Epidemic of Childhood Obesity May Cause Major Public Health Problems, Doctor Warns

By Nora Johnston, MA

The current epidemic of childhood and adolescent obesity may become a massive public health problem unless health professionals and parents become more involved in the management of overweight and physically inactive children.

Dr. John Lefebvre, a Toronto-based physician, says 20% of Canadian children and teens are overweight enough to threaten their future health and the fiscal health of an already-overburdened health care system. In the past 15 years the prevalence of obesity has grown by more than 50% in Canadian children aged 6 to 11 years and by 40% in those aged 12 to 17. These children already have at least one risk factor for heart disease.

Consider: cardiovascular disease kills an estimated 80,000 Canadians annually and costs taxpayers $2 billion each year in health care. A drop in heart disease rates has occurred in the last 20 years, however, this is due primarily to lifestyle changes within the adult population. Unfortunately, our children are developing sedentary patterns which will place them at risk for heart disease long before they enter adulthood.

Researchers have determined that 40% to 90% of overweight youngsters become obese adults who are at high risk of developing heart disease and diabetes. Excessively fat children and adults may also be ostracized by a society that equates obesity with ugliness, laziness and gluttony. Social pressure makes them easy prey for costly and potentially dangerous "quick fixes" that have no long-term value.

Social pressure and the generally poor knowledge of obesity's causes and the healthy solutions also place overweight youngsters at high risk of developing hazardous eating disorders such as anorexia nervosa or bulimia. The key to a successful weight-management program lies in identifying the underlying cause of obesity. In many cases, genetics play a role. If both parents are of normal weight, the risk of childhood obesity is low. When one parent is overweight, the risk jumps to 40%; if both parents are obese, the risk climbs to 80%.

While little can be done to change a genetic predisposition, Lefebvre says much can be done to create an environment that minimizes risks. Although genetically heavy children may always be large, they can learn healthy habits and come to feel comfortable with their natural size.

Another major cause of obesity is sedentary lifestyles. Research indicates that only 6% of people aged 10 to 19 are active regularly enough to reap the benefits of physical activity, socially and intellectually, and to maintain cardiovascular fitness. Television viewing and video games are the major culprits: Children watch television for an average of 20 to 30 hours per week.

continued on page four
Little Known Facts About Health Promotion and Well-Being in Alberta

By Cynthia Lowe, MHSA
ACFWB Director

Last week I had the pleasure of attending the New Strategies for Health Conference sponsored by the Edmonton Board of Health. The purpose of the day was to bring together the various players in the health promotion field to form the beginnings of an Edmonton regional plan for health promotion. Forums like this should be happening around the province so that health and not health care is a major focus of the renewed health system. I hope they are.

The health budget cutbacks could result in a cheaper version of what currently exists if we do not take the initiative for actively changing the system. What I recognized at the conference was how the health units, fitness leaders, workplace wellness practitioners, inner city health centres, YMCA's, YWCA's, early hospital discharge programs, community recreation departments and many others form an important piece of the health promotion puzzle. We need to work together in a complimentary role. In order to do this one has to understand what the mandate is of all the different organizations out there and how they link in to the health promotion chain.

The ACFWB can assist with piecing together the puzzle through our Network of Network's.

In this, my third Director's Note, I would like to highlight for you some other important health promotion players and networks.

Were you aware that, besides the ACFWB, there are two other research centres for health promotion in Alberta? The Regional Centre for Health Promotion in Lethbridge has received funding for 5 years from the National Health and Research Development Program (NHRDP). The Director is Dr. Vic Satzewich.

The Centre's mandate is to promote and conduct community based research on health and health promotion in southern Alberta related to health challenges associated with rural depopulation and economic change in agriculture, differing cultural orientations and marginalized groups. For more information you can contact the Centre at 382-7152.

The Health Promotion Research Group of the University of Calgary, directed by Dr. Wilfreda Thurston, facilitates collaboration between the University and other community resources such as health units, community health centres and community groups in health promotion research and nurtures multidisciplinary research in the area of health promotion that builds on this collaboration. For more information contact Dr. Thurston at 220-6940.

There are twelve Health Promotion Centres across Canada, some funded through NHRDP and others like the ACFWB, provincially funded. Each Centre was recently invited to Ottawa to discuss priorities for developing knowledge that will strengthen health promotion in Canada.

Were you aware that there are three active Wellness Groups (and possibly more that I'm not aware of) in Alberta? These groups meet regularly to network, educate through guest presentations and discuss issues, concerns and current projects the member organizations are undertaking. There is the Health Promotion Association of Lethbridge whose president this year is the ACFWB's own Research Associate, Susan MacMillan (phone 382-7105). Their latest project is to work with the media to raise awareness about what they are doing in the community. They meet at the Lethbridge Health Unit the third Wednesday of every month.

The Calgary Wellness Group meets the first Wednesday of every month at different locations. Contact Karen Whyte at the Alberta Alcohol and Drug Abuse Commission at 297-3028. The Edmonton Wellness Group meets bi-monthly at different locations. Contact the ACFWB for more information.

The focus of this newsletter is on the well-being of Alberta's children and youth. I hope you enjoy the articles. Working together is critical to ensuring that the new health system, currently being planned, will improve the health and well-being of future generations by empowering the children and youth of today to gain the skills for lifelong health.
Linking Alberta's Well-Being Professionals

Editor:
Jackie Webber, MSA

Contributing Editors:
Marilyn Dahl
Cynthia Lowe, MHSA
Nora Johnston, MA
Sharon Smyl, BA

Contributors:
Sandy Romanow, PhD
Kerry Mummery, PhD
Judy Sefton, PhD
Brenda White, PHEc
Tim Hopper, MA
Susan MacMillan, MPE

The opinions of the contributors and contributing editors do not necessarily represent those of the Alberta Centre for Well-Being.

Published quarterly by the Alberta Centre for Well-Being, Third Floor, 11759 90 Ave, Edmonton, AB, Canada, T5M 3K6.
(403)453-8992, 1-800-661-4551
Fax (403)455-2092
Calgary: (403)287-7988

Submissions for features and profiles are welcome. Writer's guidelines are available on request. Deadlines for submissions are:

Winter: Jan 1st
Spring: April 1st
Summer: July 1st
Fall: October 1st

A Note of Thanks

By Jackie Webber, MSA
AFCW Communications Coordinator

This is my last editorial as communications coordinator for the Alberta Centre for Well-Being. This marks my twelfth quarter in three years and as many issues of Wellspring, I'm proud of what the Centre has accomplished in research, publications and health promotion over the past three years under the direction of Judy Sefton and now, Cynthia Lowe. We have built our Network of Networks to well over 5000 individuals and organizations, we have held many educational opportunities in the areas of well-being and active living, and we have produced some interesting and important research that has been published and presented worldwide.

I am pleased to see the Wellness Wagon in its third year and even more excited to see our same major sponsors back with us once again; and another successful year for Nora Johnston and her active living in the workplace promotion. We have made many partners along the way, collaborated on several important and timely projects and we continue to find ways of bringing the well-being message to you despite impending budget cuts and constraints.

I would like to thank Dr. Judy Sefton first and foremost for allowing me the opportunity to be creative and to grow with the Centre. I would also like to thank the Centre staff, especially Marilyn Dahl and Nora Johnston for their friendship and support in communications and education. Marilyn began her position as administrative secretary on the same day as I, and we have seen some incredible changes take shape in three short years.

I trust the Centre, under the new direction of Cynthia Lowe, will continue to prosper as an educator and developer of new knowledge in well-being and active living in this province. Dr. Sefton put the Centre on the map in Alberta, nationwide, and even internationally, and Cynthia is doing an excellent job of continuing to move the mission and mandate forward.

I have seen some terrific people come and go: Dr. Dru Marshall, Dr. Tammy Home, Dr. Susan Grimston and her husband, Dr. Jack Engsberg. These researchers have gone on to pursue exciting careers in well-being as I am sure others will as they are touched by work of the Centre.

Finally, I wish to thank Dr. Art Quinney, Dr. Len Wankel, and Lloyd Bentz who have supported me in my position as communications coordinator from day one. These are true leaders in the wellness movement and names you will see time and time again giving of themselves and their resources to enhance the health and well-being of the people in this province and...
Epidemic of Childhood Obesity

By Nora Johnston, MA, ACFWB workplace coordinator

Epidemic of Childhood Obesity

(continued from page one)

week, but also spend 25 to 30 hours a week sitting behind a desk at school.

Given the risks of obesity and physical inactivity, Lefebvre urges health professionals to become more knowledgeable about obesity in the young and to intervene more often. But the wrong intervention could be as dangerous as the excess weight. “Restrictive diets for children can cause a lot of physical and psychological problems.

Children are growing, so their nutritional requirements are quite high compared with adults, who need nutrients for maintenance. If you radically cut calories in children, you’ll run into problems with growth and development.”

Also, if you focus on weight loss rather than weight normalization, you place a lot of pressure on children who are already stressed. If they fail to achieve weight loss goals through caloric restriction, they’ll feel like failures. This can lead to a vicious cycle of starving and binging and a lifetime preoccupation with food and weight.”

“Some children will not play sports because they feel slow and clumsy. They won’t go to the beach or pool because they won’t take off their clothes. Then they sit at home, feeling isolated and lonely, watching TV and eating chocolate bars and cookies instead of being active and playing with peers.”

Dr. Lefebvre says Canadians must be taught that various sizes and shapes are normal and acceptable. “If people could come to accept their natural sizes that would dilute the power of advertisers, who present a totally unrealistic picture of the wide range of body shapes and sizes people come in. In the teen and fashion magazines, the

Editorial

continued from page three

beyond.

I’m moving into a profession where well-being and active living are long overdue—medicine. And I hope that as I train to become a physician here in Alberta, I will take with me the philosophy and paradigm which I have adopted during my time with the Centre. I plan to continue to be as active as possible in the field and continue to write about wellness and active living in other capacities, and in other publications.

To those of you who have sent me letters and called me with your support for the Centre, Wellspring and our other publications, I thank you for your interest and commitment to the Centre and to the well-being movement in Alberta. I wish you all success in your endeavors as professionals, facilitators and promoters of health. Take care and be well.

In this issue of Wellspring we will explore the well-being of our youth. As a mother of two preschool children I am extremely sensitive to the importance of teaching healthy habits early in life.

For more information on any articles or information in Wellspring, please call the Centre at 1-800-661-4551, (453-8692 in Edmonton).
How does your child’s school rate in terms of its physical education program? Consider these questions put forward by the Canadian Association for Health, Physical Education and Recreation (CAHPER):

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t</th>
<th>Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the school provide your child with at least 30 minutes of physical education each day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the program include a cardiovascular component (things like running, skipping, aerobic dance or swimming)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the program encourage children of all body types and abilities to participate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the program promote equal opportunities for all students?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does the program emphasize fun, socialization and active living rather than just competition and traditional team sports?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are the teachers qualified?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does the school make use of other facilities in addition to the gymnasium (i.e. school skating rink or community pool)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do your children look forward to physical education classes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Does the school provide a safe learning environment for physical education?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is there a wide variety of physical activities offered?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring the School**

* 10 “YES” answers means the school has an excellent program.
* 6 - 8 “YES” answers means the program is good.
* Less than 6 “YES” answers means you should find out more about what the school offers and seek ways to persuade the administration to implement better programs.
* If you “DON’T KNOW”, the time to find out is now!
* If the answer to question * is “NO”, is critical that you find out why.
* If the school does not offer your child physical education at least four times per week for 30 minutes, he/she is not being physically educated.
Fat in Children's Diet—What is the Right Amount?

By Brenda White, Senior Nutrition Educator, Dairy Nutrition Council of Alberta

The recommendation regarding dietary fat for adults has been loud and clear since the 1990 Nutrition Recommendations for Canadians document came out—"no more than 30% of calories from fat". But what about children? Is the same recommendation for dietary fat appropriate for them? And what really is a healthy diet for children?

We need a different recommendation regarding fat for children because they aren't "little adults". Studies have shown that diets of children based on 30% of calories from fat may be inadequate in various nutrients and total energy (calories) which could jeopardize proper growth and development. In December 1993, health Canada together with the Canadian Pediatric Society issued the report called "Nutrition Recommendations Update: Dietary Fat and Children" which addresses this issue. It discusses appropriate levels of dietary fat for children between the ages of 2 and 19 years.

The most important message is the need to provide adequate food and nutrients to ensure children grow and develop normally. To do this, it is essential to include nutrient-rich and energy-dense foods in a child's diet. Young children simply cannot consume large amounts of food due to their small stomach capacity. And so, although their calorie needs are similar to those of an adult woman, the idea that "all foods can be part of a healthy diet" takes on even greater relevance for children than it does for adults. Do not eliminate or avoid nutritious food choices because of fat content. Children need more flexibility in their fat intake than adults. Routinely serving some higher fat but nutritious foods, (regular cheeses, peanut butter, eggs, ice cream) can and should be part of a healthy diet for children.

Another key message is that there should be a gradual transition in amount of fat in a child's diet from age two to late adolescence when linear growth is complete. This means that the composition of the diet of an infant (where about 50% of calories come from fat) should slowly change so that by age 19, no more than 30% of calories come from fat. During this transition, calories from carbohydrates (breads, cereals, vegetables, fruits) and protein (milk products, meat, eggs) should replace some calories formerly consumed as fat.

So, what is a healthy diet for children? It is one which emphasizes variety. It is also one which emphasizes foods from the four core food groups of Canada's Food Guide to Healthy Eating (Grain Products, Vegetables & Fruits, Milk Products, Meat & Alter-

ates). For young children to meet their nutrient requirements their diet should have an eating pattern which includes small frequent meals and snacks.


Brenda White is the Senior Nutrition Educator, Dairy Nutrition Council of Alberta, #6, 2111 Centre St. N., Calgary, Alberta, T2E 2T2.

Project Apex — A Nutrition Education Program For Grades 4 to 6 Children

Project Apex is an innovative, student-focused nutrition and physical activity program for grades 4 to 6 students. This newly revised and expanded program reflects the new Canada's Food Guide to Healthy Eating and active living concepts. This goal-oriented program is aimed at changing attitudes, knowledge and behaviours.

Interested grades 4 to 6 teachers should contact their nearest Dairy Nutrition Council of Alberta office for more information and free resource materials. Call 276-5884 (Calgary), 453-5942 (Edmonton), 538-9350 (Grande Prairie) or 1-800-252-7530 (elsewhere in Alberta).
I guess anybody who has taught physical education has been confronted with this type of question. Depending on the ability of the children, the teacher’s plan and the time available, the response can vary, but the teacher tends to say no if the request comes at the beginning of the lesson. Why is that?

Traditionally, and it would seem logically, we teach the skills and rules of a game before we play it. The typical teacher format of a warm-up, skill introduction/review, skill development in a drill, then a game with the skill incorporated, has been the accepted pattern. With a relatively homogenously skilled group this process usually depending on the competency of the teacher, works effectively. But for the more common heterogeneous ability group, the results are far less encouraging. Why is that?

In my experience many children understand the game based on the professional adult version like baseball, tennis and football, fed to them on television. Children see the game as relatively easy to do and have expectations of doing the same. The child’s request to play “the game” literally means the full adult version. If the ability for the group is not competent enough, or the span of ability in the group makes playing the game impossible for some of the children, then playing the game just tells some children that they cannot play.

Traditionally, the teacher’s response to a child’s inability to play the game is to concentrate more on the technical skills that enable students to play the adult game. After all you don’t want students to lose their interest in a game just because they cannot play the professional version. The pupils' response to repetition of physical skills is often, “This is boring, can we play a game yet?”

Children, indeed perhaps all of us, want to play.

An approach referred to as “Teaching Games for Understanding” (TGfU) has been advocated as a way to address this problem. Popularized in the U.K. in the eighties and gaining wider interest in the United States, TGfU is seen as an attempt to enable the learner to realize what he or she needs to know to play the game. Instead of showing the pupil how to do a skill that the teacher knows is needed to play the game, the pupil is introduced to a modified or simplified game related to the adult game. Through a series of guided discovery questions the teacher tries to help the child realize the strategic (ways of playing), tactical (how to beat an opponent) and technical aspects of playing a game. The potential to modify games is infinite. As an example of a tennis related game, a bowling pin can be placed between two players. The players can be asked to hit a ball alternatively using their hands. Simple rules to start a game could be “the ball must bounce once”, “must be hit upwards” and “you score by knocking the bowling pin over”. A strategic question addressing the need for the consistency in playing could be, “hit the ball higher”. “Why?” “Well, a higher ball gives you more time to play your shot.” A conditioned game of “How long can you and your partner keep the ball going before it bounces twice”, could help the players appreciate the benefit of rallying (being consistent).

A related tactical question when the players return to the game could be, “Where should you stand after you hit the ball?”; the idea of positioning in relation to the your opponent’s shot being the concept to understand. A possible answer here could be, “The other side of the bowling pin because that is where my opponent should be aiming.” Then the technical skill of accuracy can be focused upon with the question, “How can you be more accurate with your shots?” From experience, trial and error, players soon grasp some of the basic principles of ball control in racquet sports, such as hitting with a flat surface area, getting beneath the ball, hitting a falling ball, keeping your eyes on the ball instead of on your opponent’s butt, and positioning one’s body.

continued on page eight
How Cool Is Physical Activity

By Susan MacMillan, MPE, ACFWB Research Associate in Lethbridge

In the season of Canada’s Fitweek, spring, and fun runs, the focus is on active living. Young adults have their own views about physical activity including those living in the Lethbridge area. It seems to be an appropriate time to share some of these views with WellSpring readers.

Five hundred Lethbridge teens between the ages of 12 and 19 (those still in school) were surveyed to determine what their attitudes toward various aspects of well-being are and what actions they take to enhance their personal well-being. The first section of questions related to physical activity are discussed here.

Teens were asked to select the level of importance (on a scale of 1 to 7) of activity in the enhancement of well-being. Both females and males stated that they feel that regular exercise is as important as walking or cycling whenever possible. Female responses closely related the two with respect to importance (exercise 58%, walking 57%), whereas slightly more males indicated that exercise was important (57% versus 48%). The level of activity reported was higher than the importance given to such activities would indicate. Seventy-seven percent of females said they exercise regularly and 80% said they walk or cycle. Seventy-nine percent of males exercise regularly and 69% walk or cycle.

These results indicate that this age group does not view walking and cycling as an important contributor to well-being but rather a part of their lifestyle. The activity rates may be higher due to physical activity within school curricula and the inability to drive thus choosing other means of transportation. Those who do not view activity as important may choose to discontinue the activity once out of school and armed with a driver’s license. The importance of physical activity to well-being needs to be encouraged to these age groups in order to extend the action through the lifestyle.

Physical activity may be motivated for reasons other than enhancement of well-being. Females still place a tremendous amount of value on maintaining an appropriate weight (77%) and state that they take action to maintain appropriate weight (81%). This remains the same when the total female population was broken into age groups. The importance of weight management is much higher than the importance of regular physical activity (58%) and higher than the response of males who viewed exercise (57%) and weight (59%) as having the same level of importance.

Having friends (females 92%, males 83%) and positive feelings about oneself (84% and 76%) were the most important elements of well-being for young adults and both are much more important than the importance of regular physical activity (58% and 57%). Traditional physical education and sport programs in Canada have emphasized competition and disciplinary approaches to “character building”. The above results may suggest why so many young adults have been turned off of physical education at a young age, i.e., that it does little to enhance friendships and self-esteem. Increasingly, physical activity programs are providing variety and self-esteem building opportunities and need to continue the use if these approaches. Programs must also

Can We Play The Game?
(continued from page seven)

sideways to the target. Once the need for these skills is appreciated by the players, as with the traditional approach, the teacher can then use drills to refine the technique needed, then feed the improved performance back into a game which can be developed by adding short handled racquets, and so on.

Essentially, this approach to teaching games emphasizes the WHY of playing before WHAT you need to know and HOW you should play. So, an answer to the pupil’s question posed in the title, “Can we play the game?” could be “Sure. Let’s play a game!!”

References available on request.
The Alberta Centre For Well-being is pleased to announce the launch of third annual Wellness Wagon promotion. The Wellness Wagon, an interactive mobile exhibit, will travel the province during May and June promoting well-being, active living and the benefits of leisure and recreation to Albertans in their own backyards.

For two summers, the Wellness Wagon has been one of the Alberta Centre for Well-Being’s most successful promotional programs. The Wellness Wagon and its Crew made over 100 visits between 1992 and 1993 to rural and urban communities across the province in collaboration with community partners. Community partners represent municipal programs, family and community support services, health units, recreation facilities, recreation departments and agricultural departments.

The program acts as a vehicle through which the community partner can inform and educate the community on health, well-being, active living and the specific programs or services they or other agencies in the community offer in these areas.

The Wellness Wagon has several purposes:

1. To promote well-being, active living and the benefits of recreation to Albertans in their own backyards.
2. To provide Albertans from urban and rural areas with an interactive “hands on” opportunity to learn more about the level of their personal wellbeing. Informed Albertans make informed decisions—thus promoting the concept and practice of taking responsibility for one’s health and well-being.
3. To increase awareness and visibility of the Alberta Centre for Well-Being, Be Fit For Life Network, Recreation Parks and Wildlife Foundation, other major sponsors and community partners across the province.
4. To establish and strengthen ties with rural community facilitators.

Last year, in an attempt to make the promotion more efficient, while reaching rural Alberta—one of the main mandates of the program—the Wellness Wagon stopped in 38 communities spread throughout the province over a two month period of time. We believe the Wagon was seen on site or in transit by nearly 100,000 Albertans, due to its visibility at festivals, parks, shopping centres, recreation facilities and health units in the communities visited.

This year we are anticipating a similar reach with the additional support of the Be Fit For Life Network which will add to the program by offering information and demonstrations on physical activity and fitness.

The Be Fit For Life Network has been instrumental in helping to bring the Wellness Wagon to communities within the regions served by each Be Fit For Life Centre.

The program will consist of the Alberta Lotteries Wellness Check for Teens and Adults; in addition to resources for well-being and active living, sampling of products from Sun-Rype; and a new addition: "Healthy Living With Sunshine"—a new interactive computer educational program (see page 10 for details) for participants to sample.

How Cool Is Physical Activity

(continued from page eight)

promote these aspects of physical activity in order to attract this age group.

It is possible that young adults are not considering every physical activity as exercise and that actions such as walking and cycling are part of everyday life. This could be a positive development should it continue through the lifecycle. It is becoming more apparent that the priorities of this age group are friends and positive self-esteem and that if physical activity programs support these needs, they may be more successful and long-term.
Resource Report
By Sharon Smyl, BA
Resource Coordinator

The Alberta Centre for Well-Being would like to welcome Sharon Smyl to the position of resource coordinator. Sharon has been with the Centre in the capacity as practicum student, then as acting resource coordinator. We are pleased to have her back with us as a permanent part of the team.

In The Merriam-Webster Dictionary, the word “child” is defined as a “young person between the periods of infancy and youth”. A second definition, more applicable to this article, is “one strongly influenced by another or by a place or stage of affairs”. Through this definition alone, we can see the influence we do in fact have upon our children and how serious we must take this responsibility as parents, teachers, active living educators, social workers and community leaders.

The publication, Young Canadians Living Actively, (Government of Canada, Fitness & Amateur Sport), recognizes that the family can be an important source of social support for children. This resource, produced by Fitness and Amateur Sport, is a compilation of research notes for leaders and educators who influence children and youth. The research notes are intended to provide leaders and educators with factual information about the physiological, psychological and social components of physical activity as they relate to Canadians from birth to 19 years.

Making the Connections/ Comprehensive School Health: A Guide for Presenters & Facilitators (Health & Welfare Canada, Canadian Association for School Health) is a new resource which recognizes that for many young people, making healthy lifestyle choices is not easy. School-based programs play an important role in helping young people avoid health problems. The effectiveness of school-based programs is increased when educators, health professionals, social workers, community leaders, and families collaborate with students to help them make choices that enhance their own health and the health of their communities.

Wellness For Children: Programming Guide (Sandy Queen) has been developed to provide information and ideas for organizing and implementing wellness programs for children in elementary grades through junior high school. The guide recognizes that good health is essential to children for learning and that a healthy sense of self-esteem is the foundation for positive lifestyle choices.

The Work and Family Challenge: Issues and Options produced by the Canada Committee for the International Year of the Family 1994, states that children suffer when they experience reduced opportunities for socialization and participation in the warmth and care of family life.

These resources, along with a number of others, are available at the Alberta Centre for Well-Being Resource Room. For more information please call 1-800-661-4551.

Coalition Seeks to Promote Quality, Daily Physical Activity in Canadian Schools

40% of Canadian children are overweight and have at least one risk factor for heart disease. The average Canadian child spends 26 hours per week watching television in addition to nearly 30 hours behind a desk. Less than 10% of girls and boys play a sport once a week.

While a recent Gallup poll shows that 71% of Canadians believe that quality physical education should be offered on a daily basis to all students, only one-third of Canadian schools offered daily physical education to some of their students. Yet, kids spend the majority of their waking hours at school—should schools be attacking the problem?

According to fourteen Canadian organizations who formed the Coalition for Quality Daily Physical Education (CQDPE), the answer is “yes”. The coalition strives to explore existing networks to promote QDPE; to work collaboratively and individually on projects that promote school physical activity; and to bring members together annually to share successes, and to plan and provide input into proposed initiatives.

The Coalition recognizes academic and social benefits in addition to the health benefits of QDPE. Research continued on page sixteen
Since 1975, the University of Alberta has offered a Children's Movement Program (CMP) on Saturday mornings during fall and winter semesters. When Dr. Margaret Ellis, the original coordinator of this program, retired in 1990, a multidisciplinary group of seven research/practitioners from the Department of Physical Education and Sport Studies at the University of Alberta decided to continue and extend CMP by establishing the Children's Physical Activity and Study Program (CPASP). Grants from Alberta Sport Recreation Parks and Wildlife Foundation; the Alberta Centre for Well-Being; the Universiade '83 Foundation and support from the Faculty of Physical Education and Recreation made the launching and continuation of this program possible.

CPASP was designed to meet teaching, research and service objectives. With respect to teaching objectives, CPASP has offered many teams of Physical Education, Education, Adapted Physical Education and Occupational Therapy undergraduate and graduate students a unique, hands-on opportunity to work together in a reflective, monitored teaching setting. Students from classes in both Physical Education and Recreation and Education faculties have the opportunity to observe, assess and educate, in an integrated setting, children who have no known cognitive and/or motor deficits, as well as referred children in our program who are mentally and/or physically challenged e.g., Attention Deficit Disorder (ADD), Down's Syndrome, autism, planning disorders, epilepsy, spina bifida, mild cerebral palsy, hypotonia, Charkot-Marie Tooth disease, physical awkwardness.

With respect to the research objectives of CPASP, researchers from a variety of disciplines (e.g., exercise physiology, adapted P.E., social psychology of sport, motor learning) have access to children for pilot studies and multi-disciplinary research projects. Such projects have examined perception competence in gross motor skills of elementary school children; a test of the theory of planned behaviour in a "games for understanding" class; memory for movement sequences in children; self-regulated learning of movement sequences; qualitative and quantitative assessments of children's participation in and continuation with games classes which are "tactics-based" rather than "skill-based"; the physiological and psychological effects of weight training education for elementary school children.

The annual service objectives of CPASP are to provide 270-400 Edmonton children with weekly, affordable physical education classes. CPASP encourages independent decision-making about engaging in physical activity from children. The program promotes flexible, positive and inclusive attitudes toward games making, gymnastics, gender and individual capabilities, success, enjoyment and physical activity in general. Classes are individually tailored to suit the holistic development of all class participants—even the parents who regularly join in! Indeed some of the families have been attending CMP and CPASP for over 10 years.

Until 1993, CPASP classes were offered only Saturday mornings at the University of Alberta. This year, however, a Universiade '83 Foundation grant has made possible a joint project by the Faculty of Physical Education and Recreation, Edmonton Parks and Recreation and Edmonton Public Schools which has allowed us to take 16 (10 week) CPASP games classes directly to an additional 160 children in eight different communities in Edmonton. Five of these communities were also identified as having children who were "at risk" and who would likely not have resources to attend a program like CPASP. We were also able to bus in nine inner city girls to our Saturday CPASP games classes as a result of this grant.

With requests for the program increasing annually, it is starting to become apparent to CPASP founding members that the public is recognizing the need to include opportunities for more generalized, less structured experiences in physical activity for children.
This aspect of the 1992 Survey of Workplace Programs, conducted by the Centre in collaboration with the Alberta Recreation, Parks and Wildlife Foundation (RPWF), Alberta Recreation and Parks and the Canadian Fitness and Lifestyle Research Institute (CFLRI) focused on the availability of health promotion initiatives in Alberta’s workplaces. In the summer of 1992, 1668 surveys were mailed to a stratified random sample of companies (stratified by company size), who had over 20 employees and were in the non-governmental sector. The surveys were addressed to the human resource manager of the company. A reminder card was sent two weeks after the initial mailing and a reminder card plus a questionnaire was sent one month after the initial mailing. 123 surveys were returned incomplete (wrong address, duplicate, no longer in business, not interested), 674 (44%) were returned complete and usable for the study.

Here is a brief overview of some of the more notable findings:

Throughout the entire survey, the larger the company, the more likely you are to find health promotion opportunities available to employees. The top five perceived benefits of workplace health promotion programs in Alberta's workplaces are: increased productivity; reduced absenteeism; demonstrates we care about our employees; better employee relations; improved employee health/wellness.

The three sources of stress are: constant tight deadlines; financial uncertainties; fear of lay-off.

You are most likely to find policies which impact general well-being in place for:
Maternity/paternity leave, bereavement leave, education leave, education subsidies, employee education & upgrading, service excellence recognition, and employment equity.

The top three health & safety hazards and unpleasant working conditions are: too much heat or cold; bad air (stuff); risk of physical strain (back).

You are most likely to find information available to encourage good health for: environmental hazards; safety training & accident prevention; preventive back care; stress management.

You are most likely to find programs which encourage good health in place for: safety training & accident prevention, safety audits, recycling program, and employee assistance programs.

You are most likely to find policies which encourage good health in place for: alcohol use, harassment, safety training & accident prevention, smoking cessation and safety audits.

The top five services and resources that would be helpful for planning implementing health promotion programs in Alberta’s workplaces are: packaged information; audio-visual materials; workshops, grants, subsidies and interest-free loans; staff training programs.

A large percentage of Alberta’s workplaces do not evaluate their health promotion program (range across Company Size and Industry Sector is 34-55%).

For workplaces in Alberta who do evaluate their health promotion programs, the top three methods are: absenteeism records; program participation rates; worker’s compensation claims.

NOTE: The 9-page Executive Summary and the 80-page Final Report, go into much more detail, comparing the results by company size and industry sector. These are both available by contacting Sharon Smyl, Resource Coordinator for the Alberta Centre for Well-Being.
It has been widely accepted that many of the major health risks faced by children and youth in Canada today are a product of social attitudes and habits. To begin, here are a few “print-bites” which reflect that proposition.

The Ontario Medical Association has estimated that 60% of health risks to children and youth are related to poor lifestyles and therefore are potentially preventable.

Injuries are the leading cause of death for Canadian children aged 1-19, and the second main cause of hospitalization.

Involvement in physical activity declines from ages 11 to 15. Only 40% of Canadian girls and 60% of boys expect to be involved in physical activity at age 20. Fifty-seven percent of young people aged 15-24 perceived their lives to be stressful or somewhat stressful.

In an effort to address the health problems faced by today’s youth, Health and Welfare Canada, in cooperation with the Canadian Association for School Health, is promoting the concept of Comprehensive School Health (CSH). CSH is a health promotion framework that involves a broad spectrum of programs, activities and services taking place in the school and surrounding community. CSH itself is not a program, rather it is a multi-stage process aimed at developing multi-level, multi-modal collaborations to positively effect the health knowledge, attitudes, and behaviours of Canada’s youth. The four basic goals of the CSH approach are:

1. to promote health and wellness
2. to prevent specific diseases, disorders and injury
3. to intervene to assist children and youth who are in need or at risk
4. to help support those who are already experiencing poor health

CSH identifies three basic stages of collaboration. Although there are no rigid formulas for collaboration, CSH identifies three basic stages to help initiate the process:

1. framing the issue
2. establishing working procedures
3. implementing the action plan

CSH comprises a Multi-Level Framework

CSH is inclusive. The framework encourages multi-level collaboration on all aspects of concern to the overall health and welfare of today’s youth. The process is designed to integrate i) school/neighbourhood, ii) district/region, and iii) provincial/territorial levels.

At the school and neighbourhood level the process encourages the participation of students, families, teachers, principles, guidance counsellors, health and social service professionals in the process. At the district and regional level the program seeks the involvement of school board trustees, school superintendents, health officials, social workers and agencies, police departments, community and professional groups, and municipal councils.

At the provincial and territorial level the process aims at eliciting the involvement of elected officials, administrators, planners, managers in the ministries/departments of Health, Education, Social Services and Finance, non-governmental organizations and professionals.

CSH integrates a Multi-Modal Approach

The CSH involves a multi-modal framework for action which includes a) instruction, b) support services, c) social support, and d) a healthy physical environment within the school and community.

Instruction constitutes the basic means for providing students with information about health and wellness, health risks and health problems. CSH emphasizes the ability for instruction to enable students to accumulate knowledge, learn to organize facts in a meaningful way, develop attitudes and beliefs, practice new skills, and initiate new behaviours.

Support services includes health, guidance and social services which are major

continued on page sixteen
As more and more people live active lifestyles, there comes a greater need to protect our skin from the sun’s damaging rays. The incidence of skin cancer in Canada is on the rise, and anyone born today faces a one-in-seven chance of developing this disease during their lifetime.

A number of factors have contributed to this rise. The most common cause of skin cancer is repeated exposure to the sun. People who spend a lot of time outdoors are at highest risk. Adding to the problem is the popularity of vacations to sunny destinations and tanning. Scientists believe the thinning ozone layer is also a factor since it allows more ultraviolet radiation to strike the earth.

Healthy Living with Sunshine is an interactive computer program explaining ozone layer depletion, the effect of increased ultraviolet radiation on health and the environment, and the positive actions we can take to protect ourselves.

This multimedia software teaching presentation was developed by the Alberta Cancer Board, Environment Canada, and the Canadian Cancer Society—Alberta/Division. The program is divided into two broad categories of information. The environment and personal health impact of ultraviolet radiation is explained and illustrated. In addition, personal action strategies are offered. In total, Healthy Living With Sunshine has approximately 30 minutes of information and testing.

"Skin cancer is the most common cancer in Alberta and Canada," says Dr. Campbell, Coordinator of the Alberta Cancer Board's prevention program and the development team leader for Healthy Living With Sunshine project. "The primary goal of the program is to reach out to adolescents, parents and caregivers. They have the most influence on protecting children who are at the greatest risk of overexposure to ultra-violet radiation."

"While Environment Canada's UV Index informs Canadians when sun protection is advisable, plants and animals may not be able to adapt to the stress of increased UV exposure," adds Tom Medlicott of Environment Canada, scientific advisor for the project. "Healthy Living with Sunshine also teaches us how international, national, local and personal actions can help to repair the ozone layer."

"The Canadian Cancer Society collaborated in this partnership because we believe that by keeping our skin healthy, we contribute to total body health and fitness," says Diane Colley-Urquhart, Executive Director.

Funding for this program totalled $30,000, contributed equally between each partner. The software program is designed to run on PC computers using DOS and Windows 3.1. Plans are presently underway to arrange for the marketing and distribution of the software throughout Alberta and Canada.

Profits generated from the sale of this software will go toward further development of the program.

The program was launched at the Wellness Wagon Launch, April 28th in Edmonton. The Wellness Wagon Crew will be delivering "Healthy Living With Sunshine" as part of the interactive educational program onboard the Wellness Wagon. The Wagon will travel to over 40 communities in May and June promoting active living, well-being, disease prevention and the benefits of leisure and recreation to Albertans in their own backyards.

For more information about "Healthy Living With Sunshine" please call Kate Hildebrandt at the Alberta Cancer Board, 482-9381. For information about the Wellness Wagon and its schedule, please call the Centre at 1-800-661-4551 (453-8692 in Edmonton).
Summer Institute in Addictions Studies; Addiction Research Foundation; June 6-24, 1994
Ryerson Polytechnic University; Toronto, ON
(416) 695-6020/ (416) 595-6644

11th Annual 1994 Convention & Fitness Expo: The Road to New World Fitness, (IDEA)
International Association of Fitness Professionals; June 6-9, 1994
Las Vegas, Nevada
(800) 999-4332 extension 7

Vitalize '94: Provincial Volunteer Conference: "Volunteers are Family"
June 9-11, 1994
Grande Prairie, AB
(403) 422-9305/ (403) 427-4155

Prospects for Health Gains
Canadian Public Health Association 85th Annual Conference;
June 12-15, 1994;
Edmonton, AB;
(613) 725-3769/ fax (613) 725-9826

New Attitudes in Health Promotion: Learned Societies' Conference;
Third Annual Conference on Health Promotion Research

June 16-18, 1994
University of Calgary
(403) 220-8094/ fax (403) 289-4338

19th Annual National Wellness Conference;
National Wellness Institute; July 16-22, 1994
University of Wisconsin, Stevens Point; Stevens Point, Wisconsin
(800) 243-8694

AWHP 20th Annual International Conference: Managing Change—
Creating Opportunities;
Association of Worksite Health Promotion; Sept. 21-24, 1994; Portland, Oregon
Call 1-800-661-4551 for more information

Multiple Sclerosis Tai Chi,
Yoga, PEP and Fun & Fit
Swim start in May in Edmonton. Call Andy at 471-3034.

For more information on resources, workshops, conferences or agencies involved in the promotion of well-being, active living or the benefits of recreation, please contact the Centre at:
1-800-661-4551
(453-8692 in Edmonton).

New Advisory Board Members Needed
The Alberta Centre For Well-Being Needs Two New Members for Our Advisory Board (2 year term).

The Board meets twice yearly to provide feedback and input into the mission, mandate and direction of the Centre. Advisory Board positions are voluntary, although travel expenses will be covered. Interested individuals should be active in well-being, active living and/or health promotion in their community and be familiar with the work of the Centre. If you live in Northern or Central Alberta and feel you would enjoy contributing to the well-being of the Alberta Centre for Well-Being, please call Cynthia Lowe at 1-800-661-4551 for information on how to apply.
Comprehensive School Health

(continued from page thirteen)

elements in assessing students' health needs, preventing disease and illness, and treating those in poor health. The nature and availability of these services is acknowledged to vary from community to community with the responsibility for such services being spread among organizations such as public health units, school districts, social services agencies, addiction agencies, municipalities, police forces and voluntary organizations.

Positive social support for healthy lifestyle decisions is identified as an important factor in promoting student health and wellness, especially among young people in need or at risk. Social support is to be provided by the people around the students. These people, or groups, include their peers, families, school staff, other professionals and community members. It is noted that social support is most effective when these people are in turn supported by policies and programs that encourage their active involvement in the learning process.

The creation and maintenance of a safe, healthy physical environment can make a major contribution to the prevention of disease and injuries, and may provide many opportunities to promote health behaviours in terms of nutrition, and tobacco, alcohol and drug use, especially among students in need or at risk.

CSH identifies the important role that school and health department policies and community attitudes and values play in establishing appropriate standards for the physical environment.

In Conclusion

The CSH represents a process through which two or more parties share resources, work toward a shared vision, and work together to achieve a particular goal. The benefits of this collaborative approach promise to include: better action plans, more diversified responses, and better, more innovative solutions. The strong process-oriented program is aimed at multi-level, multi-modal promotion of health to children and adolescents in the school program. The question remains 'Where do you fit?'. Using the CSH model every individual should be able to sit at the table and make a positive contribution to student health and wellness at one or more levels through one or more modes. The framework is there, all that remains is the initiation of the process by identifying the issue salient in your school or community.

Coalition Seeks

(shows that QDPE kids perform as well or better academically than students who do not receive QDPE. They also tend to exhibit increased concentration, enhanced memory, expanded problem solving skills, and improved learning capabilities. Attendance in schools with QDPE is also greater.

Socially, QDPE kids have been found to have more positive attitudes about physical activity, their studies and themselves. They tend to play better with other children and exhibit less hyperactive or aggressive behaviour. They have better health habits, more energy, get more sleep and have a better appetite.

We cannot ignore the warning signs of inactivity in our youth. An obese preschooler has a 25% chance of becoming an obese adult. Obese adults are three times more likely to acquire diabetes and have a 1200% increased risk of sudden death. With regular daily physical activity, weight control is a major objective.

The coalition needs your help to convince schools to take action towards implementing QDPE programs for our youth. Contact your school board or write to Kirk Bamford, CAHPER, 1600 James Naismith Drive, Gloucester, Ontario, K1B 5N4. Tel: (613)748-5622; Fax: (613)748-5737.