A New Year of Opportunities

by Cynthia Lowe, Director ACFW

New Year of Opportunities

WellSpring

Volume 6, Number 1, February 1995

A self-help or help yourself? Definitions and uses of self-help

Mind Matters

Earth Issues

Body Works

Human Spirit

Community Connections

Self-Help or Help Yourself? Definitions and Uses of Self-Help

Gus Thompson, Ph.D.

Governments throughout Canada and the United States are asking their citizens to take greater responsibility for their own health. Thus, it would seem that “self-help” is an idea whose time has come. With this promising prospect in mind, it may be of value to first think about what this may mean before rushing headlong into the world of self-help.

Those of us that are involved in health care delivery may have a different definition of self-help than do the consumers of health care services. The question is, which meaning is being referred to when self-help and “taking responsibility for one’s own health” are mentioned? Each has some merit, and some pitfalls.

Unfortunately, problems with each are often compounded by a mismatch between the type of self-help and our expectations. That is, we may expect one version of self-help, get one that is different, and not notice it for awhile because it has the same name. Let us look more closely at the types of self-help available.

Self-Help as “Shopping”

The first view of self-help (shopping around) is based in part on the beliefs that (1) people will spend less on health care if the cost of each visit is coming out of their own pocket (as opposed to tax-funded care which may appear to be free), (2) the free-market approach (shopping) will result in poor quality health providers having trouble getting business while the competent providers will flourish (thus, in theory, only the most competent will survive) and, (3) no one knows what is needed more clearly than the individual consumer.

As old territorial lines blur, opportunities to work together in new and innovative partnerships to promote health are presenting themselves.

WellSpring

Alberta Centre for Well-Being

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Directors' Note

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Alberta Centre for Well-Being
Letters to the Editor

Re: Letter to the Editor – Children’s Nutrition and Milk Products – Fall/94

On behalf of the Alberta Registered Dietitians Association, I am writing to express our concerns with the misconceptions contained in this letter to the editor written by Karen Gimbel. Her statements regarding the recommendations for dietary fat intake in children, as well as her discussion of the role of dairy products in a healthy diet are inaccurate and misleading. As professionals who specialize in human nutrition we feel that an objective presentation of the facts is warranted.

... While dietary intake undoubtedly is a factor in childhood obesity, it is generally recognized that activity—or more correctly a lack of activity—is a major precipitator of this growing problem in Alberta... Based on the available data it is imprudent to suggest that a problem as complex as obesity is the result of only one aspect of lifestyle.

... Her [Gimbel’s] assertion that most leaders in the area of health promotion are “encouraging adults and children to not eat any milk, cheese, yoghurt, or other dairy products,” has no basis. In fact many expert sources—including The Osteoporosis Society of Canada, The National Institute of Health and Health Canada—recommend milk products as an important source of dietary calcium. Moreover, there is a growing body of research that suggests that certain dairy products (those that have undergone bacterial fermentation) may provide benefits in terms of disease prevention.

Kerri Staden, BComm, BSc, RD
Alberta Registered Dietitians Association

From the Resource Centre
Tracy Chalmers, Network/Resource Centre Coordinator, ACWF

Santa was good to the Resource Centre this year, bringing an array of new acquisitions! From The Centre for Health Promotion at the University of Toronto and ParticipACTION comes a number of new titles in their Health Promotion Series:

1. Issues in Health Promotion
   1. Promoting Better Health in Canada and the U.S.A. by Roy Cunningham
   2. The Use of Social Science Theory to Develop Health Promotion Programs
   3. Quality of Life Theory and Assessment: What Are the Implications for Health Promotion? by Dennis Raphael, Ivan Brown, Rebecca Remick, and Irving Rootman

2. Lectures in Health Promotion
   1. Building Healthy Communities by Diane Bauer
   2. A Holoscope of Healthy and Sustainable Communities by Ron Labone
   3. Health Promotion: Past Present and Future by Irving Rootman

This collection of education papers, reviewed by a panel of prominent Canadian scholars and health promotion experts, have been produced in response to requests from the health promotion community for current, readable, health research and educational resources. The circulation of the papers is intended to provide for the rapid dissemination of information on critical issues in health promotion. For a complete listing of the titles in each of the series (the third is entitled Research in Health Promotion) contact the ACWF or Dennis Kerner at ParticipACTION, (416) 954-1212.

Marketing Health Fitness Service by Richard E. Geiger (122 p., 1989). Written by a consultant with 10 years of experience running a financially successful health/fitness consulting business, this book explains how to write a business and marketing plan for your health/fitness product, program, service, facility or company. Health promotion strategies outlined in the text are applicable to business, hospital, health club, and community health programs. (Replacement copy)

Health Promoters in Canada: Provincial, National and International Perspectives by Ann Pederson, Michel O'Neill, and Irving Rootman (401 p., 1994). “Written by national and international leaders in health promotion, this text analyzes the evolution of Canadian health promotion and its international impact. Adopting a critical and historical perspective, it offers case studies from every province or territory and examines what the future holds for health promotion worldwide.”

Pro Test Pro Fit: An Analysis of the Cost-Effectiveness of Wellness by Larry S. Chapman (120 p., 1991). This manual assesses several research studies and secondary studies completed on the cost/benefit analysis of wellness in seven categories: 1) general wellness program results; 2) hypertension screening and control; 3) smoking cessation; 4) medical self-care; 5) nutrition and weight management; 6) physical fitness; and 7) stress management. An excellent evaluation of each program.

Advances in Exercise Adherence edited by Rod K. Dishman (406 p., 1994). In this text, intended for professionals in sports medicine, health psychology, rehabilitative medicine, and fitness programming, other international researchers examine such topics as “worldwide trends in physical activity, aerobic fitness in teenagers and older adults, the role of physical activity in weight loss, new technology to support exercise adherence, and marketing techniques designed to increase participation in exercise and inspire behavioral change.” Included are updates on many other subjects covered in Dishman’s earlier book, Exercise Adherence: Its Impact on Public Health.

Library Hours
The Resource Centre is pleased to announce new extended hours for 1995. In order to be more accessible, the new Resource Centre hours will be as follows:

- Monday, Tuesday: 8:30 am – 4:30 pm
- Wednesday: 8:30 am – 8:30 pm
- Thursday, Friday: 8:30 am – 4:30 pm
- Closed: Father’s Day, Good Friday

The Centre is located at 11759 Great Road, Third Floor, Edmonton, AB T5M 3R6 (403) 453-8652 x 1-800-661-4531 Fax (403) 453-2092

WellSpring Information
Linking Alberta’s Well-Being Professionals

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The opinions of the contributors and committee members do not necessarily represent those of their organizations or of the Alberta Centre for Well-Being.

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WellSpring: Serving Professionals in All Areas of Wellness and Active Living

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If you build it, they will come? Well ... maybe not

There is really not a great deal of evidence that pay-as-you-go results in cheaper health care. Studies investigating health-care use have not found the abuse of tax dollars to be as prevalent as some might expect if this hypothesis was true. For example, the cost of the total health care system is higher in the United States where it is not supported by a tax base. However, it may be true that expenditures can be limited or controlled by placing the responsibility of adhering to a budget in the hands of individual consumers (especially if they are left with the responsibility of handling over-expenditures). While "allowing the market to place" to select the most able, the potential may have some appeal and long-range potential. Our present system does not have the infrastructure to make such a place possible. In order for the free market to do its work we need to have free entry of goods and services, competition, and accurate information on the quality of services. In the current Canadian system, some sectors of the service delivery system control the number of practitioners (e.g., physicians), and competition is somewhat limited by professional legislation. There is little evidence of the efficacy of most service, less information on the majority of agencies/programs, and virtually no information on individual practitioners.

The infrastructure required for a "free-market" approach would have to include provisions for accurate consumer information on health providers and approaches, which would allow a greater degree of health providers to provide services, and would generally encourage competition by those who would claim to provide services that would improve health. In such a system we would likely be concerned to find that almost everyone could offer to remove your tonsils or give you an injection, or that your GP is actually a medical or psychologist could be made public. However, this type of system would not be inclined to endorse the free-market approach to be effective.

Proponents of the view that the tax payer knows best, have discovered a point of view that is difficult to argue against. Who would want to say that the average consumer is not intelligent enough to handle decision about his or her own life?

This is not really taking responsibility for one's own health care. It would be more accurate to say that it is taking responsibility for one's own shopping. Not necessarily a bad idea, but managing one's health care providers is not the same as managing one's health.

Self-Help as Mutual Help

In this approach, individuals with similar problems can relate to each other with the purpose of using their collective energies to solve problems, share information, and provide support. There is research indicating that this approach has beneficial effects, especially where the "patient-as-sherpa" model is applied. The main benefits have been in terms of overall well-being, social functioning, and coping with the consequences of illness, injury, and disability. Mutual-help proponents do not claim that the approach has direct effects on serious illness or injury (e.g., mutual-help does not eradicate schizophrenia or cancer).

We should remember that mutual-help groups are often organized as replacements for the supportive actions of families and friends, support that should occur naturally in a well-functioning society. Thus, in some sense...

...managing one's health care provider is not the same as managing one's health.

If you build it, they will come? That might be the case with baseball diamonds, but it hasn't worked quite as well for recreational facilities.

It has been thought that the main reason why people don't engage in recreational activities is that they don't have the places to do them. However, studies have shown that barriers to recreation exist even in communities that are well-supplied with recreational facilities. These "constraints on leisure" are the subject of geography professor Edward Jackson's research.

"Prior to the 1980s, the focus in leisure research was on what activities people choose to do and who participates in them," Dr. Jackson explains. "More recently we've started to investigate why people don't participate. This moves us away from a strict focus on activity to looking at ways leisure in general is constrained. It puts a different twist on the research."

Constraints on leisure range from fundamental assumptions — for example assumptions about what's appropriate for women or men to do — to specific personal reasons such as not having enough time. "What we're trying to understand is the variety of pressures people face in attaining a high quality of leisure as part of a high quality of life," says Dr. Jackson. "While constraints have traditionally been thought of as insurmountable barriers, Dr. Jackson's research has introduced the idea that many constraints on leisure are negotiable. People can negotiate around the constraints by altering the leisure activity itself or, and ensures access to professional consultation. The infrastructure must also allow for a rigorous evaluation of this approach as it is experimental and appears to have the greatest potential for misuse. This latter point may be undervalued, but close monitoring at the outset is recommended.

Implications

The purpose of this article is to offer some thoughts regarding the matter of self-help and related approaches. Whether it be from our viewpoint as planners of services or as private citizens who are concerned about our health, we need to think about the attachment to the concepts of health care we are being introduced to. Three points have been made here. The first is that rights or wrongs, several approaches can be put under the general heading of self-help (three have been described here). The second is that each has validity in particular situations. The third is that a different infrastructure is required for each.

In addition, it is to select the approach that matches the issue to be addressed, to ensure that everyone understands the type of support he or she is to be considered, and to put the appropriate supports in place to maximize the benefits.

Gene Thompson is the Senior Research Consultant, Prevention and Promotion, Community Health, and Adjunct Professor of Psychology and Psychiatry, University of Alberta.
Business booms in January and February for health professionals promoting wellness. Christmas cake blues motivate people to once again begin their annual ritual of exercise and dieting. This is a crucial time as clients are highly motivated to make positive changes.

The challenge for the health professional is to make nutrition information meaningful, useful and interesting. Another fact-filled brochure or complicated diet plan, probably won’t make an impression or help to support positive eating behaviors. The goal for health professionals is to be take standard, well-known nutrition facts and make them more interesting.

Another fact-filled brochure or complicated diet plan, probably won’t make an impression...

In a recent Nutrition Today article (Vol. 29, No. 3, May/June 1994) Jane Kirby (RD and food editor for Glamour magazine) suggests the following strategies for making an information campaign more successful.

Sell nutrition

How can we present what is often the same information time after time, in a way that is exciting, newsworthy, and unexpected? A lot can be learned from watching television and magazine ads. Short, catchy messages with only essential details are likely to attract attention. We need to sell nutrition the same way that private companies sell their products. With all of the misinformation out there about food, fact has to tell us to compete against fiction.

Target a specific audience

MacDonald or Coke are never market their product to a teenager the same way they market it to a forty year old, why is nutrition education often generic in flavour? Focus your message to a specific target audience. Decide upfront who you plan to reach, then send a message your target group can internalize. You can develop nutrition information specific to people who bring brown bag lunches to work, people who lose to eat out, teenagers or seniors who are preparing food for themselves, just to name a few.

Make theory more practical

Avoid talking in milliliters and grams, nobody really wants people to take the time to measure spoons and weight scales. Use small tools that are easy to use. Such handy reference tools might include: a meat portion is the size of a deck of cards; a tip of your thumb is about a tablespoon; or your fist is about a cup. Although these measurements will not be 100% accurate, people will remember them, because they are easy to use.

Package the message

Your message has to be short and to the point. Don’t bog your consumer down with too many details. If the information is written “kinder” that pictures are read all the time, titles and captions are read most of the time, and the actual body is read some of the time. A great idea without a visual concept is doomed.

Translate nutrients into recipes

Consumers spend far too much time trying to include or avoid the ‘trendy food’ of the day. Time would be better spent learning about what makes a good meal or recipe. Nutrition information will be more meaningful if the consumer can identify the characteristics of a good recipe or food, rather than memorizing the composition of food.

There is an incredible thirst for knowledge about nutrition. Great strides have been made in promoting healthy eating; however, people are victims of sensationalized truisms and unsubstantiated studies which detract from the basic concepts and messages about healthy eating. In order to compete with this misinformation, wellness professionals need to work on making their information campaigns interesting, lively, targeted, and easy to understand.

Nutrition Resources

Canadian Turkey Marketing Agency
(416) 792-3508
Canada Council of Canada (204) 982-2100
Dairy Nutrition Council of Alberta
(403) 453-5942
Kraft (416) 441-5000
National Institute of Nutrition (613) 235-3355

Nutrition Month – March 1995
"Celebrating the pleasures of healthy eating"
Canadian Dietetic Association
(416) 596-0857
Alberta Registered Dietitians Association
(403) 448-0009

Packaging Nutrition Messages
By Davis Graham
Alberta Registered Dietitians Association

The hockey strike is over... or was it a lockout? Who cares? Either way, what was most remarkable over the course of the strike was the interest with which its progress was followed. Daily reports became hourly updates, finally culminating in nationwide news bulletins announcing that a deal had finally been made. While you may care more or less than the next person, it is hard to deny the sports most often cited, with nearly 8 percent of the population reporting regular involvement in those activities. Ice hockey was the most popular sport of men (13%), while downhill skiing was reported most often by women (27%). Among regular sport participants, 450,000 (52%) Albertans reported being involved in sport activities through a club, league, or an organization and over 330,000 (39%) had participated in a tournament or a tournament in the 12 months preceding the survey. Conversely, over 400,000 regular sport participants did not belong to an organized club or league, and over one-fifth of million participants had entered into formal competitive events in the previous year of the study. These results highlight the ability of Albertans to achieve their sporting experience in both structured and unstructured environments.

The extent of sport involvement goes beyond primary participation. Many Albertans are routinely involved in sport as a consumer (spectator) or producer (organizer). More than 700,000 Albertans (45%) reported attending a professional sporting event at least once during the previous year. In addition, nearly 550,000 (35%) were spectators at an amateur sporting event.

The community reaction to the hockey lockout was emotional. How much of Alberta’s involvement in sport contributed to sport in the community through involvement as volunteer helpers, over 4% as amateur coaches, and over 3% as referees or umpires.

Sport Participation in Alberta
Kerry Mummery, PhD, AGFWB

For more information: Sport Participation in Canada: A report prepared for the Flames Canadian government of Canada on behalf of Sport Canada, Minister of Supply and Services, Canada, 1994.

Primary Sport Participation in Alberta
- 869,000 regular sport participants
- 450,000 club sport participants
- 331,000 regular sport competitors

Source: General Social Survey, 1993

Influence sport has within our society. The breadth and depth of the media coverage of the hockey negotiations illustrate the extent to which sport is part of our culture. Recently released data from the General Social Survey provide a clear picture of the extent of sport involvement in Alberta. In 1992, nearly 870,000 Albertans (45%) aged 15 and over reported participating in sport at least once a week. More than 100,000 Albertans (45%) reported attending a professional sporting event at least once during the previous year. In addition, nearly 550,000 (35%) were spectators at an amateur sporting event.

Sport Participation in Alberta
- spectacle (professional event) 700,000
- spectator (amateur event) 545,000
- sport volunteer 252,000
- coaching 83,000
- officiating 64,000

Source: General Social Survey, 1993

expand the participatory circle of sport within our community.

So will the fans return to see the Oilers and the Flames battle it out? The fact is that Alberta has the highest rate of professional sport attendance in Canada (45%) suggests that the answer is "yes!"
The idea that total well-being is the balance, integration, and harmony of the physical, intellectual, emotional, and spiritual aspects of the human condition is the foundation of Managing Stress: Principles and Strategies for Health and Well-being by Brian Luke Seaward. These four components of total well-being are so closely connected and intertwined that at times it is virtually impossible to divide them. It is the author's intention that readers use this text to help themselves reach and maintain optimal levels of physical, mental, emotional, and spiritual well-being in the years to come.

This resource (now in the Centre's Resource Library) provides the reader with a solid background in the field of stress and its wide-ranging effects. Seaward's articulate writing provides a clear understanding of the definitions and types of stress; the physiology of stress; as well as the psychology of stress. Using stories and examples from around the world and from various cultures, he fully explains the mind, body and spirit connections which provides a good basis for moving into the various methods discussed for handling negative stress (distress).

Second, the presentation allows for personal growth and understanding. He examines topics such as understanding anger and fear, spirituality, creativity, communication, time management, along with many other topics which can be a source of stress in our lives. The exercises and checklists included are thought-provoking and often fun, further illustrating the points made in the text. The relaxation techniques discussed explain, step-by-step, a wide variety of techniques, allowing the reader choices best suited to individual needs.

This book is appropriate for personal use, however, its main application is in a classroom or course setting. Many exercises can be done on one's own, or with a client group or class. For those choosing to use it for instruction, the publisher has provided instructor resources which consist of: an instructor's manual, overhead masters, and a videotape on stress management concepts. According to the text, these materials are free to all instructors who adopt the text for classroom (course) use. There are only two potential drawbacks to the text. One is the language level and the other is the length. I believe the author assumed his target audience would be individuals who have completed their secondary education and have moved on to study in some type of post-secondary institution. The 400 page length may also be cumbersome for some.

I would recommend this resource to anyone interested in improving her or his knowledge of well-being, whether you have a specific interest in managing stress or not. It provides great insights into the mind, body, spirit connection and has something for everyone. This book may take some time to read, but you will definitely refer to it again and again.


**Health for Women in the 21st Century**

Ten important trends for women's health in the next century were identified by the National Health Council Forum based on a survey of prominent health and well-being practitioners.

1. **Women of dissimilar race, ethnicity, culture, and circumstance are speaking for their unique interests.**
2. **Increased participation into the 90's means greater health risks and a new focus on health promotion and disease prevention.**
3. **Greater longevity for women means prevention strategies in such areas as nutrition, exercise, and mental health, as much as drug treatments.**
4. **The traditional woman's role as health provider will be enhanced.**
5. **Traditional female health care positions will increase by 50% over the next decade.**
6. **Providers will meet health needs of populations that differ across cultural and class boundaries.**
7. **An information explosion will define gender differences in areas ranging from drug absorption rates to patterns of diagnostic bias.**
8. **Reproductive health boundaries are expanding. Elements gaining attention are regulatory guidelines, birth control, and the prevention and remediation of birth defects.**
9. **Growing needs for prenatal and preschool care, home care, and daycare for elders, are prompting greater funding demands.**
10. **Future methods of prenatal genetic testing will reduce the need for current invasive techniques.**

From: *Executive's Digest*, KPMG, Spring 1994
Centre Happenings

WellSpring

There have been some big changes at WellSpring, as you can see from our new logo. It is still a part of your community, but it is also different in some ways. We are hearing that the old logo was sometimes difficult to read because of the layout and the use of words. We are working on this problem and the new logo will be introduced in the near future.

We are very pleased to present you with our new newsletter format, which has been designed to be more accessible and easier to read. The old format consisted of a newsletter that was printed on paper and mailed to our subscribers. The new format is available online and is easier to access and read. We hope you enjoy it.

 Lottery Review

O n October 21, 1998, Premier Ralph Klein met up the Lottery Review Committee to consult with Albertans about the future of lottery funding. chaired by Harvey J. Mallett, the committee will focus on three major areas: the critical issues of trust, to assess Albertans for their views, and to prepare recommendations designed to improve accountability and to set a direction for the future of lottery funding. The team of Albertans are being encouraged to send written responses to the report, and to attend a series of public meetings to be held throughout the province.

WellSpring is a major supporter of health and lifestyle organizations such as the Alberta Centre for WellBeing. Because of the significant level of support that has traditionally been provided by Albertans, many other organizations such as the Polar Bear Club, the Alberta Lung Association, and the Alberta Cancer Foundation are also benefiting from the centre.

For more information about what you can do to support the Alberta Centre for WellBeing, please contact us at 403-299-6600.

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For more information about what you can do to support the Alberta Centre for WellBeing, please contact us at 403-299-6600.
For most people, easy communication with others is taken for granted. For ten percent of the Alberta population, this is not true. One in ten people have a measurable hearing loss ranging from mild to profound deafness. This percentage is rapidly growing as the baby-boomer reach middle age and beyond.

For the hard of hearing or deaf person, the world can be a hostile, unwelcoming place. What does this mean for the well-being professional? It means that a person with a hearing loss may not benefit from your services due to an inadequate or non-existent communication environment.

Those who live with hearing loss face a number of communication challenges. For example, a hard of hearing person may not be able to pick up voice out of a sea of background noise created by other people, office machinery, air conditioning fans, scraping chairs, etc. Or a deafened adult (one who was previously hearing and lost their hearing after acquiring speech skill) may not lip read or have sign language skills.

The result is that the quality level of services may be compromised or clients/patients may be discouraged from accessing potentially necessary services altogether.

Businesses, and well-being practitioners in particular, must be willing to increase the level of communication to ensure that all services are accessible. Here are some basic steps people can take to ensure that hard of hearing and deaf persons receive an appropriate and equitable level of service:

1. Install a TTY (tel-type) device used by virtually all deaf persons. Many hard of hearing persons and those with a speech deficit on the telephone. A TTY provides direct access to services for all TTY users.
2. Provide an amplified, hearing aid compatible telephone for hard of hearing persons who wish to make a call from your premises.
3. Obtain a personal communicator (portable, hand-held amplification device) for use with severely hard of hearing persons or with those who do not wear a hearing aid. This device facilitates one-to-one communication.
4. Familiarize yourself with the availability and services provided by qualified sign language interpreters.
5. Learn communication strategies that assist hard of hearing and deaf persons.
6. Inform the deaf and hard of hearing communities of your efforts to be accessible. It is always appreciated.

These steps will go a long way towards creating a welcoming environment and bringing professional services to those with hearing loss.

Job Postings/Opportunities

- **Project Assistant**
  Alberta Tobacco Control Inventory

  Action on Smoking and Health is seeking a dynamic, self-motivated professional for the position of Project Assistant for the Alberta Tobacco Control Inventory, an 18-week project that will consist of compiling a comprehensive database of tobacco control projects, programs, resources, and services in Alberta.

  The Project Assistant will:
  - assist with data gathering and collection
  - conduct interviews with key informants and program leaders
  - be responsible for coding and database entry
  - prepare summaries of the information gathered
  - respond to requests for inventory information
  - conduct related activities at the request of the Project Manager

  The successful candidate will have completed an applicable post-secondary diploma or degree program and will be proficient with Macintosh or Windows word processing and database applications.

  Background in public health or political science would be preferred. Excellent public relations and communication skills are a must. Travel may be required within Alberta.

  Interested candidates can fax their resumes to:
  - Les Hagen
  - Executive Director
  - Fax (403) 492-0362

  No phone calls please

- **Faculty Position**
  Assistant/Associate Full Professor
  Wayne State University Health Education
  College of Education:
  Health, Physical Education and Recreation

  Qualifications: An earned doctorate in Health Education or related field required; an ambition research agenda, and successful record of scholarly productivity required; considerable research and grant writing experience preferred; University, and public school teaching experience preferred; specialized health education certification desirable.

  Responsibilities: Teach undergraduate and graduate courses in various areas of school health education, including comprehensive school health; conduct research in health education; seek external funding for contemporary health educations; advise undergraduate and graduate students and supervise student research projects; health education research internships, and student teachers; participate in collaborative projects of the Division and College such as University Public School initiatives.

  Starting Date: September 1995

  Applications: Applicants are asked to send a letter of application and current vitae, make arrangements for three original recent letters of recommendation and official transcripts to be sent and provide a list of additional references including addresses and phone numbers. Submit application and nominations to appropriate Search Committee chair in care of:
  - Dr. John Wirth/Dr. Bradley Cardinal
  - Co-chairs of Search Committee
  - Office of the Dean
  - 441 Education Building
  - Wayne State University
  - Detroit, MI 48202
  - Phone (313) 577-8287 Fax (313) 577-3606
  - Iacovlin@crms.wayne.edu

- **Volunteer Opportunity**
  Join the Red Cross Leadership Team

  The Canadian Red Cross Society, Alberta-Northwest Territories Division is currently accepting applications for individuals interested in voluntary service on Regional Governance Councils. These Councils serve in an advisory capacity to the Divisional Council. They are responsible for:
  - Identifying regional issues and community needs
  - Monitoring and reporting on regional programs in achieving Society goals; and
  - Advocating regional Red Cross services and fundraising activities.

  Regional Council membership is representative and reflective of communities in Alberta. Councils must include expertise on rural, Aboriginal, educational, health, social services, corporate and international issues.

  Applications for membership on the Regional Councils will be submitted by February 2, 1995 to:
  - President, Alberta-NWT Division
  - The Canadian Red Cross Society
  - 737 - 13th Avenue, SW
  - Calgary, Alberta T2R 1J1
  - Phone (403) 541-4400 Fax (403) 541-444

  Do you have a job posting or professional development opportunity that you would like to see listed here?

  If so, send items for consideration to the Editor c/o WellSpring no later than one month before the publication date.
Efficiency and Equality: Analyzing the Social Impact of Health Reform in Alberta

- Conference presented by the Regional Centre for Health Promotion and Community Studies at the University of Lethbridge.
- February 3 – 5/95
- Contact Conference Services at (403) 329-2244, Fax (403) 329-5160

Making the Future Happen: Alberta Active Living Collective Meeting and Workshop

- Edmonton, February 10/95
- Contact Neil Johnson, ACESW, (403) 653-8033, Fax (403) 455-3992, 1-800-661-5551

Canada Games, February 19 – March 1/95

- Grande Prairie
- Contact: (403) 539-1995

Northern Parallels – 4th Circumpolar Universities Cooperation Conference

- Topics include contemporary issues of aboriginal peoples, women, and the northern, nunavut, health and community development.
- Prince George, BC, February 23 – 25/95
- Contact University of Northern BC (604) 960-5700

Sixth International Congress on Adolescent Health – The Youth Health Assembly

- Vancouver, March 20 – 25/95
- Contact Peggy Sherrard (604) 881-5226

National Conference on Dissemination Research: A Focus on Health Promotion and Disease Prevention

- Vancouver, March 27 – 29/95
- Contact Dr. J. Frankish (403) 822-9205

Humour Works Conference

- Calgary, March 31 - April 1/95
- Contact Margaret Anne Stroh (403) 220-7195, Fax (403) 284-4184

Helping and Healing: Responding to Sexual Violence

- Lethbridge, May 3 – 5/95
- Contact: Southern Alberta Sexual Assault Centre (403) 327-6570, Fax (403) 4924

Visions of Active Living: A National Forum on Physical Activity and Disability

- Toronto, May 4 – 6/95
- Contact: Active Living Alliance for Canadians with a Disability (613) 755-5267, Fax (613) 755-5872, The Canadian Red Cross Society, Safety Services Department (905) 898-1000, Fax (905) 898-1008

9th Pacific Institute on Addiction Studies

- Vancouver, May 7 – 10/95
- Contact Peggy McMahan (604) 874-5466, Fax (604) 874-9993

Alberta Public Health Association Annual Convention

- Red Deer, May 18 – 20/95
- Contact Donna Thompson (403) 341-2160, Fax (403) 341-2196

Summer Active May 15 – July 15/95

- The new Fitterweek for 1995
- Includes Sneaker Day May 15
- To order your ActivePak contact Participation at (416) 954-1212, Fax (416) 954-2929, or toll-free after March 15 at 1-800-267-4011

National Occupational Therapy Conference

- Partners in Practice
- Edmonton, May 24 – 28/95
- Includes preconference workshops May 23 – 24: Diverse Cultures and Health with Manako Miyazaki and Ed Rodgers Psychiatric Rehabilitation with Corinne Huddart
- Contact AAROT (403) 436-8381

The Fourth International Conference on Safe Communities: The Energy of Safe/Healthy Communities

- Fort McMurray, June 6 – 8/95
- For more information contact 1-800-565-3947

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Look!
Time is Running Out

This is the final free edition of WellSpring. In order to ensure that your copy of WellSpring continues to arrive uninterrupted, please complete the attached subscription form and return it with $16.00 to the Alberta Centre for Well-Being as soon as possible.

If you have made a donation in the past year you will continue to receive the newsletter at the old price until your subscription expires.

For more information please contact: Tracy Chalmers, Network/Resource Coordinator

Phone (403) 455-8653, Fax (403) 455-2092
Toll free 1-800-661-4551

Names:

Mailing Address:

Phone:

Fax:

E-mail:

□ YES, I have enclosed $16.00 (GST included) for my one year subscription (four issues) to WellSpring.

Please make your cheque payable to the Alberta Centre for Well-Being

Calendrier des événements

Efficacité et Égalité: Analyse de l'impact social de la réforme de la santé en Alberta

- Conférence présentée par le Centre régional en promotion et études communautaires de l'Université de Lethbridge.
- Février 3 – 5/95
- Contact: Services de la conférence au (403) 329-2244, Fax (403) 329-5160

Faire l'avenir se réaliser: Conférence collective sur la vie active et le travail

- Edmonton, février 10/95
- Contact:Neil Johnson, ACESW, (403) 653-8033, Fax (403) 455-3992, 1-800-661-5551

Jeux canadiens, février 19 – mars 1/95

- Grande Prairie
- Contact: (403) 539-1995

Parallèles du Nord – 4ème Sommet des universités circumpolaires

- Le thème comprend les aspects contemporains des peuples autochtones, des femmes et de la santé communautaire dans le nord.
- Prince George, BC, février 23 – 25/95
- Contact: Université du nord-ouest (604) 960-5700

Sixième congrès international sur la santé des adolescents – Assemblée sur la santé des jeunes

- Vancouver, mars 20 – 25/95
- Contact: Peggy Sherrard (604) 881-5226

Conférence nationale sur la diffusion de la recherche: un focus sur la promotion de la santé et la prévention des maladies

- Vancouver, mars 27 – 29/95
- Contact: Dr. J. Frankish (403) 822-9205

Conférence de l'humour qui fonctionne

- Calgary, mars 31 – avril 1/95
- Contact: Margaret Anne Stroh (403) 220-7195, Fax (403) 284-4184

Aider et guérir: répondre à la violence sexuelle

- Lethbridge, mai 3 – 5/95
- Contact: Southern Alberta Sexual Assault Centre (403) 327-6570, Fax (403) 4924

Vues de la vie active: un forum national sur l'activité physique et l'incapacité

- Toronto, mai 4 – 6/95
- Contact: Alliance pour la vie active des Canadiens avec une incapacité (613) 755-5267, Fax (613) 755-5872, Canadian Red Cross Society, Département de la sécurité (905) 898-1000, Fax (905) 898-1008

9ème institut pacifique sur l’addiction

- Vancouver, mai 7 – 10/95
- Contact: Peggy McMahan (604) 874-5466, Fax (604) 874-9993

Conférence annuelle de la Société des santé publique de l’Alberta

- Red Deer, mai 18 – 20/95
- Contact: Donna Thompson (403) 341-2160, Fax (403) 341-2196

Été actif du 15 mai au 15 juillet 1995

- Le nouveau Fitterweek pour 1995
- Inclus le jour des chaussures le 15 mai
- Pour commander votre ActivePak contactez Participation au (416) 954-1212, Fax (416) 954-2929, ou gratuit après le 15 mai à 1-800-267-4011

Conférence nationale de la thérapie occupationale

- Partenaires en pratique
- Edmonton, mai 24 – 28/95
- Inclus des ateliers de pré-conférence du 23 au 24: Cultures diverses et la santé avec Manako Miyazaki et Ed Rodgers Réhabilitation psychiatrique avec Corinne Huddart
- Contact AAROT (403) 436-8381

Quatrième conférence internationale sur les communautés sûres: L'énergie de la santé et la sécurité

- Fort McMurray, juin 6 – 8/95
- Pour plus d'informations contactez 1-800-565-3947

Imprimé sur du papier recyclé