Goals For A Healthy Alberta Taking Shape

"Healthy Albertans living in a healthy Alberta"—the spirit of the vision for health set out by the Premier's Commission on Future Health Care for Albertans.

The objective? To have individuals accountable for the well-being of themselves, family and community--assisted, supported and protected in achieving these goals by healthy public policy, programming and legislation.

The report of the Minister's Advisory Committee on Health Goals and Objectives for Alberta has been released for public comment.

The committee recommends that the strategy to develop health goals must be dynamic and ongoing. It relies on consultation and vigorous discussion among the various health partners to ensure the most appropriate goals and objectives are developed to guide the health system, and to improve the health status of Albertans. (Draft For Public Comment, page 20).

This document is intended to stimulate discussion from concerned Albertans and Alberta organizations.

From here, focus groups, consultations, an advisory committee review and a provincial conference in May of 1992 will further solidify the process.

The three factors to be used as health status indicators are mortality, morbidity and wellness. The goals themselves will focus on the areas of optimal health status, coping skills, behaviour and lifestyle, human biology, ecology & environment, social & cultural environment, health services, public policy and information & research.

According to Mike Reynolds of Alberta Health, "We are now going through the process of eliciting responses..." Mr. Reynolds welcomes comments on the report. Please call Alberta Health at 427-4207 to receive a copy of the draft for public comment.

Spirituality: Moving Out of the Church?

By Marilyn Dahl

Twelve percent of adult Canadians claim no religious denomination.

As Bishop Faber Macdonald of the Catholic diocese of Grand Falls, Nfld., explains "The main problem is that a lot of people aren't interested in the Church except to go to church, and they're quite happy to keep it that way."

Reginald Bibby, a University of Lethbridge sociologist found that nine in 10 Canadians identify with a religious group, eight in 10 believe in God and only two in 10 attend weekly worship.

Twenty-seven percent indicated religion was important to them, whereas nearly 50 percent of Bibby's polled group placed more importance on cleanliness, intelligence and being "Canadian".

Churches are attempting to appeal to people by creating more...
Director's Note

What Is Well-Being To Albertans?

"Professionals must have some understanding of what the general public thinks personal well-being is."

By Dr. Judy Setton

I would like to share with you a rather interesting encounter I experienced recently in Ottawa.

I was on the fourth floor of the Jeanne Mance Building and needed to get to the publication division on the fifth floor. I was in a hurry and admittedly never thought of taking the stairs until I was in the elevator and the doors were closing. Feeling somewhat embarrassed about pressing 'five' when I entered on 'four', I asked the fellow sharing the lift if he knew where the stairs were. Without a pause he looked at me (with a cold stare) and said, "I don't know where the stairs are. I don't give a damn, and if I did know where they were I wouldn't use them anyway."

Needless to say I was somewhat taken back by the comments! However this encounter did get me thinking, "What does personal well-being mean to this fellow and does his attitude and behavior reflect that of the majority or minority of Canadians (or Albertans)?"

I do not presume to know the answer to these questions, but ACFWB researchers are presently analyzing the results of a province-wide survey which will give us some insight into what "personal well-being" means to everyday Albertans.

I believe that professionals must have some understanding of what the general public thinks personal well-being is before they will be very effective in relating messages that have the intent to change behaviors, attitudes and eventually policy.

I'll summarize these findings in the next issue of WellSpring.

(Spirituality cont'd)

Informal services on subjects like family violence and sexuality. Some have designed elaborate advertising campaigns, costing thousands of dollars, to depict the church as modern for modern people.

Theories for lack of interest in our churches include: lack of time in our busy lives, media reports focusing on recent sexual scandals in religious groups and a surge in personal worship and spiritual expression outside the church.

An observation on this subject by religious writer Tom Harpur -- "If churches go on like they have been, we'll be lucky in a decade to have one in 10 people with any connection to religion in their lives."

Unpredictable Joys of Weather.

Few things are as all pervasive as the weather. It influences our moods, dramatizes daily life and reminds us that there are forces larger than ourselves.

"Bad" weather can offer moments of serendipitous delights and quiet pleasures: the excitement of watching a storm move in an ever-thickening beach line across a lake; the tranquility of wallowing in freshly fallen snow late at night; the cozy security of curling up in bed, soothed by the metronome of rain falling steadily on the roof; the liberation of getting completely soaked in warm summer rain.

Weather creates a sense of possibility because it offers the potential for spontaneous change: a dramatic cold snap, spine-tingling thunder, a sudden carpet of snow. It can free us from obligations when snowy roads keep us home from work. It can also dampen our spirits -- who doesn't feel sorry for the bride on a rain-soaked wedding day? But when the skies clear and the sun bursts through, our spirits are buoyed immeasurably.

Weather reports are the staple of our daily diet. We strive to control and predict it to get some handle on our future, but the fact that weather ultimately eludes our control adds an element of delicious uncertainty to our sometimes predictable lives.

"Weather creates a sense of possibility because it offers the potential for spontaneous change."
What Is A Well-Being Professional?

In the broadest sense, a well-being professional is concerned for the well-being of his or her patient, client or customer. We tend to focus on terms like "health" and "leisure" to describe ourselves, yet we share similar ethics, ideals, values, and beliefs.

With the broadening of the definition of "health", many of us are faced with the task of not only redefining our profession, but also our role in relation to other professionals. And as we attempt to reposition our various professions in this new direction, we're beginning to realize that others are addressing the same areas and offering similar services.

So, who has the goods on well-being? There's no degree, certification or licensing body that provides us with the title and appropriate letters to prove our fellowship. What are the prerequisites needed to attain the status of a well-being professional?

None. And that is what is unique about well-being. Just as the term reflects a variety of dimensions, the well-being profession constitutes a wide and varied group of professionals—from medicine, fitness, recreation, physiotherapy, chiropractic, nutrition, pharmaceutical care, occupational health, physical education, nursing, mental health, public health and so on and so on... all concerned for the well-being of the society in which we live.

Well-being as a profession, is relatively new. But the professionals involved in the well-being movement are well-established, bringing to the field a wealth of experience, knowledge and skills. Many of us feel that the expanding roles of other professions threaten the role of our own. But by working together to turn this "threat" into an opportunity to learn, create, cultivate and collaborate—instead of simply co-existing, and that's the key—collaboration and cooperation—networking to achieve optimal health for all.

In this issue of the newly revised Alberta Centre For Well-Being newsletter, various voices speak on well-being. From a physiotherapist and a physician to a fitness consultant and an addictions counsellor, the common denominator rings clear.

This issue we explore spiritual well-being. Bill Beach, a former minister who now works with AADAC as an education consultant, takes us on a quest for essential spirituality.

And Tamara Lynne Martin, ACFWB resource coordinator, presents her report on spiritual resources where she has found a gap in the health promotion efforts in this area. Enjoy.

"The well-being profession constitutes a wide and varied group of professionals."
Chiropractic is increasingly being recognized worldwide as the most effective therapy for back pain— one of the most common and expensive ailments facing society.

Recent studies in the British Medical Journal and by the RAND Corporation in the USA, show the effectiveness of chiropractic treatment for conditions ranging from headaches and migraines to infantile colic.

Since its inception, chiropractic has emphasized the importance of preventive health care and lifestyle changes. The uniqueness of chiropractic is its emphasis on the role of the neuromusculoskeletal system in allowing optimum function and health through proper body alignment.

Researchers at the University of California biomechanics laboratory found that loss of function in any one segment of the body results in decreased efficiency of other areas and increased energy expenditures.

With these exciting advances, the rising cost of healthcare, the risks of intervening techniques and an increasing public focus on well-being, I hope the growing trend for cooperation between chiropractic and other health disciplines continues. We have much to learn from each other.

Did You Know That...

*Split virus vaccines are generally associated with fewer side effects than whole-virus vaccines.*
*Alberta Health will be using the split vaccine exclusively this flu season.*
The vaccine is administered intramuscularly.
*Protection by vaccine cannot be expected until about two weeks after administration.*
*Allergic responses are usually a consequence of hypersensitivity to some vaccine component, most likely residual egg protein.*
*Influenza vaccine should not be given to individuals with known anaphylactic hypersensitivity to eggs manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension and shock.*
*Vaccines cannot cause influenza.*
*Fever, malaise, and myalgia can occur within a day or two after vaccination.*
*Influenza vaccine is not known to predispose to Reye's syndrome and does not cause bronchospasm.*
*Ideally, vaccine should be administered before the end of November.*

By promoting good hygiene and the avoidance of crowded buildings during flu season, you and your clients or patients will have a better chance at beating the bug.

Dr. Roger Jones
is a chiropractor practicing in Sherwood Park and Fort Saskatchewan.
By current standards, a person is not considered truly healthy unless he or she practices a lifestyle that reduces the risks of the major chronic diseases.

Almost everyone would agree that the practice of good health habits and regular physical activity is good for the mind, body, and spirit. The benefits range from improved health, better appearance, and reduced stress to an abundance of energy. Why then, is it so difficult to commit to a program of improved health/fitness and even more difficult to stay committed?

Reasons for dropping out of programs include: lack of time, an inconvenient place, family and work responsibilities, too difficult or too easy a program, or the program is boring and not fun.

They all boil down to the same fact: lack of participation.

Most experts find that 50% of the individuals who begin an exercise program discontinue within six months, and that this six month period is critical to a continuing program that encourages active living.

Knowledge about the benefits of exercise and motivation do not predict behaviour well. Health and fitness professionals must examine a variety of factors in order to plan programming for adherence.

Adherence requires reinforcement and follow up, creative programming, family and peer support, and education about health improving behaviours.

Understanding the motivational factors helps us decide what approach will lead to adherence to regular participation.

For those beginning a new program, it's important to have reasonable expectations about the benefits of the program and the exercise requirements to achieve those benefits.

Starting out slowly and improving gradually is the best way to ensure results and to enhance self confidence and motivation.

Environmental cues can aid participants in adopting regular exercise habits—such as writing exercise times in appointment books, setting watch alarms, posting reminders, laying out exercise clothing the night before, planning to meet with friends to exercise and talking daily to others who exercise regularly.

Most of us enjoy socializing. A class activity provides participants with the opportunity to be social, meet new friends and belong to a group while engaging in self improvement. Effective leaders have the ability to promote interaction and to involve participants in the decision-making and direction of their fitness program.

It's interesting to note that goal-oriented individuals are more likely to carry out their commitment to physical exercise.

Self-motivation, or its absence, may be the single most important predictor of adherence. Goal setting and contracting with participants are proven ways of boosting motivation.

Research indicates that those who adhere to a program for six months tend to overcome their obstacles to achieve improved physical fitness and wellness.

Methods to increase adherence:

• provide good exercise leadership
• conduct health assessments
• conduct periodic evaluations
• provide opportunities of self-motivation
• promote record keeping
• ensure slow exercise progression to minimize injury
• provide opportunities for socialization
• vary the program
• recognize individual accomplishments
• provide opportunities for having fun.

Promoting lifestyle change means promoting health.

It's just as important for your patients or clients to understand why they are exercising as it is for them to exercise regularly and live healthy lives.
Focus

Physiotherapy and the Quest for Well-Being

By Deborah G. Thon

Physiotherapists are an important member of the alliance of health promotion/prevention professionals involved in the quest for well-being.

Historically, the role of physiotherapy has been to facilitate the return of a patient’s physical function following a period of illness or injury. Physical function is one of the six dimensions of “optimal health” as described by David Emmerling.

Presently, as a member of the physiotherapy team at Foothills Provincial General Hospital in Calgary, my contact with people striving for well-being is primarily with those in a state of disease or injury. Our primary treatment goal is to assist these people in attaining the highest level of well-being their condition allows. To achieve this goal, physiotherapists teach people to understand how their body works in relationship to the injury or disease process present.

This allows the patient to actively participate in the curative stages that occur as one moves from physical dysfunction to function. The next step is to teach them how to integrate their improved state of well-being (physical function) into normal daily living.

For example, a person named “Keener” suffers an acute back injury while playing squash. Keener goes to her doctor who refers her to physiotherapy for assessment and treatment. Keener enthusiastically enters a physiotherapy program which includes back care education, posture correction, and an exercise regimen for stretching and strengthening.

This regimen results in decreased back pain, allowing Keener to gradually resume her normal activities under the physiotherapist’s supervision. Keener returns to all normal activities with a newly-found confidence in her ability to maintain an optimum level of well-being.

Physiotherapy’s role in the “Well-Being Movement” is expanding at a rapid rate. The profession is actively involved in promoting well-being primarily through the prevention of injury and disease.

More physiotherapists are involved in educational and preventive programs—such as the assessment of workplace ergonomics, education in body mechanics and injury prevention in athletes of all levels.

The well-coined phrase “If it’s physical, it’s therapy” is taking on a new meaning as society becomes increasingly aware of the importance of physical health and function. Developing this awareness is the goal of physiotherapy.

Improving Your Exercise Environment

“Physically Fit-fit”, a popular t-shirt slogan, may be right on the money—even for those of us who do our part for Participation—but especially for outdoor enthusiasts.

The greatest threat to outdoor exercisers is carbon monoxide, so unless everyone parks their vehicle forever there are a few facts, figures and hints we should heed.

Eighty-three percent of atmospheric emissions come from motor vehicles primarily as carbon monoxide. If you exercise in an area high in carbon monoxide, your carboxyhemoglobin (carbon monoxide combined with hemoglobin) increases tenfold—which has been described as being equivalent to smoking half a pack of cigarettes.

Here are some ways we can improve our exercise environment:
* Cycle or walk to work on 10 sunny days.
* Park your vehicle a few blocks from your final destination and walk.
* Decide on an outing you will do only by cycling (weather permitting) such as going to the post office or bank.

- Marilyn Dahl
By Nancy Chisholm

The University of Alberta Glen Sather Sports Medicine Clinic is a multi-faceted facility which opened in the Fall of 1988 and is housed in the Physical Education Complex on the University of Alberta campus.

Staffed by physicians and physical therapists who specialize in the assessment, diagnosis, treatment and rehabilitation of sport related injury, the clinic is designed to serve the needs of both competitive and recreationally active individuals alike.

State of the art diagnostic and treatment equipment is used both in-house by staff and on a consulting basis by other private practitioners. The mandate encompasses teaching, research and service.

During its short time in existence, the clinic has established strong educational links with the faculties of Physical Education & Recreation, Medicine and Rehabilitation Medicine. The clinic serves not only as a teaching facility, but staff are also active in teaching seminars and courses within various departments.

Educational opportunities are offered to the public sector through public forums, various workshops, speaking engagements and coaching clinics.

Various members of the clinic's staff are active in research aimed at enlarging the base of knowledge dealing with the prevention and management of sport related injury. The clinic and its staff are also active in various research projects.

The clinic is continuing to grow and expand its staff as dictated by its mandate. Operational costs are funded through provincial health care plans and funding for capital costs and scholarship programs continues to be generated through donations from the private sector.

The objective of the University of Alberta Glen Sather Sports Medicine Clinic is to be a fully integrated internationally recognized centre of excellence in sports medicine and science in the 1990's.

Funding is continually being sought to achieve these goals. To date, the clinic has been developed through generous private donations matching grants from the Provincial Government and assistance from various University of Alberta Faculties.

The facility operates through a trust fund with revenues directed toward teaching, research, community information seminars and the purchase of state of the art equipment.

"The clinic is designed to serve the needs of both competitive and recreationally active individuals alike."

Nancy Chisholm is the Assistant Director of The Glen Sather Sports Medicine Clinic.
Suicide: A Growing Social Problem

By Nora Johnston

Suicide is a complicated, emotionally charged issue. It's unpleasant for most people to think about, yet, we can no longer ignore this exceedingly serious problem.

Each year in Canada, 14 in every 100,000 people commit suicide. There are an estimated 10 suicide attempts for every completed suicide - which translates to 140 suicidal acts for every 100,000 Canadians annually.

These suicides affect thousands of family members and close friends - sometimes for years after the event.

Aside from its social effects on the immediate family and friends, suicidal behaviour should disturb us all, as it is an index of unhappiness and/or psychological/emotional disorder. No one performs a suicidal act if life is satisfactory. Suicide attempts are aimed at improving a perceived unpleasant situation.

Although often thought to be an irrational, illogical, impulsive act of self-destruction, suicide is generally the result of a gradual process. External circumstances over which we have little or no control affect our character and alter our lives. How a person reacts in such situations determines their ability to cope in society.

Mental illness, psychiatric disorders, family disruption, history of suicide in family, chronic pain, debilitating or terminal disease, drugs and alcohol may contribute to suicidal behaviour.

For most suicides, the underlying feelings are often loneliness, helplessness and hopelessness. These feelings envelop the individual and lead to a perception that death is the only way to stop the anguish and pain. Suicides are preventable. Most people who commit suicide have sent out some type of warning signal -- either in actions or in words. If you think you know someone who is contemplating suicide, pay attention to the messages and contact your nearest crisis centre or office of the provincial suicidologist, Dr. Ron Dyck.

Dr. Dyck will be speaking at the Second Annual Well-Being For The Future Conference Nov. 13-15th.

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Nora Johnston is a graduate student in the Department of Physical Education and Sports Studies and serves as ACFWB special projects coordinator.

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EDUCATION IS THE KEY TO PREVENTION

The Suicide Information and Education Centre (SIEC) in Calgary has recently published a booklet titled: "Suicide In Older Adults: Selected Readings." This booklet is a compilation of some of the best articles published on elderly suicide over the past 10 years.

Elderly suicide is a seldom acknowledged social problem which has been steadily increasing over the past 20 years. Persons over 65 years of age have a consistently higher rate of suicide than any other age group.

This age group makes up less than 10 percent of our population, but commits between 18 and 25 percent of all suicides. The elderly population is increasing rapidly, and elderly suicide is expected to be an even more significant problem in the future.

Suicide In Older Adults
available for $5.00 from:

SUICIDE INFORMATION AND EDUCATION CENTRE
#201, 1615 - 10th Avenue S.W.
Calgary, Alberta
CANADA T2G 0J7
(403) 245-3900

* Plus 7% G.S.T. (Canada only)
Postage & handling will be added to invoice.

WellSpring: Alberta Centre For Well-Being Newsletter
Tips & Tactics

Calling For Greener Fundraising Increases Donations

MAIL, MAIL and more MAIL. Every day households across the country receive copious amounts of 'junk' mail. If your fund-raising mailing is buried among the flyers, it will most likely be tossed away (in the blue box of course).

Telemarket Your Campaigns

In today's environment conscious society, telemarketing is a big hit. It's common for a large charity to direct-mail one million packages every year. The response rate to this mailing would be 1.5% to 2% and the charity can acquire between 15,000 and 20,000 new donors.

This leaves approximately 980,000 mailings unanswered. If telemarketing were used, the only mailings that would occur would be to those who agree to donate over the phone. And it's been found that a full-scale telemarketing program can grind in many more donors than direct mail alone.

- Marilyn Dahl

Typically, a direct mail program will retain 60% to 65% of its donors yearly. The rate increases to 85% if telemarketing is used.

Increasing the Odds of Attracting Patron Sponsors

Telemarketing to direct-mail customers or potential sponsors at the beginning of the year increases the odds that the donor will send a second gift later on in the year. Only between 15% to 20% of donors consider a second gift through the direct mail approach, whereas up to 50% will respond a second time if they are personally called upon.

Keeping Records Current

Speaking to the donor affords you the opportunity of upgrading information on your prospect. A personal conversation also enables you to update the sponsor on what your organization has been doing, their past support, the importance of an increase in their support and what avenues your organization has taken to justify their donations. So--think green and try telemarketing.

Social marketing is a question of developing the right product, backed by the right promotion and put into the right place at the right price.

According to Jim Mintz of the Health Promotion Directorate, Health and Welfare Canada, product and price are rarely factors in social marketing programs. But, we should focus on promotion and place.

Promotion means "to move forward" in Latin. Contemporary use of the term is almost always interchangeable with communications. Promotional efforts aim to persuade others to accept ideas, concepts or things. As a result, promotion is the communications arm of marketing.

- Place, according to Mintz, refers to the distribution of communications--or access to information. Social marketing campaigns tend to be unsuccessful if they fail to suggest clearly how someone who is motivated by the campaign may take follow-up action.

It makes little sense to spend money to stimulate interest without ensuring your audience has access to advice or informational materials. Food For Thought?

By Bill Beach

"The book "Megatrends 2000" projects an upsurge of Spirituality by the end of the 1990's. I'm not surprised because the word itself---"Spirituality"---is turning up with increasing frequency and in unusual places.

*The Road Less Travelled*, by the American Psychiatrist Scott Peck, is a book about spiritual growth that was at the top of the New York Times best seller list for months.

From the native sweat lodge to New Age writings, the word *spirituality* is being used---but often in vague and meaningless ways.

**What is Spirituality?**

I recently came on an unusual answer to this question: spirituality is a process of "turning green". The image comes from a Benedictine abbes by the name of Hildegarde of Bengen, who lived during the 12th century in the picturesque wine country along the Rhine river.

It appears she invented a word to describe her understanding of spirituality. In English that word translates as "greening power". For Hildegarde, to be spiritual is to be green---like a young vibrant plant.

This is not unlike what Jesus said: "unless we become like a young child", with their sense of trust and wonder, their enthusiasm to experience life, we will not come to know what it is God meant our lives to be.

The other evening, I took my 10 month old grand daughter out around the house. She was able to reach out and touch the soft greenery of a Cedar tree, hesitantly at first, but then with enthusiasm.

Turning to a Spruce, she grasped the end of a branch. The sharp needles pricked her hand and she pulled back. She had just experienced a new part of the wonder of creation, the process of "turning green"---the awe and the pain.

**The Process Of Turning Green**

To be surrounded by the grandeur and majesty of the Rockies, the power of waves breaking over the rocks along the seashore, the compassion of one human being to another, is to share the process of turning green. Like the buds on a tree bursting out in springtime, it is the process of coming alive in a way we may not have previously experienced.

Such feelings often come upon us unexpectedly, like an unforeseen gift. It is important, however, that we position ourselves in those settings where it is most apt to happen. To be on a spiritual quest is to deliberately seek the "nourishment" that we need for living and growing---meditation, reflection, listening, taking time to smell the flowers.

There are those who seek their "high" in chemical substances, work, a momentary thrill---a "high" that is, in the end, artificial and fragile.

In our quest for spirituality, we begin by recognizing there is at the centre of life a Higher Power, a Creator who reaches out to us in compassion. And then we open ourselves to establish contact with that Higher Power. In a world where a fax machine can send and receive messages from around the world in the space of seconds, why do we question the possibility of establishing contact with that Power which is at the centre of the universe?

To be spiritual means giving priority to life and the expansion of life for ourselves and for other people, for animals and plants and all the tender gifts of life on this tiny, fragile planet.

Spirituality has much more to do with being than doing. It is being like the child who walks beside you, looks up and asks "Will you take my hand?" It is the process of turning green.

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Bill Beach, a former minister, is an addictions counsellor and education consultant with AADAC.
By Tamara Lynne Martin

Spiritual health is widely accepted as a viable component of the well-being spectrum. However, to many health and leisure professionals, spirituality still exists as a theoretical dimension, with little applied use in many of our professional practices.

Ultimately, the acknowledgement of spirituality as an aspect of optimal health is a good place for us to start.

In the premier issue of the American Journal of Health Promotion, 1986, section editor, Larry S. Chapman, presents an article entitled Spiritual Health: A component missing from health promotion. This first message from the spiritual health section of the AJHP clearly indicates a missing link in the health promotion framework.

The article introduces the concept of spirituality as being an integral part of health and well-being, yet spirituality is virtually nonexistent in health promotion programming. Chapman states that spiritual health deserves our attention, interest and commitment lest we stifle our avowed purpose as health promotion professionals to enhance the well-being of those we seek to serve.

The absence of a clear conceptual framework for spiritual health in the context of health promotion acts to deter program implementors from dealing with the issue. Spirituality as a term conjures up a variety of definitions from different groups of people. Also, the lack of concise parameters to distinguish spirituality from intellectual, emotional and psychological consideration further complicates the situation. As spirituality is viewed as unacceptably esoteric in nature. As a result of this obscured view, contemporary literature and spiritual program initiatives in health promotion are limited.

Chapman explains that health promotion is forced to rely heavily on a scientific base. He proposes we strive to develop and define our own framework for health promotion that breaks away from this reductionistic and mechanistic view of the human condition.

He suggests a conceptual definition of spiritual health as a catalyst for discussion and consensus: Optimal spiritual health may be considered as the ability to develop our spiritual nature to its fullest potential. This would include our ability to discover and articulate our own basic purpose in life, learn how to help ourselves and others achieve their fullest potential.

Chapman warns that too little interest in spiritual health can contribute to apathy, loneliness, alienation, dissatisfaction and wasted human potential. Excessive preoccupation with spiritual health can also create imbalances in other facets of our lives—such as physical health, family stability and social relationships.

The key is in finding a balanced approach to health promotion which includes spirituality. It is then that larger issues such as peace, love, joy, contentment and caring can be more effectively addressed to enhance quality of life.

Chapman concludes that formulating a workable definition of spiritual health is a challenging process. He encourages dialogue within health promotion professionals to define spiritual health issues, and on incorporating the "unseen" elements of human decision-making (which have spiritual elements) into our efforts to enhance personal well-being.

Spirituality is currently a missing component from health promotion. Ironically, spirituality constitutes the soul of well-being. If we look closely, many of us use aspects of spirituality in both our personal and professional lives.

Let us tap into this "esprit de corps" as we continue our quest for well-being.

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Resource Report

Spiritual Health: Missing From Health Promotion

"The key is in finding a balanced approach to health promotion which includes spirituality"

Tamara Lynne Martin is the ACFWB resource coordinator

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Workplace Well-Being

Workplace Health System: Health and Welfare Canada

From a management's perspective, a healthy workforce is a bonus.

Healthy employees spend less sick time away from work and recover more quickly after illness.

Health and Welfare Canada and a plethora of researchers in the workplace have found that healthy employees are more productive, motivated, energetic, alert, less prone to stress and illness.

Health promotion reduces medical costs, insurance premiums, decreases occupational injury, absenteeism and employee turnover.

Companies cannot afford to not have a workplace well-being program in place. And if an employer is worried about the bottom line, the cost of implementing and administering such an initiative, remember that a healthy workplace makes for healthy employees—and healthy employees are more productive.

The Workplace Health System

Now you know the benefits of a workplace health system. Setting one up is the next step.

Workplace Health System, coordinated by Health and Welfare Canada, has several approaches to worksite wellness. The national office works with provincial ministries and agencies to put the System into action.

Within the workplace itself, management and employees work together to create a healthy organization.

These are the principles of the System:
* to meet the needs of all employees, regardless of current level of health.
* recognize the needs, preferences and attitudes of different employees.
* recognize that individual lifestyle is made up of an interdependent set of health habits.
* adapt to the special features of each workplace environment.
* support the development of a strong overall health policy in the workplace.

These principles are brought together in the System to address three broad avenues of influence on health:
* environment
* personal resources
* health practices

A plan should be more than just a fitness class at noon. It should address all of these areas. The Workplace Health System has four interrelated components: The Small Business Health Model, The Corporate Health Model, The Corporate Health Challenge and Evalu-Life—a computer health assessment program. For more information contact The Health Promotion Directorate of Health and Welfare Canada.

New In The Resource Room


A computerized risk assessment tool designed to assist Canadian health professionals in counseling clients on health-related issues and preventive means of reducing health risks.

Canada's Blueprint Toward Active Living in the Workplace, Canadian Centre for Active Living in the Workplace.

A planning framework to guide the development and growth of active living in workplaces across Canada.


A practical, applied introduction to the basic concepts and activities used by some of America's most successful worksite health promotion leaders.

Achieving Health For All by the Year 2000: Midway Reports of Country Experiences, World Health Organization, 1990.

Tamara Lynne Martin
Recreation & Leisure

Hurry Up And Relax

"Some Japanese perceive their vacation time as a bothersome distraction from work"

Nutrition Notes

A False Sense Of Security: Nutrition Supplements

Kim Lane specializes in food and nutrition and is a graduate student at the University of Alberta

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Fun In Youth Sports

Research over the years has shown that for young people, fun is a major reason to participate in sport. The research validates a basic assumption underlying youth sports programs—that they are offered to provide an enjoyable recreational experience for participants.

Recent research has explored the issue more deeply by examining the basic nature of fun and determining what it is that leads to a fun experience. The work of Dr. Leonard Wankel, of the University of Alberta, has contributed significantly to our knowledge in this area.

In a study reported in the Journal of Sport Psychology in 1985, Dr. Wankel noted that:

* Factors intrinsic to the sport activity (excitement, personal accomplishment, improving one's own skills, testing one's skills against others, just doing the skills of the sport, and so on) were most important to enjoyment.
* Social factors (being on a team and being with friends, for example) were of secondary importance.
* Outcome-oriented (extrinsic) factors like winning, getting rewards, and pleasing others were of least importance to enjoyment.

Studies done by other researchers have shown similar results. Factors found to be important to enjoyment include demonstration of personal ability, feelings of competence, involvement in the action of the game, opportunities to exercise control and friendship.

These early studies relied on a cross sectional approach. They examined one or more sports at one point in time. But they were not able to tell us if fun varied from early to late in the season or at different times in the season. And they did not tell us if the various factors contributing to the experience of fun were equally important at different times.

Fun Over a Season

To learn more about the issue if fun over time, the Canadian Fitness and Lifestyle Research Institute (a national agency supported by Fitness Canada) funded a longitudinal study. Dr. Wankel and his colleague, Dr. Setton, examined the issues of fun and participation over a 12-game period at the beginning of a season.

Fifty-five girls from five ringette teams and 67 boys from six hockey teams (all of them between the ages of 7 and 13) took part in the study. A variety of questionnaires were administered to gather the desired information. In the end, the study found three factors to be most closely associated with fun.

* Positive affect. Fun is a positive emotional state associated with such feelings as "happy", "cheerful" and "friendly".
* A game well played. Enjoyment was strongly influenced by how well participants felt they had played the game.
* Challenge. Interest and fun are at a high level when participants can apply their abilities to meet realistic challenges.

A significant finding of the study was the strong correlation between fun and these variables over the 12-game period. This finding is important. It shows that fun is not a transient day-to-day phenomenon, but, to a considerable degree, both regular and predictable.

The finding suggests that certain leadership practices--and approaches to sport--should result in positive, fun experiences for the majority of participants.

For more information on this research, please contact Dr. Judy Setton at the Alberta Centre For Well-Being, or refer to The Journal of Sport & Exercise Psychology (Vol. 11, 1989) and World Leisure & Recreation (Volume 3 1/2, 1989).
Calendar of Events

Alberta Centre For Well-Being
Health Promotion Lecture Series

Lecture Number
Three:

Social Marketing
Kathy Gust
Thursday November
28th
Time and Location
TBA

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

It is highly recommended for representatives of small businesses and other organizations which want to promote health in the workplace using limited resources.

Conference participants will obtain concrete tools and strategies to assist employees and employers at their own workplaces in achieving healthy lifestyles.

Featured topics and concurrent sessions include: Benefits of Health Promotion in Smaller Businesses, Key Strategies to Achieve a Healthier and More Productive Place of Work, The Small Business Health Model, Healthy Eating, Balancing Work and Family Life, Fitness at Work, Smoke-Free Workplace, Dealing With A Troubled Employee, and Back Fitness.

Keynote Speakers: Bob Dooner and Phyllis McDougall, Health Promotion in the Workplace Unit, Health and Welfare Canada.

Please contact Susan Arnold or Marilyn Kennedy at the Canadian Cancer Society for more information: (403) 228-4487

Canadian Biennial Education Symposium on Employee Assistance Programs in the Workplace.

- November 10-13th, Chateau Laurier Hotel, Ottawa. Seminars and sessions include: The Joy of Recovery, Alcoholism: Disease or Dissonance, Vision, Values and Spirit in the Workplace, Chemical Dependency.

Please contact Input '91 Headquarters at (416) 675-5077 for more information.

Dr. Sid Katz from the University of B.C., Dr. Louis Francescutti from the University of Alberta Hospitals and Dr. Gordon Mutter from Health and Welfare Canada will discuss various aspects of child health from injury prevention to comprehensive school health.

Just For The Fit of It: AFLCA Recertification Workshop. February 1-2, 1992 at Mount Royal College.

Specialty workshops include: Aquarobic, Seniors and Active Older Adults, STEP Workouts and more. Organized by Lecture Services and Mount Royal College.

November is Diabetes Month. Please Support the Canadian Diabetes Association's Door-To-Door campaign on November 2-7, 1991. Please be generous. Together we can beat diabetes!

Call For Papers... Prevention Congress V: Healthy and Supportive Communities: The Promise of Change. For more information, please contact the Conference Committee, Ontario Prevention Clearing House, 984 Bay Street, Toronto, Ontario, M5S 2A5.

Volume Two, Number Four

Don't Forget!

Workplace Well-Being

WellSpring: The Newsletter's New Name...A Two-Way Tie!

Congratulations to Ron Davis and Alan Roth, the winners of the Alberta Centre For Well-Being Name The Newsletter Contest.

Ron is the Manager of Culture & Recreation Services for the City of Medicine Hat. Alan is with Alberta Lotteries; Major Exhibitions and Fairs.

Ron and Alan will receive a gift pack from the Centre.

"WellSpring" is defined by both contest winners as "a source of continual supply--of continual information".

In total we received over 100 submissions. On behalf of ACFWB, thank you for your creative and thought-provoking suggestions.

The Need For Active Living At Work

By Suzanne Charest

There are more than 12 million Canadians in the labour force, and each of those Canadians spends a considerable portion of his or her life at work.

Here are some facts from the Administration Bureau for Active Living:

- Thirteen percent of Canadian firms with more than 100 employees have some form of workplace active living program.
- By 1996, it's been estimated that 25 percent of firms will have some type of program.
- Three quarters of the Canadian population have an active lifestyle--but of low intensity and short duration. Only one-third of Canadians are thought to be active enough to benefit their health.

- One-quarter of Canadian adults are completely sedentary. Almost half of adults in the workforce are at health risk because of sedentary behaviour.

More than one million workers report some health-related activity limitation.

- More than two-thirds of the workforce feel that the workplace is an appropriate place to promote health.
- Time and inconvenience are important as studies suggest that these are the biggest obstacles to increased physical activity.

- Specific populations can be targeted in order to meet their particular needs and interests.
- The workplace can play an influential role toward creating a supportive environment that reinforces all forms of physical activity.

The Alberta Centre For Well-Being
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If your address is incorrect, please clip this label, make corrections and send it to us at the above address.