Focus on Alberta’s Families: Facing Today’s Challenges

February 17th, 1992 is family day. It's a day to celebrate family ties, family health, wellness and our heritage. And there is no better time than now to focus on the family. The Facts on Alberta Families, a report from the Premier's Council in Support of Alberta Families, reinforces the need to concentrate on the family.

The Council reports that over 80 percent of Albertans live in a family unit most of their lives and that over 92 percent of teenagers plan to marry and raise children. Family life is found to be a source of satisfaction for most Albertans with over 91 percent of Albertans reporting they are satisfied or very satisfied with their family.

Yet with such community support of families, 1.3 percent of marriages end in divorce annually, and between 6000 and 8000 children per year are directly affected by divorce.

Family violence is a major source of grief and disruption for many Albertans. And poverty, for many, affects the daily lives of both children and parents.

The Changing Face Of The Family

Several trends have been identified in the changing concept of the family, including a rise in the divorce rate and an increase in the number of single parent families.

For example, in Edmonton, between 1981 and 1986, single parent families grew by 23% and the number of divorced individuals rose by 58%. The Premier's Council reports only 11% of Alberta families as "traditional" (husband working outside the home and wife at home with children).

(continued on page two)
What Does Well-Being Mean To Albertans?

By Judy Setton, PhD

The Alberta Centre for Well-Being is committed to "enhancing the health and well-being of Albertans by providing leadership and creating educational opportunities for well-being professionals through coordinated, collaborative efforts".

In order to be successful in meeting this mandate, we need to answer a variety of questions on how Albertans perceive personal well-being.

To this end the Centre

Alberta's Families

(continued from page one)

(This suggests the need to recognize the diversity of family types in modern society.)

Nontraditional families may encounter a lack of understanding and acceptance which may lead to increased stress and low self-esteem (especially for children).

For example, children from divorced families may experience confusion as to where they belong which can cause social, emotional and even physical problems.

Talking It Out

February has been declared family violence prevention month. This year the theme is "Talk It Out". The primary focus of added questions to the annual Alberta Survey conducted by the Population Research Lab (PRL) at the University of Alberta. The Survey randomly sampled 1345 persons (over the age of 18) from across the province to participate in a telephone interview (accurate within plus or minus 3 percent, nineteen times out of twenty).

The results were released at the January Health Promotion Lecture. But for those of you who were unable to attend, here's a snapshot:

* Regardless of age, gender, amount of education.

the 1992 campaign is Alberta's youth.

According to a recent report by the Alberta Alcohol and Drug Abuse Commission (AADAC), psychologists agree that family violence can be prevented through communication—teaching people to talk instead of using violence to solve conflict.

Teaching youth non-violent problem-solving skills is an important step in meeting this challenge of behaviour modification within families.

The various groups, organizations and agencies focusing on family issues agree that public education, counselling services and better social policy are needed to enhance the well-being of today's family.

For more information on family support services please contact The Premier's Council in Support of Alberta Families at (403)222-0775 or your local family support agency.

* In the past six months only 39% of Albertans actively looked for information on how to achieve personal well-being.

* Younger Albertans (ages 18-29) look for this information more often than older Albertans (Over 60 years of age).

* Albertans are more likely to turn to relatives, friends and co-workers for this information than to Professionals, the Media, Community Sources or Educational Institutions.

* Highly educated Albertans are just as likely to look to Media Sources as they are to Interpersonal Sources for information on how to achieve personal well-being.

* Albertans are most likely to look for this information 1-3 times a week or 1-3 times a month.

* Females consistently rate the importance of a variety of well-being indicators higher than males.

If you would like to receive copies of these reports, please call, write or Fax the Centre (see Masthead page three). Separate reports for Calgary, Edmonton and other areas are in the works.
By Jackie Webber

The family is key to the well-being of society.

We draw life, strength, experience and support from the family. But several groups and agencies are telling us that the family is in trouble. As well-being professionals, many of us are involved—either directly or indirectly—in the well-being of the family. What we do today to help nurture the health of Alberta families will no doubt contribute to the face of society in years to come.

In this issue of WellSpring, we celebrate the steps many well-being professionals have taken towards improving the health of Alberta's families—traditional and non-traditional. It is our hope that you will recognize ways within your own profession to contribute to the well-being of the families you touch.

Introducing
Susan MacMillan

ACFWB's newest research associate, located at the University of Lethbridge, Susan is presently completing her PhD in Physical Education from the University of Alberta.

She completed a B.Comm at Dalhousie University and a M.P.E. at the University of New Brunswick.

Susan's research interests reflect her background in the exploration of attitudes and values held by young adults about well-being, including what they believe well-being to be, from which sources they get this information and whether they view well-being as a multi-faceted lifestyle or focus on a particular aspect of it.

Susan is developing a research project that will explore the representation of well-being in religious content.

See Susan's article on page ten.

Sunshine is delicious
Rain is refreshing
Wind braces up
Snow is exhilarating
There is no such thing as bad weather
Only different kinds of good weather

Ruskin

- Brenda Bohmer-Cassidy,
  Town of Beaumont

Letters

We welcome your input! Please address all letters to: "The Editor", WellSpring, Alberta Centre For Well-Being, 12245-131 Street, Edmonton, Alberta T5L 1M8.

Or, Fax us your comments at (403) 455-2092.
Public Health Nurses: Looking For Allies

We need to shift from programs that are "doing for" to those that "work with".

By Vel Thompson

Public health nurses (community health nurses) have recognized the present health system no longer meets the needs of the people.

The leading causes of death today are heart disease, cancer and injury. These are by large preventable.

The focus of public health nursing is health promotion, illness and injury prevention and health maintenance for all age groups. Some of the programs we offer include: healthy lifestyle education, counselling, immunization, health assessments, referrals to community resources, communicable disease control and others specific to local needs.

We have been struggling with a number of issues: funding cutbacks, overwork and mixed mandates. The public is unclear about what we do. Also, public health nurses feel restricted in their activities as a result of designated programs and organizational structure.

If public health nursing is to be an effective and valued partner in a changing health system, there needs to be a dramatic shift from traditional ways because of:
* the changing trends in society (changing demography, greening of society, changing family structure, inequality and inaccessibility, nursing shortages and the women's movement);
* redefinition of "health" towards the much broader context of well-being;
* a shift in thinking towards "real health issues" (peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity (Ottawa Charter, 1986)).

This means leaving our "comfort zone" and focusing on forming networks, coalitions, and alliances with other sectors of society (farmers, scientists, labourers, other health professionals, families, politicians, etc.) all working together for the sake of human development, not only economic development.

Despite the many barriers to action identified by public health nurses, we have the potential to be leaders and partners in developing directions for change.

We need to shift from programs that are "doing for" to those that "work with".

The Premier's Council in Support of Alberta Families

"Nothing we can do as a government can be more important than nourishing and supporting Alberta's families in all their diverse forms."

- Premier Don Getty

The Premier's Council in Support of Alberta Families was established to advise the government on how its policies, programs and services may affect family life in Alberta.

The Council believes that strengthening and supporting families is essential to the well-being of the province; and that responsibility for the well-being of families is vested in the partnerships of individuals, families, communities and governments.

The Council seeks practical advice from all Albertans on how government can strengthen families; it recommends ways to encourage partnerships among the public, private and volunteer organizations that serve families; it helps create public awareness on matters of interest and concern to families; and it advises the Minister on how proposed government initiatives may impact families.

The Council sponsors public forums, invites submissions and briefs, and facilitates Family Day activities. For more information call 422-0475.

A Kit For Dual Career Families

Being the architect of a two-career home can be a challenge. Meeting this challenge is the aim behind the working together kit from Alberta Career Development and Employment. Call 427-2767.

Stopping Abuse Before It Starts: Thoughts on Prevention

This free 24-page booklet discusses factors that contribute to abusive behaviour in families and is available from the Office of Prevention of Family Violence, Alberta Family and Social Services. Phone 422-5916.
Pregnant and Parenting Teens: Where To Turn For Help

In the city of Wetaskiwin, located in central Alberta, the Wetoka Health Unit offers a program unique to the area: Pregnant and Parenting Teens Group.

According to Linda Gaetz-Roberts, Director of the program, any teenage girl from the area can receive support, counselling and resources at no charge. The group, which meets regularly for group sessions and social activities, allows the girls to share their feelings, take prenatal counselling, meet and listen to health professionals and learn about community resources for single parents.

"These girls don't have a lot of finances to get out and socialize with peers," says Gaetz-Roberts. "They choose, as a group, what they would like to do and we make up a calendar to serve their needs."

The Health Unit looks after their health, counselling and referral needs and provides an important support system.

For more information on the program, please call the Wetoka Health Unit at 352-3337.

Interagency Collaboration: Health Messages for the Public

In September 1990, 37 valiant Albertans affiliated with agencies involved in the development or delivery of health messages, met in Banff for the inaugural workshop focusing on "Health Messages for the Public." Spearheaded by Judy Birdsell (Alberta Cancer Board), Dr. Michel Joffres (Alberta Health), Renee Arsene (Alberta Heart and Stroke Foundation), and S. Young (Canadian Cancer Society), the workshop focused on the concern that Albertans are not necessarily receiving consistent and clear messages regarding healthy lifestyle issues.

The two key areas of focus were: to identify the particular concerns which should be addressed in attempting to deliver consistent health-related messages to the public; to explore and design potential processes and/or structures for dealing with these concerns.

Plans are currently underway to hold a second workshop in the Fall of 1992. If you are interested in participating, please contact any of the committee members.

"Judy Sefton, PhD"

For a copy of the proceedings of the inaugural session, please call or write the Alberta Centre For Well-Being (see masthead, page 2)
By Tammy Horne, PhD

Research has shown that stay-at-home parents are relatively inactive compared to other population groups.

Despite this finding, stay-at-home parents are often overlooked by programs promoting physical activity. An active lifestyle can, among other benefits, provide a mental release—a time out from the fast pace of life with small children.

Physical activity can also be a means of having fun with other family members or friends. How can we make it easier for stay-at-home parents to adopt an active lifestyle?

First of all, activity does not have to be intense to be beneficial. Recent research suggests that even moderate physical activity levels are healthy. Fitness Canada is now advocating moderate activities that are easy to do. This new concept of Active Living can include such pursuits as brisk walking, cycling, swimming, dancing, gardening, and active games (such as tag).

Active Living is not just healthy. It’s fun and social too!

What Keeps Stay-At-Home Parents From Being Active?

The Alberta Centre for Well-Being recently conducted a telephone survey of 630 stay-at-home mothers in four rural Alberta communities. Rural communities were chosen because they typically have fewer program, facility, and babysitting options. The study focused only on mothers because the number of fathers at home was too low to gather reliable data.

The survey found that active mothers (who participate in moderate activity at least twice per week) and inactive mothers (who participate once per week or less) are similar in their beliefs about the benefits of physical activity. However, inactive mothers report more barriers due to family obligations, lack of self-discipline, cost, and lack of babysitting than do active mothers. Active mothers perceive more social support from their spouse/partner, children, close friends, other mothers, and their doctors than did inactive mothers.

Active mothers also had more positive attitudes toward participation. These findings are consistent with other research on adherence to physical activity.

Tips from Active Stay-at-Home Parents

Here are ten tips on Active Living from stay-at-home parents living in Bonnyville and Rocky Mountain House:

1. Parents gather at a local public facility for a shared activity, such as walking or swimming. One or two parents take turns watching the kids while the others participate in the activity.

2. Parents and kids meet at one family’s house. The kids play while parents engage in low-impact aerobics, led by a parent who is a fitness instructor.

3. Parents who wish to be active on their own can use drop-in babysitting services or arrange informal babysitting trade-offs with friends.

4. Parents can make Active Living a family affair. A cycling trip can include toddlers in carriers and older children on their own bikes. Parents can relive childhood fun by joining kids in tag, hide and seek, soccer, ball hockey, or baseball.

5. Household chores such as gardening, shovelling, painting, or vacuuming stairs combine a family workout with getting a job done.

6. It helps to make plans and try to stick to them. Committing to another person or group creates an obligation to follow through.

7. Activities should be fun and have a social component. A walk is a great way to visit with a friend. Errands can be done en route, for an efficient use of time.

8. Shared physical activity can help parents discover common interests and concerns.

9. Looking forward to refreshments is a strong motivator.

10. Family members can offer support to the stay-at-home parent by sharing household tasks and the care of small children.
By Barbara Ann Olsen, PhD

Family and Community Support Services (FCSS) is a municipal-provincial program that focuses on prevention.

Participating municipalities receive a mandate from the Province to: enhance, strengthen, and stabilize family and community life; improve the ability of persons to identify and act on their own social needs; help avert family and community breakdown; promote, encourage, and facilitate volunteerism and the use of volunteers.

Made-In-Alberta Partnership

FCSS is a unique "made-in-Alberta" partnership between the Provincial Government and the local communities. Funding is cost-shared, with the Province contributing 80% and the local authority at least 20%. Local FCSS programs promote citizen participation through a variety of involvements, including local FCSS boards or advisory committees.

FCSS emphasizes a community-based approach. Programs are planned, developed, managed, and implemented at the community level. On-going program and operation evaluation ensure that FCSS programs remain flexible and relevant to local needs and circumstances.

FCSS programs are designed to reduce costly future expenditures on rehabilitative services and stress family well-being.

Stressing Prevention and Well-Being

Primary preventive programs (e.g., Family Life Education Programs, Family/School Liaison Programs, Volunteer Centres, Senior Centres, Meals on Wheels) delivered in the community help to minimize dependence on government funded institutions and services (e.g., hospitals, nursing homes, group homes, mental health facilities, child welfare services, police).

The Family and Community Support Services Association of Alberta is a membership organization of the 146 local FCSS boards and advisory committees that operate throughout the Province.

Networking The Community

The Association, operated by and for its members, unites and strengthens the FCSS community by representation and advocacy on behalf of member boards and provides: Exchange of information among local FCSS boards, the Provincial FCSS Unit, and the Office of the Minister, Alberta Family and Social Services; sponsorship of workshops, conferences, newsletters, etc., as a means of information sharing for member programs; investigation of common issues and concerns affecting FCSS as a whole across the Province; and public relations activities to promote the image and impact of FCSS.

The Association, which is in the unique position of representing extremely diverse local preventive programs that have been developed to meet the needs of Alberta's families, liaises with other provincial organizations (e.g., Alberta Healthy Communities Catalyst Group, Home Support Alberta, The Premier's Council in Support of Alberta Families, The Premier's Council on the Status of Persons with Disabilities) relating to preventive social programs of mutual concern.

In November 1991, after a year of community consultation and deliberation, the FCSS Ministerial Review Panel submitted thirty-seven recommendations to the Minister, Family and Social Services, to ensure the ongoing efficiency and effectiveness of FCSS. The FCSS community is now reviewing these recommendations to determine local impact. The Family and Community Support Services Association of Alberta has established an ad hoc committee to investigate the implications of the recommendations and to encourage implementation by the Provincial Government of those recommendations beneficial to member programs.
Focus
Pharmacy and The Well-Being Movement

By Kim Norman

In order to get a good understanding of how a pharmacist fits into the "well-being movement", you just have to remember the well-loved Christmas classic It's A Wonderful Life.

Only a few decades ago, a drugstore such as where young George Bailey worked after school, was the hub of daily social activity—a place for kids to read the newest comics, share a soda or a piece of candy. It was a place for folks to meet, catch up on the latest gossip or news, pick up home and health supplies or just waste a few hours—a place to go when you wanted to feel good.

Back then, the pharmacist not only dispensed medication and professional health advice, but the tastiest chocolate sodas around!

Although times have changed since the black and white days of George Bailey, the pharmacist's role as a "well-being" professional has not.

Our first priority is to ensure that our patients receive appropriate pharmaceutical care. But our role simply begins there. Pharmacists contribute to well-being by providing advice, information and support on a wide variety of health concerns that cross other dimensions of well-being.

For example, pharmacists provide a sense of emotional relief and "security" by explaining medications and easing the stress associated with feeling ill. And we often act as a link between physicians, patients, and other health professionals as a source of information on topics ranging from new drug preparations to the latest nutritional products and home health care appliances.

Pharmacists often provide "peace of mind" to our patients simply by confirming their own suspicions that their symptoms warrant a visit to the doctor.

Like others in the human service professions, we often lend a sympathetic ear to customers who just need to talk or refer them to other sources of information. People see their pharmacist as not only a health professional, but a friend and confidante.

In addition to various health promotion activities (allergy, diabetic control, poison prevention) many pharmacists now promote environmental well-being by recycling in the dispensary and holding an annual campaign to round up old, out-dated drugs for proper and safe disposal.

As you can see, the pharmacist plays an important role in the "well-being" movement. And with the whole "wellness" team working together, we have the ability to help people realize that it really can be A Wonderful Life. (*)

Kim Norman, BSc Pharm, is a pharmacist and retail pharmacy manager in Edmonton.

Home Health Care in Alberta

Home Care allows Albertans to live as independently as possible in their own homes.

The Alberta Home Care Program, funded by Alberta Health, is offered by 27 health units throughout the province.

The key philosophy behind the program is that the responsibility for maintaining health lies initially with the individual, his or her family, and the community. The program aims to supplement and enhance this support system.

The Home Care Program was established in 1978 to serve individuals with medical needs. However, in response to the changing needs of Albertans, the program expanded in 1984 to include the elderly and Albertans requiring palliative care regardless of medical condition.

Case coordination, nursing home support and personal care services are available in every Home Care Program. Other services may include: Occupational therapy, physical therapy, respiratory therapy, nutritional services among others.

Today, the program provides an entry point for Albertans wishing to access long term care services.

For more information, call your local health unit. (*)

WellSpring: Alberta Centre For Well-Being Newsletter: Winter 1992
Social Marketing

Tips & Tactics

Seven Steps To Better Health Promotion

With hundreds of messages competing for the attention of your target population, good intentions may not be enough to get through to those who need it most. Here are seven steps from the Health Promotion Directorate of Health and Welfare Canada, to improve your health promotion campaigns:

1. Set your communication goals. What is the message you want to get across?

2. Identify your target audience. Try to direct your message to those who are most directly affected by the health issue you are addressing.

3. Define your communications strategy. Focus your message on one or two key issues and reduce the message to one or two key sentences.

4. Tell your target audience how you can help them. What are the benefits?

5. Tell your audience why you can help them before taking action, your audience will want to know why they will benefit from this activity.

6. Choose the Best Media To Reach Your Audience. First find out who your audience is, what their favorite media is, how much information can they absorb at once and what you can do to reach this individual given your time and budget constraints.

7. Evaluate the Effectiveness of Your Campaign.

For information on health promotion evaluation, please call the Alberta Centre For Well-Being at 448-0180 or toll-free in Alberta at 1-800-661-4531.

By Kathleen Gust

Social marketing is a process, a strategy for persuading adoption of an idea, a practice, a product or all three.

Social marketing is just one of a variety of strategies which can be used in the realm of health promotion.

Contrary to popular notions, social marketing encompasses more than the use of media and advertising.

Social marketing requires a planned, comprehensive approach to developing health messages, communicating and promoting them.

The social marketing process begins with the identification of health issues and the potential marketing strategies which could effect a solution.

The target audience must be carefully assessed to define their attitudes, resistance points and the communication channels and vehicles to which they will attend.

Objectives are set and the messages are designed. Those messages are tested with the target audience and revised as necessary.

Finally we construct the necessary marketing patterns including the use of media, promotions and community support strategies to achieve maximum frequency and reach of messages.

We then track the impact.

Cost-Effective Tactics For Reaching Your Audience

- news releases
- radio and TV talk shows
- public service announcements
- pamphlets and brochures
- audio-visual presentations
- posters
- workshops and seminars


Kathleen Gust is a public health nutritionist who has specialized in health promotion, social marketing, media relations and communications. Formerly Director of Resource Services for the Simcoe County Health unit in Barrie, Ontario, Kathleen is now a consultant in Alberta.

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Comment

Are Our Kids Getting The Message?

"Certain teen magazines emphasize physical appearance and personal attraction as a source of personal well-being"

By Susan MacMillan

There is a great deal of emphasis placed on what is taught in school and whether or not it is appropriate in Canadian society.

This applies to the relatively new interest in well-being within the curriculum and the discussion of specific topics such as AIDS.

In Alberta, students are encouraged to take a course known as Career and Life Management (CALM), which includes a unit on well-being. This course has been met with mixed opinions as to its effectiveness in presenting well-being as a general approach to lifestyle, and of its value as an effective source of information.

According to research, young adults feel they get their information about AIDS from television (Magic Johnson's public disclosure of his HIV positive test, the concern of national hockey league players after learning that a "follower" had died of an AIDS-related illness) and, to a lesser degree, from their parents.

Media Messages Misleading

The media often link a promiscuous lifestyle to AIDS infection. Yet there is little criticism of this type of lifestyle in messages kids receive.

Magic Johnson has been quoted to say that he will beat the HIV virus. Yet, there is little scientific or anecdotal evidence to support this.

If young adults adopt their information strictly from the television, they may choose to ignore other sources related to HIV prevention and the need for positive relationships with others.

Analyzing Well-Being Messages in Popular Media

The promotion of well-being has taken many forms and it will be valuable to know which are most effective. Just as television has been identified as the major source of information about AIDS, further study is needed to determine if this is true for other topics.

In order to find out, we must determine what well-being information they are exposed to and what types of media are being used to transfer these messages.

To this end, a preliminary analysis of the content of advertisements of teen-targeted magazines was undertaken. November issues of Young & Modern, Teen Rap and Superteen were reviewed for the products, advertising and their use of well-being as a means to attract purchasers. Young & Modern and Teen are targeted to young women while Rap and Superteen may be of interest to young men or women.

Physical Appearance and Personal Attraction Emphasized

In this limited analysis, the results show significant emphasis by these magazines on physical appearance and on personal attraction as a means to achieve personal well-being.

Although this is a very small part of our well-being, it appears to be used in the magazines as the sole (and perhaps soul) measure of the person. This is consistent with the content analysis of articles in similar magazines targeted to young women (Evan et al, 1991) and to the effects of television programming and advertising (Alali, 1991).

The second most significant relationship was that of materialism as a need for the acquisition of products of the entertainment industry--such as letters from and posters of stars like Madonna and Luke Perry (I learned a lot from this experience about who's hot and who's not). These advertisements are included as a means of emotional management and appear more frequently in Rap and Superteen.

Further research is needed to help us identify how we can improve the messages promoting well-being to teens.

References are available on request.

Susan Macmillan is the ACFWB research associate based in Lethbridge.
By Tamara Lynne Martin

The future of the family is uncertain.

The Premier's Council in Support of Alberta Families recently sponsored a forum to give the opportunity for Non-Government Organizations to contribute their ideas on a collective vision for the future of families. Fifty-five of the 138 invited attended, reflecting a vast array of services and programs offered to families (in addition to a wide inventory of government programs and resources for families).

Specializing in the area of networking and well-being information, I feel strongly that collaboration among all groups (gov't and non) is the required catalyst if there is hope of effective change. Also, the cooperation of different groups reveals movement towards holistic thinking—which is what well-being is about.

There's Something Missing...

Despite the numerous organizations focusing on the family, many people are still unaware of these services. Given the potential opportunities available for support, families in crisis still don't know where to turn.

Evidently, the root of the problem exists largely in the beliefs and values of society in general. Bringing about a change in beliefs will establish changes in feelings, and that in turn will lead to new behaviors. Even more challenging is the need to break the barriers of denial that exist within dysfunctional families.

In the words of David Swann (Healthy Communities Association, Calgary), "A journey begins with an image of another place, a vision; an examination of where one is, and a plan for the way. The search for wholeness and community is, at its roots, a search for hope, for meaning, and for life itself. This is simultaneously a very personal search and one we cannot do alone—a paradox that confronts us with our limited vision, linear thinking, and addictive processes."

These words present some key points that are crucial to the well-being of families. We must meticulously examine the present situation and look to the future with a clear perspective on what needs to change or come to exist. Because of the complex process of change, we must plan with flexibility and openness.

Well-being in families involves attending to the needs of the family system, not simply individual family members. Envisioning a future family means deeply contemplating life—its meaning and purpose. We are challenged by our societal weaknesses—for example dysfunctional relationships and addictive behavior.

As we move into an age of information, there is much potential for effective social marketing. Well-being professionals must explore new ways to communicate health promotion messages.

There are valuable information networks and resources taking shape, as well as promising new groups appearing on the scene. But the gap still needs to be bridged between those who can help—the family support services and professionals—and the Alberta families who would benefit.

Above all, there is a deficit of spiritual health in our daily lives—one of the keys to healthy interpersonal relationships. Although people are ultimately responsible for their personal well-being, as a society and family, we must take care of one another—through guidance, information and support.

Acknowledging the spiritual dimension means re-examining our values and ideals. Many psychologists and others in the caring professions agree that some measure of spirituality is a key component in healing.

The family is the cornerstone of our society. But as many groups have stated, the family needs healing.

That's what's missing.
Workplace Well-Being

The Dual-Career Family: Balancing Work and Home

By Tamara Lynne Martin

We have all heard the catch phrase, "our children are our future". But what does this mean for children and families today? Parenting constitutes the greatest influence by far on these "people of tomorrow". And it is important to realize that we give shape to their future by considering the quality of life for children today. The dual-career family must balance time and energy between work and home in order to achieve well-being for ALL.

Canadian governments have been designing support services in response to the changing relationships between work and family environments. However, more attention to labour standards, unemployment insurance, parental leave policies, day care accessibility and innovative employment practices (such as flextime, condensed work weeks and job sharing) is needed.

Although it is the responsibility of employees to ensure a balanced lifestyle, as a community we must solicit further improvement within government policy. One crucial point to consider is that parents do not have all the answers to the dual career dilemma. Well-being professionals and parents alike must seek out information, resources, professional and programs, to assist us in the complex and challenging task of nurturing the dual career family.


Tamara Lynne Martin is the ACFWE resource coordinator

Fitnes & Sport

Family Fitness: More Than Just Fun

By Tamara Lynne Martin

Is fitness passing our children by? A need has surfaced to put regular physical activity back into our lives. Defined as "couch potato"—we are paying the price for the conveniences our ancestors did not have. Part of the price is the health and fitness of our children.

A child's developing body responds well to simple movements. Physical activity helps develop coordination, confidence and agility. If a child can learn that physical activity is fun, he or she will be more likely to join in at school and really enjoy the fun. There is also evidence that a child who starts living an active life early is less likely than a sedentary child to have obesity problems later on.

Parents cannot assume that their children will be physically active on their own, and they cannot rely on the school, community, or others to teach their children active living. They must supplement this educational process with family physical activities themselves. According to the 1987 National Children and Youth Fitness Study, "The frequency with which parents exercise with their children can be presumed to communicate to the child something about the parental value associated with exercise".

Most parents think that their children are already active enough, but children need vigorous activity. Emphasis should be on the development of patterns for lifetime (health related) physical activities, rather than competitive sports and motor performance skills. Physiologically, medical research shows that the active child has improved posture, sleeps better, and bounces back from illness more quickly than the sedentary child. It can improve mental alertness and sharpen academic performance, and lower the risk for hypokinetic disease.

Active living is a learned lifestyle— with fitness as the outcome. Think long term. Helping a child adopt an active lifestyle in childhood is the gift of a lifetime!

Tips For Family Physical Activity

* Schedule weekly family activities.
* Join a family-oriented fitness club or the YMCA.
* Support each other and exercise at levels that are comfortable for everyone.
* If you can't be physically active for medical or other reasons, go along and provide support.
* Encourage children to develop a good attitude about active living.
* Give children a place to play and encourage a variety of activities.

References available on request

=Heather Macdonald Webster, a fitness consultant and certified fitness appraiser in Calgary, has two small children.
Leisure Education: A Call for Redefinition of Leisure

By Julie Roper

Leisure education is an approach designed to enhance the quality of life through improving the leisure experience.

It is a timely concept—the theories and methodologies are quite well developed—and yet, as a practice that has been around for over twenty years, leisure education has failed to make an impression.

It has been suggested that the reason we have so much difficulty in the actual practice of leisure education is that we do not have a true feeling for, or appreciation of, the phenomena of leisure (McDowell, 1981; McLennan, 1984).

Leisure has been traditionally defined in relation to work, restricted primarily to categories of time, activity and production. By forcing this abstraction into something linear, measurable and work-oriented, we have resisted uncovering the true essence of leisure.

We have mistakenly conceived the concept in the realm of “doing” when its true essence is in the realm of “being”.

McDowell (1981) describes leisure as a consciousness and explores the dichotomy between work consciousness and leisure consciousness. In this duality, work is linked to the left, rational side of the brain and is associated with time, activity and responsibility; leisure, associated with right brain processes, is defined in terms of intuition, playfulness, pleasure and creativity.

Masculine Work Mode and Feminine Leisure Mode

For the past 5,000 years the prevailing mode of consciousness has been masculine in nature—rational, analytic and intellectual. Full comprehension of leisure requires that we begin to embrace the feminine, playful, creative aspects of ourselves.

It is a challenge to appreciate leisure as a valuable phenomenon; unique and distinct from work. We must, however, rise to this challenge in order to ensure the future of leisure education.

Despite the demonstrated benefits of a leisure lifestyle, there is little leisure education. To be effective leisure educators must capture the true essence and magic of leisure. We must begin to value “being” as much as “doing”.

Nutrition Notes

Nanny, Billy and the Kids Say Moo

Goat milk is growing in popularity as a great alternative to cow milk. It does not contain the protein bovine lactalbumin which is responsible for most cow milk allergies.

Goat milk is more easily digested by humans as a result of the smaller butterfat globules and softer curd, resulting in a finer cream that does not rise to the top of the milk, giving goat’s milk a naturally homogenized property.

The nutritional content of goat milk is exceptional: One cup (250 mls) contains 158 cal, 8.3 grams of protein, 9.0 grams of fat, 12 grams of carbohydrate, 91 mg of sodium and 448 mg of potassium.

One cup of goat milk also provides the following percentages of the recommended daily intake of these vitamins and minerals:

- Vitamin A 14.4%
- Thiamine 11%
- Riboflavin 23%
- Niacin 11%
- Calcium 31%
- Phosphorous 25%

You can purchase goat milk in Alberta from Lone Ridge Dairy of Wetaskiwin (352-9956). Most larger supermarkets carry goat milk as well.

Submitted by the Alberta Goat Milk Producers Association.

"We must begin to value being as much as doing"

Julie Roper, MEd is on faculty at the Douglas College in BC in the therapeutic recreation program. Julie recently visited the Centre during her sabbatical to study various models of well-being and wellness centres.

references available on request
Focus

Family Obesity: Tips For Caregivers

By Dru Marshall, PhD

Obesity is a major health problem for both children and adults. Obesity prevalence rates for children and teenagers have been reported to be increasing (values of up to 40% have been noted in some populations), despite the fact that there is an increased awareness of healthy lifestyles, including appropriate dietary and activity guidelines.

It has been estimated that between 75 and 80% of obese children tend to become obese adults, and that the longer a child remains obese, the greater the chance they will become a fat adult.

Obesity and Health Problems

Obesity in adulthood has been associated with health problems such as diabetes, high blood pressure, heart disease, kidney disease, osteoarthritis, joint problems, and an increased frequency of cirrhosis of the liver.

Obese children experience few of these medical complications, but often suffer psychological and social disturbances. They are often the target of abuse by peers—left out of games and other social activities. Obesity results from an imbalance in energy regulation within the body—either an increase in energy intake, a decrease in energy expenditure, or a combination of the two. However, it is not a simple condition, but a result of both genetic and environmental influences. Obesity tends to run in families; this may be the result of shared genetics, or shared attitudes towards food, eating habits and exercise.

Many obesity treatment programs have been developed; few have been successful. Because obesity has been defined as a family problem, family solutions are required. Lifelong dietary and exercise patterns, for example, may be established during childhood, and thus the importance of positive role models cannot be overstressed. Listed below are some helpful tips for parents/caregivers who feel that obesity may be a problem in their family.

Tips For Parents and Caregivers

* Always encourage and provide a healthy, low fat, well-balanced diet.
* Avoid using food as a reward or punishment. Children will begin to associate food with feelings of success or failure; food should be enjoyed for food's sake!
* Encourage some form of regular exercise or active living. Parents/caregivers are important role models in this regard. Make active living a family affair.
* Limit the amount of television viewing. TV viewing has been associated with an increased rate of obesity that has been attributed to an increase in snacking while watching and a decrease in physical activity.
* Do not “label” a child as being fat or obese; this sets them apart from their peers and serves to stigmatize their position within their social group. Instead, encourage children to feel good about themselves, regardless of their size. Society in general, and parents/caregivers in particular, must work to nurture the self esteem of all infants and children by empowering them to take responsibility for themselves and to make healthy life choices.
* If you are worried about your child’s size, see a qualified professional. Do not put your child on a “crash” diet or excessive exercise program without seeking advice. Very often children may appear fat due to normal growth and development changes; intervention started during this time may not be helpful, and in some cases, could prove harmful.

By involving all family members in the solutions, you are liable to have more success. ☺
Family Day: February 17th, 1992
For a schedule of events in your area call your local family service agency of the Premier’s Council in Support of Alberta’s Families at 422-0475 (Edmonton).

Family Life Education Council
A variety of programs are being offered through the Council in Edmonton, including marriage preparation, parent education and personal development. Call 451-6335.

Sexuality Workshops in Calgary

The Alberta Centre For Well-Being Toll-Free Number...
1-800-661-4551

Stress Skills Smorgasbord
A series of workshops from the Personal Development Centre by Barb Barabash, MSW, RSW, stress skills consultant: five Thursdays from January 30th to February 27th, 1992. Topics include: Ten Ways To Tackle Stress; Balancing Home and Work Issues; Practice Stress Skills.

Celebrating Canada’s 125th Birthday
Canada 125 Corporation is generating enthusiasm for participation. Please call 448-0733 for information.

Working Well
The Canadian Cancer Society, Alberta/NWT Division, in collaboration with AADAC and the Calgary Chamber of Commerce are presenting a one-day conference on March 26th, 1992, in Calgary.

Recommended for anyone wishing to promote health and well-being in small businesses or organizations. Call 228-4847.

AIDS INFO:
Call Toll Free
1-800-772-AIDS

A Conference on Active Living

International Heart Health Conference

Our Environment, Our Health: A Question of Survival
The 83rd annual Canadian Public Health Association Conference, July 6th to July 9th, 1992, Yellowknife, NWT. Please call (613)725-3769.

Vitalize ’92: Provincial Volunteer Conference
June 4th, 5th, 6th, 1992 at the Edmonton Convention Centre. Hosted by the Wild Rose Foundation on streams of human, financial and organizational development. Please call 422-3905 (toll-free through government rite #)

"Healing Our Spirit Worldwide"

AB Assoc. of Registered Nurses Annual Convention

Alberta Association of Registered Occupational Therapists
Annual Conference, April 24th to 26th, 1992, Lethbridge. Please call Lorna at 439-8381.

Suicide Prevention Training Programs

ASWAC presents:
Annual Readership Survey 1992

In order to serve you best, we need your input. Please photocopy this page, answer the questions and drop it in the mail. Results of this survey will be published in the Spring issue of WellSpring.

Thank you!

1. Please indicate your profession or present position:

2. Which term would best describe where you live?
   a. urban
   b. rural

3. Of the following dimensions of well-being, which one(s) do you feel are closest to your field?
   a. physical
   b. emotional
   c. intellectual
   d. social
   e. spiritual

4. Please provide your comments on the format and content of the Alberta Centre For Well-Being newsletter, WellSpring:

5. Please list your recommendations regarding special topics or interest areas for future issues of this newsletter:

6. The Network of Networks is a database which contains over 5000 health and leisure professionals and organizations involved with or interested in the well-being movement. How might the Network be of use to you in your profession or organization?

7. The Resource Room at the Alberta Centre For Well-Being contains over 2000 separate volumes of publications. What types of resources would be most valuable to you in carrying out your work in the well-being area?

8. The Centre holds lectures, workshops and seminars on a variety of topics. What topics would be useful to you in your work in the well-being area?

9. Please rate these educational formats in order of your preference (1 = most preferred).
   _workshops _seminars _lectures _conferences _other

10. What types of research do you feel the Centre should consider that would be helpful to your organization or work in the well-being area?

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