Reflection
by Cynthia Lowe, Director

A Thanksgiving dinner this year, we went around the dinner table and each answered the question: "What do you give thanks for?" It was not so much a religious exercise, although it did resemble a grace or prayer, but a time to pause, relax and reflect for a few moments on our lives. It gave everyone a chance to have their say, even the children in a sometimes adult-dominated environment, and an opportunity to listen to each person's expressed thoughts.

While the food, busily prepared all afternoon, sat before us, this time of reflection added civility and calm to an otherwise hectic lifestyle... yard and house work, children's activities and family from outside Alberta traveling here for the occasion. It allowed us a chance to pause before we, like many Canadians, devoured the meal at an alarming rate. It also gave us the opportunity, despite the usual grumbles and complaints, to recognize how many aspects of our lives contribute to our well-being.

Amongst other things, our eldest child gave thanks for her hamster while her sister gave thanks for the dessert we were about to eat. Their 82 year old Great Grandma gave thanks for her health. Many times over the weekend Grandma managed at and shuffled our fast pace and complex lives. More than once she reflected on "the good old days" of her youth when people had the time for the small pleasures in life.

As I speak to health promotion practitioners on a day-to-day basis, I hear stories of people overwhelmed by the changes and stress they encounter in their daily work lives. It is a well known axiom that health promotion organizations are often unhealthy places to work and health promotion practitioners don't always practice what they preach.

The upcoming 10th anniversary of the First International Conference on Health Promotion, hosted by Canada, and the release of the pioneering documents Achieving Health for All: A Framework for Health Promotion and the Ottawa Charter for Health Promotion, give us the opportunity to reflect on accomplishments in health promotion. When you are feeling like the future looks dim and you are ready to quit your job, take the time to reflect on the progress that has been made over the last 10 years. Listen to the discussions of those around you as the work moves into 'next steps', and value your contribution to the health promotion process.

Try to set aside some of the busy things and place your well-being as a priority.

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The Wellness Library has several new acquisitions which can be borrowed by members of the public for up to two weeks. Some of the latest are listed below. We are pleased to announce the development of an order form for the various free and subscribed resources produced and/or distributed by the Alberta Centre for Well-Being. Please contact the Centre for your copy.

Videos
Surviving the Changing Workplace from the Managing Job Stress series (Whole Person Associates, 1994). A 20-min. video on changes that can occur in the workplace and how to deal with them.

Healthy Lifestyle and Healthy Stress from the Making Healthy Choices series (Whole Person Associates, 1995). Healthy Lifestyle is an introduction to key areas of wellness: nutrition, exercise, relationships, stress management, and positive change. Viewers learn how the choices they make in these areas affect their well-being. Healthy Stress is a 22-min. video on managing the stress in your life. All three videos end with a guided visualization exercise.

Resources for Teachers
The QDPE Leader's Lobbying Kit - Articles, ideas and information on promoting Quality Daily Physical Education (QDPE) from the Canadian Association for Health, Physical Education, Recreation and Dance (CAHPRD). The Walking Wellness Teacher's Guide: A Resource Book for Elementary and Middle School Teachers (Robert Swartgall and Robert Norse, 1987). A curriculum guide for grades 3 and 4 that provides instructions on different aspects of fitness walking, cardiovascular conditioning, nutrition, weight control, and personal techniques and posture, stress control, and tobacco-free living and lifestyle planning. The primary focus is on experiential learning, self-improvement and non-competitive walking exercises that all students can do, regardless of their athletic abilities. A Swimming Wellness Student Workbook is available as well.

Resources for Academics and Health Professionals
The first-ever journal of the Canadian Association for Health, Physical Education, Recreation and Dance (to be published 3 times per year).

Decentering Leisure: Rethinking Leisure Theory (Chris Royle, 1995). Explores the meaning of leisure in the context of the key social and political dimensions of our time: capitalism, modernity and postmodernity.


The Healthy Workplace - Health Fairs for your Workplace: A Creative Sourcebook (Wellness Councils of America, 1995). A practical guide to organizing a health fair at your place of work.


Women and Girls
Three resource kits: Self-Esteem, Sport & Physical Activity, Body Image and Eating Disorders, and Promotion Plus Fact Packs. Each kit contains current information on issues affecting girls and women in sport and physical activity. Promotion Plus also provides a list of local, provincial and national resources that are available through the Vancouver office. For more information contact Tammy Lawrence, #305 - 1367 West Broadway, Vancouver BC, V6H 4A9, Phone (604) 737-3073, fax (604) 738-7173.

Join us in building better bones!
We’re the Osteoporosis Society of Canada and we’re looking for groups concerned with women’s health issues to host educational forums on osteoporosis and menopause.
Let’s work together to get the facts and find solutions.

If you would like to host a health forum on osteoporosis and menopause, call us at 1-800-463-6842 or 416-266-9681.

Alberta Centre for Well-Being
Serving Professionals in All Areas of Wellness and Active Living

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

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

Published quarterly (February, May, August, November) by Alberta Centre for Well-Being 11759 Great Road, Third Floor Edmonton, AB T5M 3K6 (403) 453-6802 • 1-800-661-4551 • Fax (403) 453-2092
ISSN 1187-7472

Contributions and Comments: Submissions for consideration are welcome and should be sent directly to the editor. Articles should be between two to four double-spaced typewritten pages. Please include a photograph to enhance the article when ever possible.

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In addition to the filters, the Inuit interviews identified a variety of 'corelates' of health, or concrete concepts around which a person organizes her or his perception of health. 'Food' is a correlate that some people use for health, but food can be understood in a variety of ways. It may be perceived as a sociocultural phenomenon, a psychological obsession, a physical requirement or as part of a spiritual health need. A person using a physical filter might talk about the vitamins and minerals of the food or its caloric content, whereas someone understanding food from a social dimension might talk about important social connections like family dinners or social mixers. Those who apply a spiritual perspective could interpret food in terms of a spiritual feast, ceremony or ritual.

While most people tell us that their health is comprised of a variety of dimensions, the importance of each aspect is rated differently by each individual. In the 1990 Health Promotion Survey, 117% rated the physical dimension as very important, compared to 8% for psychological dimension, 63% for the social dimension, and 47% for the spiritual dimension.

A household health status survey and a youth survey done in Fort Chipewyan as part of the community health status assessment (Nunavut Health Board, 1995), showed the perspectives of health to be similar to those found in the Inuit. Thirty-three percent of adult respondents said physical health was very important, 78% said mental-emotional health was very important, 60% said social relationships were very important, and 60% said spirituality was very important. Most respondents (87% - 93%) rated all four aspects to be very important or somewhat important to their health.

The importance of all dimensions of health, except spiritual well-being, diminish with a reduction in the level of self-rated health. For example, 89% of those with excellent health indicated that physical health is very important compared to 74% of those with poor self-rated health.

The results of these two studies demonstrate the need to respect a client's understanding of the multiple dimensions of health when providing any kind of health intervention. This is true whether the intervention is health education, treatment, rehabilitation or support. The implications for integrating the various dimensions in health program design and education strategies are also profound. Understanding how clients perceive the various aspects of well-being may help us better understand how to influence the utilization of medical services.

Unfortunately, health practitioners and program designers tend to focus on the physical dimension of health. It is very difficult to understand and measure the importance and perceived quality of the other dimensions (including spiritual health) without the full participation of the client. The results of these studies challenge us to understand the critical importance of clients' active participation and ensure they are included when designing programs, developing care plans or evaluating the success of our interventions.

The concepts of stress and anxiety overlap considerably and are often used interchangeably in the exercise research literature. Anxiety measures are used to assess stress and vice versa. The notion of stress, however, places more emphasis on the role of the environment in eliciting physiologic arousal and emotional distress; it is less concerned with explaining these responses in terms of the individual's predispositions or enduring personality characteristics than it is the concept of anxiety.

Lazarus and Folkman have defined stress as 'a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.' Their interactive model of stress takes into account both the environmental stimuli that are perceived as disturbing in some way and the individual's response to particular circumstances.

Coping Strategies

Coping strategies for managing both external and internal demands can in turn be conceptualized as being of two basic types: problem-focused and emotion-focused. Problem-focused strategies involve managing and solving the problem that is causing the distress, whereas emotion-focused strategies involve alleviating the emotional distress.

While it has generally been assumed in the research that exercise serves an emotion-focused function in reducing stress, physical activity may in fact act to reduce stress in a number of ways, including:
- promoting relaxation;
- acting as a time out;
- providing a psychological distraction;
- changing mood;
- increasing overall resources such as self-esteem and self-efficacy;
- providing a time and an opportunity to work through problems (as can happen during running, for example); and
- generally regulating emotional and physiological reactions to a stressful event.

The Optimal Exercise Pattern

Anxiety being a more defined, specific element of mental stress, most of the research information on what is commonly known as 'anxiety' comes from the anxiety literature.

The research on anxiety points to the following patterns of exercise as the most beneficial:
- Aerobic activity lasting 20 to 40 minutes has shown reductions in anxiety lasting two to four hours following a single bout of exercise.
- Programs lasting at least 10 weeks, and preferably longer than 15 weeks, lead to the greatest reductions in anxiety.

Well-Spacing

The intensity of the exercise may not have to be highly vigorous (that is, 70 to 80% of VO₂max) for it to be effective. Examination across a number of studies has shown significant reductions in anxiety in intensities ranging between 40 and 80% or more of VO₂max. There is also some evidence of the anxiety-reducing effects of low-intensity activities like walking. In some instances, moderate-intensity activities produced greater reductions in anxiety levels than more vigorous activities.

Besides acting as a coping strategy, physical activity may also act to prevent anxiety in the first place. One expert has proposed that "the benefits of regular exercise may reside in its ability to reduce anxiety on a daily basis and hence, prevent the development of chronic anxiety.

Coping with stress is an increasingly important skill. As financial uncertainties and longer work hours add to the stress burden of workers, policy makers at the government and corporate levels may envisage creating a supportive environment through initiatives such as flexible work hours, the subsidisation of employee costs for fitness and recreational clubs, and the development of fitness breaks.

In the 1990 Health Promotion Survey, nearly 50% of Canadians reported a fairly stressful life, and an additional 12% reported that their life was very stressful. Feelings of stress were highest among the 25-44 year olds as well as among the very poor and the wealthy. In this context, physical resources such as health and energy, which can be enhanced through physical activity, constitute an important source of coping.

For More Info ...


From: The Research File for Information for professionals from the Canadian Sports and Lifestyle Research Institute.
Social Marketing in Health Promotion

by Kerry Mummery, Research Associate

Business activities that increase the flow of goods and services from producer to consumer have become an integral part of modern society. This process, formally defined as "marketing" (American Marketing Association, 1989) influences every part of our lives and has done so for most of the last half of the twentieth century. Recently, the concept of marketing has expanded beyond the bounds of commercial goods and services, to include the marketing of socially desirable concepts or behaviours. Such "social marketing" has included large mass-reach health campaigns covering such activities as injury prevention, seat belt use, smoking cessation/prevention, physical activity and exercise and AIDS-protection (Donald & Owen, 1994) to name only a few.

It is important to understand that social marketing is more than simply the advertising of various health and lifestyle messages in the mass media. The original definition of the term (Kolker, 1982) displays the wider view which must be taken to fully understand the concept:

The social marketing approach will use the media to make people aware of ideas and practices, but it also identifies the needs of a specific group, gives them information so that they can make informed decisions, offers programs or services to meet their need, and assesses how well these programs/services met the needs (Ontario Ministry of Health, 1992).

A mass media campaign can occur only after the related support systems are in place to facilitate behavioural change.

An example from the business world is a battle for your media dollars. These marketing campaigns are much more than just clever high-profile advertising. They include packaging and product displays, accessibility, placement and visibility in retail outlets and an integrated production, wholesale and retail system. Only with the entire infrastructure system in place can the mass media campaigns work to enhance a consumer's tendency or ability to purchase the advertised product. In social marketing the same basic principle applies, the media campaign can only occur after the related support systems are in place to facilitate behavioural change. Exchange has been described as the core concept of marketing (Donald & Owen, 1994). In a transaction, individuals, groups or organizations have resources they are willing to exchange for perceived benefits (Kolker, 1982). The consumer

advertises

exchanges money, time or other values for a product (tangible or intangible), a service, or an idea the supplier can provide. In social marketing the supplier (the health promoter) markets a concept to the consumer (the general public) which they will "buy" if the perceived benefits outweigh the perceived costs. It is the benefits, or perception of benefits, which the consumer is purchasing, not simply the product, service or activity. The perceived benefits are what will reduce the perceived barriers, or various alternatives can be suggested which allow the consumer to deal with the constraints on their behaviours. A recent study by Wandel and Mummery (1995) identified the principal barrier to regular vigorous physical activity for those aged 65 years and older to be injury and fear of injury. A successful campaign to influence exercise and physical activity behaviour of this age group must therefore emphasize the benefits of physical activity and exercise, and dispel any unfounded beliefs about the dangers of vigorous activity. In order to enhance the adoption of a physically active lifestyle in the older segment of the population, adequate medical and safety precautions, accessible information, and informed leadership should be provided which address these perceptions.

The elements of a successful social marketing campaign are as follows, as identified in the "Social Marketing: New Weapons in an old Struggle" article:

Health Promotion, 27(3), 612.

References


Active Living Alberta

Success Stories

Active Living Unit
905 Standard Life Centre
10405 Jasper Avenue
Edmonton AB T5J 4R7
Fax (403) 427-5140

Active Investigating Alberta

The Action for Health: A Health Promotion Initiative, Alberta Health provided a total of $350,000 to the Regional Health Authorities in 1994-95 to develop comprehensive plans for prevention and promotion programs in their areas. This fiscal year, an additional $5 million has been provided for implementation of the plans. An additional $4.5 million will be provided in the 1995-97 fiscal year. The expected outcomes of the initiative are:

- identification of community needs and resources; setting goals, objectives and targets; and development of a comprehensive plan
- increase in public participation to identify issues and create solutions
- increase in effective partnerships and collaboration between sectors to plan and implement health promotion projects
- increase in the number of effective strategies for health promotion, as well as disease and injury prevention

From the early information, it is clear that the projects will cover a wide spectrum of approaches and areas of focus. Alberta Health will be using the R14SA to submit a brief summary of their projects in order to provide this information to others as a means of facilitating collaboration between projects and regions. This summary will be available to the public by the end of November.

For more information please contact:
Barb Hanson, Manager, Policy and Program Development Unit, Prevention and Promotion Branch, 21st Avenue, Suite 1002, Edmonton, AB T5J 2N3
Phone (403) 427-2653 or Fax (403) 427-2511
The Myth of Rural Health: Urban-Rural Differences in the Health-Promoting Behaviours of Albertans

by Nora Johnston, Education Coordinator

In Canada, it has been shown that where you live influences your health status. Studies have demonstrated that rural residents have shorter life expectancies, are more likely to suffer long-term disabilities, and have shorter quality-adjusted life expectancy than residents of large cities. This may, in part, be due to the underservicing of rural residents by the health care system. In contrast, rural or country living is often associated with healthy robust people who are thought to eat well, sleep well, get sufficient fresh air and be unencumbered by the stressful, polluted and fast-paced conditions of large cities. Unfortunately, few investigators have examined whether the behaviours undertaken to promote health differ in urban and rural settings. The majority of research related to health behaviours has focused on individual characteristics, such as age, income, education and sex.

Context vs. Predisposition

Duncan, Jones and Moon (1993) have pointed out that health behaviours may be more in relation to the context in which those behaviours are developed and encourage aged, as well as in terms of individual characteristics; in other words, whether people participate in geographic location has the potential to be an important determinant of health-related behaviours. If this is the case, individuals who engage in particular behaviours or who choose to avoid certain behaviours may do so because of contextual or ecological factors, regardless of their personal characteristics or predisposition.

In light of the need to understand the note that geographic location plays, Johnston, Ratner and Borroz (1995) compared selected health-related behaviours of urban and rural residents in Alberta. This study used data obtained in a larger study designed to examine the health-promoting behaviours of Albertans. A telephone survey was conducted in October and November 1993, targeting all persons 18 years of age or older who were living in a dwelling unit in Alberta who could be contacted by direct dialing. From this population, three samples were drawn to cover the province; one was for those which included Edmonton, Calgary, and the remainder of the province. A sampling of 2,188 telephone numbers, 1,114 eligible households were identified, 352 individuals participated, resulting in a 7% response rate.

Seven key health behaviours which have been shown to be related to longevity and physical health status and mortality were selected for study. These included physical exercise, maintaining one's recommended weight, eating three meals a day, avoiding fried or fatty foods, sleeping seven or more hours daily, refraining from smoking, and avoiding excessive alcohol consumption.

Rural Consumption of Fatty Foods

The authors found that geographic location is associated with some of the health-related behaviours. In particular, it appears that people living in rural settings outside of Edmonton and Calgary, engage in healthier behaviours, including sleeping seven or more hours a day, eating three meals a day, and avoiding excess consumption of alcohol. However, the necessity of eating one's intake of fried and fatty foods does not seem to have spread beyond the large metropolitan centers. Compared with the residents of Edmonton and Calgary, a significantly greater proportion of residents in smaller cities, towns and rural areas reported that they frequently consumed fried and fatty foods.

While this study found that one in four Albertans is overweight and therefore at risk for hypertension, diabetes and hypercholesterolemia, this is somewhat lower than the rate of 33% found in the Alberta Heart Health Survey. This finding may be due to the measurement error associated with the researchers reliance on self-reported weights and height.

In contrast, Joffres, Titianich and Hesel (1993) found more obese Albertans in Alberta to be overweight (40%) than those living in urban centres (31%). Johnson et al. also found that only those in small cities were at greater risk for being overweight than those in the two largest Alberta cities.

This discrepancy between the studies may be due to the inclusion of small towns in the urban category, the effort to control confounder, and the use of more specific classification of population groupings.

Twenty-six percent of Albertans continue to smoke, and no geographic differences were noted. There seems to have been no decrease in the rate of smoking among adults in the province since the 1990 Canada Health Promotion Survey and the 1990 Alberta Heart Health Survey.

Comparisons with the 1990 Canada Health Promotion Survey also revealed that rates of alcohol consumption across the province have not changed in the past three years.

Ready to Quit Smoking

Although smoking rates were not found to differ, more urban dwellers and rural dwellers placed smoking cessation as a priority for health improvement. This finding suggests that proportionally more smokers are at the contemplative stage and are ready to quit smoking. This also suggests that more people are ready to take action to the action stage and may be particularly amenable to smoking cessation interventions.

Though the researchers did not find that rural dwellers adopt some health-related behaviours in greater numbers than those in other geographic locations, they noted some discrepancies between the perceptions held by rural dwellers and their actual practices or usual practices. Specifically, rural dwellers were found to exercise at a rate commensurable to Albertans in other geographic locations were a just a likely to be overweight as those residing in Calgary, Edmonton and smaller towns. However, rural dwellers were more likely to report that they obtained as much physical activity as they required and were less likely to report that they had difficulty in maintaining their recommended weight.

Rural Health Myth

On the basis of their findings, Johnson et al. conclude that to some extent, adopt healthier lifestyles than those living in more densely populated centers. Further, where no differences were noted, rural dwellers perceived themselves as being more successful in adopting healthy behaviours.

These findings provide some support for the belief that rural lifestyles may be healthier for people. However, in some instances this is a myth that perpetuates erroneous beliefs about the adequacy of one's health behaviour. The result is the potential for these beliefs to work against the development of effective health promotion strategies.

This may explain, in part, the discrepancy between the findings of this study in which rural dwellers perceive themselves to be healthier, and the findings of other researchers in which rural individuals have a lower life expectancy, have a greater likelihood of suffering long-term disabilities, and experience a shorter quality-adjusted life expectancy.

References


Link Between Physical Activity and Improved Health

The US Surgeon General, the Centers for Disease Control and Prevention (CDC), and the President's Council on Physical Fitness and Sports (PCFSS) have commissioned the development of a report summarizing the growing body of scientific evidence demonstrating the wide range of health benefits that stem from even modest amounts of regular physical activity.

The report, the first of its kind, will be released by the Office of the Surgeon General in 1996, it will be developed by the CDC in collaboration with the PCFSS, representing the Surgeon General. The report will be released in the spring of 1996, at the time of the International Conference on Physical Activity and public health, while the US prepares to host the Olympic Games.
Applying Darwin to the Vicious Cycle of Diet and Exercise

Charles Darwin made it almost impossible to be a mindless lover of nerves. The common-sense answer is clear: None. Feeding yourself is reasonable, starving yourself is not. Standards have changed; more than ever and over and ever. What evolutionarily advantageous habits are we forming and how do we perpetuate them? Is it more likely that the frustration of the body weight is more likely to be perpetuated because it is a habit that we learn? And what happens when we stop the cycle of the vicious cycle of diet and exercise?

What advantage, they wonder, do creatures get from uphill? The common-sense answer is clear: None. Feeding yourself is reasonable, starving yourself is not. Standards have changed; more than ever and over and ever. What evolved beneficially achieve a conformation? How does the species gain from this approach? Where was she in Edmonton recently? She had encountered two University of Alberta psychologists, David Epley and David Pierce, who have developed an evolutionary explanation for behaviour that most of us regard as mental illness, plain and simple.

Centre Happenings

Goodbye and Good Luck

Unfortunately, we are saying goodbye this month to Nora Johnston, our Nutrition Coordinator. Nora has contributed to every part of the organization during her five years, first as a graduate student and then as a staff person. Her contribution to the Centre and the promotion of well-being was never wasted and she will be missed. We are grateful to learn that Nora will continue to be involved with the Centre through her new job with the Heart Health Project at Alberta Health.

Thank You to Our Volunteers

Goodbye and thank you to our ongoing Advisory Board Members. Their commitment to the Centre over the past two years provided the dedicated leadership needed during a time of significant change and development. Best wishes for the future:

Jim Day, Department of Physical Education, University of Lethbridge
Sharon Soller, Alberta Agriculture, St. Paul
Sharon Thumason, St. Paul
Julie McCauley, Health Centre, Edmonton
Karen Veale, Faculty of Kinesiology, University of Calgary

And welcome to the new board members who jumped in with both feet at our first meeting in September:

Merrill Clark, Health Practitioner, St. Paul
Judith Kylig, Regional Centre for Health Promotion and Community Studies and

WellSpring

The Centre is pleased to announce that Dr. Stephen Blair will be in Edmonton on Thursday, November 9 from 10 am to noon. Dr. Blair will be discussing his research which focuses on the associations between lifestyle and health, with emphasis on exercise, physical fitness, body composition and chronic disease. Attendance is free but RSVP’s are required. Please contact the Centre at (403) 453-8092 as soon as possible to ensure your space.

Tobacco Free Alberta Conference

The first Tobacco Free Alberta Conference was held in conjunction with the National Non-Smoking Week, January 15, 1996. Sessions will include poster presentations and concurrent workshops on smokeless tobacco, private sector/corporate involvement, community action, research, women, youth/school and public policy.

AFCWB Research Direction

In June, 1995 stakeholder consultations were hosted by the Be Fit For Life Network in three centres in Alberta (Edmonton, Lethbridge and Red Deer) to determine the research needs of practitioners accessing the Centre’s research services. Input was also obtained from other individuals who could not attend the consultations. This information was provided to the executive management group of the Centre.

After several meetings the following research objectives for the Centre were determined:

The Alberta Centre for Well-Being is committed to being a leading source of information and research regarding healthy, active lifestyles.

Research will be conducted using established partners such as the Alberta Cancer Board, Alberta Health, Alberta Community Development, the universities of Alberta, Calgary and Lethbridge and others.

The established priorities are to:

1. Establish the case for healthy, active lifestyles.
2. Monitor the status of healthy, active lifestyles in Alberta.
3. Understand the determinants of healthy, active lifestyles.
4. Research into the development and evaluation of interventions related to the adoption and maintenance of healthy, active lifestyles.

For more information please contact the Alberta Centre for Well-Being at (403) 453-8092, fax (403) 453-2092, or toll-free in Alberta 1-800-661-4511.

WellSpring

Research

It is important to note that increased endorphins seem to reduce appetite, particularly when body weight has dropped and exercise has increased. In other words, anorexia is a classic vicious cycle. The more you exercise, the more endorphins your body produces. The more endorphins, the less you eat. The less you eat, the less you weigh. The less you weigh, the more you exercise.

Professors Pierce and Epley define this situation as "activity anorexia". Their research suggests that the theoretical model of anorexia must be rethought. Main exercise is the main characteristic of this type of anorexia, and explains why it is so often seen in ballet dancers, college wrestlers and gymnasts. The Alberta researchers aren’t suggesting that social messages about ideal body weight don’t play a part. But also of great importance, with rats and humans, is that innate biological feedback causes exercise to be both a cause and an effect of anorexia.

One clear treatment implication is that if anorectics are prevented from exercising, the destructive cycle might be stopped.

But there is a Darwinian phenomenon that might create a biological system that leads to self-destruction? The answer, the psychologists say, lies in our view of exercise. In the plentiful West, we view it as a way of burning calories.

But that is a modern interpretation. Over evolutionary history, the main reason for increased exercise was to walk or run from food source to food source.

Studies of various rodents, hares, monkeys and baboons suggest that as animals lose weight they become more active and travel further. Hungry baboons have been known to travel 1,000 kilometres in search of food.

That is, of course, lose too much weight and you become too weak to move. But at levels down to 75 per cent of their normal weights, the rats seemed to increase the amount they ran. In human history, underweight people who could walk faster and longer than others would have a better chance of survival.

What does a Darwinian explanation mean for today’s anorectic humans? It is greatly ironic! Our thin obsession, body weight and exercise, run into one of the body’s most primal survival mechanisms. But once we are thin, we are disconnected from the homeostatic once we were that we turn survival into self-destruction. Sounds like a metaphor for life in the 20th century.

Pine Creek and Main, Sandy, 2004, St. Paul

The Alberta Centre for Well-Being
Helping Families Develop Good Decision Making, Coping Strategies:

An Education and Nursing Resilience Child and Family Development Project at the U of A.

It's every parent's nightmare. Families in lower socioeconomic conditions are particularly vulnerable. They don't have a lot of education or money and often live in communities where there aren't many support systems.

A group of professors from Educational Psychology and Nursing, in collaboration with local social services applicants, has just been given federal funding to work with 50 at-risk families. The researchers want to employ two early intervention programs to help families cope: problem-solving intervention and natural teaching strategies.

The first program employs a group family learning approach to help families develop good coping strategies. The program is designed to focus on child-parent interactions and the development of better parenting skills.

"Both are designed to support the family in a unique way," explains Dr. Kendrin. "Many of the strategies have been tried, but they have not been successful. Each program will be implemented over 12 months, and a minimum of 12 families will be involved in the home.

Co-researcher Jere Drummond (Nursing), says the cooperative family learning program is designed to teach families to learn new ways of being a family together. "We are trying to get as much data as possible on their effectiveness, not just at home, but in the community." Dr. Drummond emphasizes that these families aren't necessarily out of control, but they are at risk. If they develop good coping skills to deal with problems, the risks are lowered. They'll be better at coping with their community, their children and the school system.

The project involves many people on campus. The research project center will involve two people, a graduate student, and will work with the families.

New Study Suggests Confusion May Be Hazardous to Your Health

Are you easily confused by conflicting health studies? Take this simple test to find out.

1. Have you recently read reports about tobacco that seemed to be contradictory?
   a. Yes, I do, go on to the next question.
   b. No, proceed with the remainder of the test.

2. The basics of nutrition, on which there is overwhelming agreement for centuries, include those of the following maxim:
   a. Variety is important to a healthy diet.
   b. Fresh fruits and vegetables are essential for good eating.
   c. Whole grains products are generally worse choices than refined grains.
   d. Beef is what's for dinner.
   e. Calorie is the official snack food of the US Olympic bobsled team.

3. Complete this sentence: In the field of human health, individual differences make it difficult for scientists to ...
   a. Provide answers which apply equally well to all people.
   b. Reach conclusions which apply in all situations.
   c. All of the following.

4. The fact that scientific studies sometimes contradict each other suggests that ...
   a. We need to get a personal responsibility for our own health decisions, instead of delegating them to some distant expert.
   b. It is scientific for us to learn more about the limitations of science, and balance it with other methods of knowing and learning.
   c. It is a great excuse to do whatever we damn well please.

5. When you hear on the evening news that scientists just discovered eating an entire watermelon every day may cure cancer, your reaction is ...
   a. See if the study was commissioned by the National Watermelon Institute.
   b. Check the calendar to verify that it's "tweep week.
   c. Cancel your pledge to public television for not carrying the story.
   d. Search your cookbooks for those delicious melon-casserole recipes.
   e. Convert the guest room into a winter vine-growing greenhouse.

Scoring: (If you have to ask you probably didn't pass.) Correct answers are definitely a, b, c, d, and e, although we can't remember which questions they go with at the moment.

Looking for Partners

The Ostropsonis Society of Canada (OSC) is looking for community-based organizations or individuals with an interest in mesophas or osteopatosis, who are willing to provide leadership in organizing local forums. The aim of the forums is to help women ages 15-55 understand the relationship between mesophas and bone loss and to make informed choices about the treatment and prevention of osteopenia.

The OSC will work with groups to tailor the program to the needs of the community and will provide support through funding and event planning.

To find out more about this project contact Sue Befiel at the Ostropsonis Society of Canada 1-800-463-6462.

Call for Papers & Student Poster Contest

ITCH will be hosting the 1996 conference in Victoria in November. The title for this year is "Appropriate Use of Computer Applications: A Conference Addressing Information Technology Issues in Community Health.

Those people interested in presenting should submit abstracts of up to 250 words no later than March 1996. This deadline includes submissions for student poster contest. Posters will be judged by an independent panel and the winners will receive a cash prize and full registration to the conference.

For more information please contact:
ITCH '96, c/o Conference Management Division, Communicators University of Victoria, PO Box 5003, MS 8451 Victoria, BC V8W 3N6 Phone (604) 721-8707 (Fax) (604) 721-8774 E-mail: ITCH@UVIC.CA WEB SITE: http://sv2.sv2.ca/inet/ITCH/ITCH.html

Job Postings/Opportunities

Hope Scholar in Residence

For the past two years the Hope Foundation has designated a person as the Hope Scholar in Residence. Unfortunately, the person selected this summer is unable to assume the position and the Foundation is currently looking to fill the position.

The Hope Foundation is a non-profit organization in the business of increasing awareness and encouraging the development of human and social services, particularly in the area of health, learning and social work. The Hope Scholar will work in an integrated program of research, service and education with increasing responsibility for counseling, research and training activities.

For more information please contact:
Dr. Ronna Jessee, Program Director
The Hope Foundation
11022-89 Avenue
Edmonton, AB T6G 0Z6
Phone (403) 492-1222 Fax (403) 492-9813

Communications Coordinator

The Alberta Centre for Well-Being is looking to fill the position of Communications Coordinator. As part of the ACPWB team, the Communications Coordinator works with staff to develop and implement the communications and marketing plan.

Specifically, the individual will plan and manage the communication and marketing leadership to support the education, research and network priorities through project management and some hands-on development of print resources, including writing, editing and layout. The Communications Coordinator will also market Centre publications and services, as well as plan and promote special events, workshops and conferences.

Do you have a job posting or professional development opportunity that you would like to see listed here? If so, send items for consideration to the Editor of Wellspring no later than one month before the publication date.
Changing Gears '95: A Health and Wellness Symposium
November 9-10, Calgary
This conference is intended to provide an opportunity for individuals who are committed to health promotion and prevention to meet and hear the latest research trends on topics such as non-traditional health approaches, heart health, obesity in children and more.
The keynote speaker will be Dr. Steven Blair, known for his work on the association between lifestyle and health. This event is sponsored by Calgary Parks and Recreation, the Hospital Foundation, the Calgary Community Development Association, University of Calgary, Impeccable Health Services, Alberta Centre for Health and Alberta Heart Health Project.
For more information please call 492-9239.

Wholly Listening
November 25, Edmonton, 9:00 am to 3:30 pm
This workshop will help participants learn to listen with an ear to hope and improve their ability to be a hopeful companion to others. You will develop your own skills of effective questioning and learn to identify, within a person's story, cues for hope enhancement. This is an introductory workshop and may be of interest to those with other communications training.
The cost is $35 for non-members, $20 for members. For more information contact The Hope Foundation at 492-1222 or fax 492-9813.

Hoping and Coping: A Day for Rehabilitation Specialists
November 9, Edmonton, 9:00 am to 3:30 pm
This day will explore the role hoping can play in rehabilitation practices, and consider the relationships to it has to coping.
The cost is $35 for non-members, $20 for members. For more information contact The Hope Foundation at 492-1222 or fax 492-9813.

Hope and the Helping Relationship
November 18-19, Edmonton
This workshop is presented through the University of Alberta's Annual Family of Extension. It will introduce the key elements of hope work within the context of various helping relationships. Registration is $185, contact 492-3109 or 492-3416.

Rebuild, Refocus, Reconnect: An Update on Health Reform in Alberta
November 21-22, Edmonton
Registration fee $195. For more information contact Judy Sty at 438-278-9811, or Judy Sty at 438-278-9811.

Health Care Expo '95
November 21-22, Edmonton
Alberta's largest health care trade show, featuring equipment, products and services for institutions and health care providers. Registration fee $10 per person. For more information contact Jewll Buxton at (403) 436-0983 or fax (403) 437-5984.

Making a Difference: Program Evaluation Workshop Series
October-December or February-March, Edmonton
Part 1: Planning Your Evaluation – October 25 or February 7
Part 2: Is Your Program on Track – November 8 or February 21
Part 3: Did Your Program Make a Difference – November 22 or March 6
Registration is $90 (early bird is $80) plus GST and includes the evaluation resource guide Making a Difference: Program Evaluation for Health Promotion. For more information contact Tammy Horne, Weil Consulting Ltd. at (403) 451-6148 or fax (403) 451-5280.

Action North II: Building Better Workplaces
Healthy Drug Free Workplace Conference
February 21-23, Prince George BC
For more information please contact Gordyn MacDonald at 561-3128, 561-3157 or fax 561-3158.