may not want to play tennis in the future.

Yet, by teaching a variety of motor skills in small groups with an emphasis on spending enough time to develop their abilities, students will feel more successful and thus be more likely to try activities away from the gym.

Activity For All?

This ACTIVE LIVING, activity-for-all approach, does not satisfy everyone. Many highly skilled
students are not particularly sensitive to what is needed by everyone else. The team sport approach to teaching is still a wide spread practice and is often the "comfort-zone" for many teachers, parents and coaches.

Emphasizing Lifelong Well-Being

However, the emphasis on lifelong well-being and ACTIVE LIVING is important enough to warrant overcoming obstacles, experts say. Students need to learn the values and benefits of a healthy lifestyle. They also need to take the responsibility of eating nutritious and learning to value and incorporate physical activity into their daily lives.

Positive Habits Through Positive Actions

Schools need to become a place for students to experience daily activity and be served nutritious food for the twelve year period they attend our school system. Positive habits begin when people are young so some of the responsibility is on education to develop these habits.

Schools Come Alive is a collaborative project funded by the Recreation Parks and Wildlife Foundation (RPWF) and directed by the Health and Physical Education Council (HPEC).

This ACTIVE LIVING project was piloted in 1990/91 in 110 Alberta secondary schools. It is unique in that only one full-time employee in all of Canada works solely on the ACTIVE LIVING concept within the school framework.

Schools Come Alive is committed to increasing the awareness and implementation of the ACTIVE LIVING concept in Alberta schools through education, resources, and leadership.

To increase awareness, large oak displays promoting healthy lifestyles and providing additional space for public service announcements were distributed to pilot schools. Project Coordinator, Marg Schwartz, trained the schools on the use of the boards and how to incorporate active living into the school curriculum.

The project has expanded to provide teachers with resources and professional development opportunities, including the production of a publication entitled, ACTIVE!

An instructional resource package, entitled Active Living...Helps Your School Alive, unique to Canada and funded by RPWF, was developed by Schools Come Alive and is provided free to schools in Alberta. The package includes an inservice guide, a game plan outlining activities to help schools come alive, and support materials to help teachers understand and implement active living within schools.

Various active living programs and resources promoted by Schools Come Alive include:

- * Quality Daily Physical Education: adapting time tables to allow more gym time and outdoor activities while providing an instructional environment that fulfills curricular demands.
- The Canadian Intramural Recreation Association's Student Leadership Program.
- * The Active Living Challenge Program: a lifestyle program that enhances and replaces the Canada Fitness Test.

For more information on the resources and services available from Schools Come Alive, call (403)454-4745.
The Alberta Lotteries Wellness Check, developed by the Rhode Island Department of Health and administered by the Alberta Centre For Well-Being across the province, has attracted the participation of 457 teens. The Wellness Check, available as a Teen or Adult questionnaire, asks questions about lifestyle and health history. After running responses through a computer, the participants are "rated" as to their overall well-being and provided with suggestions for reducing health risks.

457 Teens Tell All

In our trek across the province, beginning in June of 1992 with the Wellness Wagon and continuing throughout this past fall and winter with the Active Living in the Workplace promotion and various displays and exhibits, we have found some rather interesting, and perhaps startling tidbits of information.

Not Such a Pretty Picture

By no means is this a comprehensive and statistically random look at teens in Alberta. However, 457 teens, nearly a 50/50 split between male and female, have responded. Here is what we have found:

* Not one teenager who completed the Wellness Check plans to attend college or university.
* 8 percent of respondents are at least 20 percent overweight based on their responses to the height, weight and body frame questions.
* Only 13 percent eat breakfast every day.
* 44 percent snack on candy daily.
* Only 56 percent of respondents brush daily.
* Only 50 percent pursue some type of aerobic exercise weekly.

72 percent say they do not have a smoke detector in their home.
85 percent say they have, at one point, felt that life is not worth living.
15 percent say they often feel this way.
10 percent did not believe that unprotected sex could result in pregnancy.
44 percent of females do not believe that smoking can increase the cardiovascular risk factors associated with birth control pills.

(EDITORIAL, continued from page three)

Jump, play and bomb around like little tornadoes—starts to wane. In fact, according to Health and Welfare Canada, this decrease in activity is especially alarming for girls. At 15 years of age, only 31% of Canadian girls are exercising four or more times a week. Even more alarming is that 25% of all teens watch television for four or more hours every day, while over half watch for at least two hours daily.

The couch potato may literally be taking over the world. Tomorrow's leaders and future parents may be inactive role models for future generations. In this issue of WellSpring, our contributors discuss what we can do as professionals and as parents to enhance the healthy, well-being and self-esteem of our children. Due to the fact that kids spend most of their attentive hours in school, there is a real role for the teacher in educating youth in these various areas. Whether you are a teacher or parent, or come in contact with children in your life or practice, you can make a difference in many important ways—from simply role modelling by living a healthy and active life, or by educating others on the importance of focussing on well-being.
Creating and maintaining healthy, happy and safe environments for our children is every parent's priority. In a society and economy where both parents often work outside the home, by necessity or choice, it is imperative that the well-being of our children is assured. Issues associated with daycare, dayhomes and afterschool care, regarding standards, regulations, fees, etc are too broad and complex to adequately address in this short column. Therefore, this edition of "resources" focuses on one aspect of children and well-being: parental education and involvement.

For many parents, choosing a family day home or day care is a scary prospect. We can no longer count on "grandma" to look after the little ones—she's probably at work too. There is also the issue of providing a safe, stimulating and healthy atmosphere for children as they develop and grow.

In most cases, knowledge helps to ease anxiety and being armed with current, practical and applicable information gives both the parent and child a significant advantage.

There are some very good Canadian resources available to parents and child care professionals alike. Here are a few:

Choosing a Day Care Centre: A Guide For Parents: produced by Alberta Family and Social Services, this book provides comprehensive information on day care, license requirements, special care needs, as well as steps for choosing a day care. As well, the booklet discusses the steps in choosing a daycare centre and provides a checklist for parents. It also offers advice on what to do if a problem arises and who to contact for daycare subsidies.

Choosing a Family Day Home: A Guide For Parents: also produced by AFSS. This resource addresses all of the above issues in a family day home environment. Contact your local branch of Alberta Family and Social Services to receive these two resources. In Edmonton call: 427-7902; Calgary: 270-5476; Lethbridge: 381-5500; Red Deer: 340-5473; Grande Prairie: 538-5170.

Well-Beings: A Guide To Promote Health and Well-Being of Children and Caregivers in Child Care Centres and Family Day Homes. Topics discussed include: health and safety, emotional well-being, caregivers' health and safety as well as administrative issues involved in creating a successful, nurturing day care/day home environment. This Canadian publication is available for viewing in our resource room.

Attention...
All Athletes, Coaches, Teachers, Nutritionists and Medical Professionals:
The Sports Medicine Council of Alberta (SMCA) presents a comprehensive 100 page sports nutrition resource binder detailing primary issues relating to nutrition and its role in physical activity. Topics include basic nutrition concepts, weight loss/gain for athletes, hydration, and more. For more information, please call the SMCA at (403)453-8636.
(LETTERS: continued from page 3)

even bleaker. Thirty percent of the companies that did respond had nothing substantive to report. Zippo, Nada, No sport or recreation programs, no health promotion programs, no fitness—nothing. It's surprising they bothered to report at all.

But now comes the really pathetic part of the situation. Of the fifty percent that did respond (a 25% share of the original data), less than a third offered any programs that deserve to be classed as positive health or wellness, namely stress management and nutritional information. The activities reported are, in fact, medical activities focused on disease detection, risk reduction or something else that hardly represents innovative wellness or health promotion programming (e.g. back care, retirement planning, safety and accident prevention). The best we can hope for is that Alberta is not the leader in workplace well-being.

Dear Mr. Ardell,

Thank you for the thoughtful and rather amusing rewrite of Nora Johnston's article from our Fall/92 issue. As a wellness promoter yourself, I am sure you are aware of the wonder of statistical analysis and will agree that in following a longitudinal study of corporations, given the transient nature of today's workforce, a 50% response rate is well above average.

In case you are not familiar with the Alberta scene, we have a significant blue collar, working class population that is made up primarily of industrial, petroleum, and manufacturing companies. And I am sure you know we are in a recession, regardless of recent reports by Statistics Canada that the recession is over. At the time of the survey and as you read this, Alberta companies are downsizing, completing or contemplating mass layoffs and, in many cases, simply closing their doors.

We, at the Alberta Centre For Well-Being, are in the business of educating and encouraging well-being professionals and administrators in corporate Alberta to, at the very least, continue to maintain wellness programs within the capital and human resource constraints they face. The fact that, for the most part, these programs have been maintained or expanded, based on the research cited, is something we feel a need to celebrate.

In terms of your remarks, I appreciate your candor and encourage you to continue to help us pursue a manner of balance between what is, what was and what could be.

The best we can hope for is that others, like yourself, read Wellspring and become empassioned to do more than write rebuttals—to put their words, passions, values and commitments into action.

Jackie Webber
Editor, Wellspring

Please address your letters to:
The Editor, Wellspring, 11759 90 Ave, Edmonton, AB, T5K 3K6.
Or fax them to us at (403) 455-2092.

Oh...by the way,

From "Developments", a joint publication of AADAC and Alberta Occupational Health and Safety, February 1993:

The AADAC study, Substance Use and the Alberta Workplace, found that...

* Most workers (80%) drink alcohol.
* Over 60,000 workers drink alcohol at work each month.
* Every year, close to 6000 Alberta workers use illegal drugs at work.
* Alcohol and drug use in the workplace costs the Alberta economy $400 million.
Energize '93: Together In Our Own Backyards. The Provincial Recreation Workshop, February 19-21, Red Deer. Call the Centre for more information.

AADAC Calgary Workshops: Understanding Alcohol and Drug Dependency: Begins Mar, 17 or May 12, $50. Working With Seniors: Begins April 27, no charge.

Dealing With Job Stress and Burnout. U of A Faculty of Extension. Mar. 5-7, Edmonton. $105. Call (403)492-5069.

Working Well; A Sound Investment.
Mar. 17, 1993, Drumheller. $30. Call the Canadian Cancer Society at 1-800-661-2262.

Lobbying Effectively for Community Services (Recreation, Parks and Culture).
Thursday Mar. 18, 1993, In on 7th, Edmonton. 10:00am to 4:00pm. $25. Call Alberta Recreation and Parks Association at 453-8553.

Sexuality in the Later Years.
Calgary Health Services, Mar. 26, 1993. $75. Call (403)228-7400.

La Leche League Area Conference.

Bulletin on Active Living:
A new publication by the Alberta Centre For Well-Being for workplace wellness professionals. To receive your free subscription call Nora Johnston at 1-800-661-4551.

Conquering Stress. University of Alberta Faculty of Extension, April 3-4, Edmonton, $115, Call (403)492-5069.

March is Nutrition Month.
This year the focus is meeting women's nutritional needs. Call the Alberta Registered Dieticians Association at (403)448-0059.

February is Family Violence Prevention Month.
Vitalize '93 Provincial Volunteer Conference. June 10-12, Calgary Convention Centre. Call (403)422-9305 for more information.

First International Conference on Community Health Nursing Research. Sept. 27-29, 1993, Edmonton Alberta. Speakers from around the world will be presenting. Call the Edmonton Board of Health at (403)482-4194 for more information.

Suicide Intervention Workshops. Counselling the Bereaved Workshops and Suicide and Older Adult Workshops are being held throughout the province in February and March by the Suicide Information and Education Centre. Please call (403)245-3900 for details and dates.

ACFWB PRESENTS:
Feb. 23, 1993:
Power of Networking, Edmonton, 9:00am to 12:00pm
Percy Page Centre.

Mar. 23, 1993:
Power of Networking, Calgary 9:00am to 12:00 noon, U of C.

Feb. 24, 1993:
Health Promotion Lecture:
Gambling Addictions and Treatment
Dr. Gary Smith
9:30am to 11:00am
Percy Page Centre, Edmonton
free of charge.

Mar. 4, 1993
12:00 to 1:30pm
Edmonton Room
Centennial Library
Health Promotion Lecture:
Obesity and Movement Competency in Children:
Study Results
Dr. Dru Marshall
free of charge.

HEALTH PROMOTION DAY IN RED DEER:
The Be Fit For Life Centre and ACFWB present an educational day of social marketing, communications strategies, a networking workshop and much more.

If you have any events you wish to promote in this column, please fax them to us before the first of January.
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