

AN INVITATION TO HEALTH AND WELLNESS

CHAPTER 1

LEARNING OBJECTIVES

After studying the material in this chapter, students should be able to

- **define** health and wellness [Bloom's Taxonomy: Remember]
- **describe** and **discuss** health promotion and wellness models [Bloom's Taxonomy: Understand]
- **name** the six dimensions of wellness and describe how they relate to total wellness [Bloom's Taxonomy: Remember]
- **list** and **describe** the social determinants of health [Bloom's Taxonomy: Remember]
- **list** the factors that shape the development of positive health behaviours [Bloom's Taxonomy: Remember]
- **describe** how beliefs and attitudes influence behaviour [Bloom's Taxonomy: Understand]
- **apply** a behaviour-change theory to a personal health and wellness action plan [Bloom's Taxonomy: Apply]

KEY TERMS

- **Action**—A modification of behaviour according to a plan. A commitment of time and energy is required.
- **Attitude**—A somewhat stable set of beliefs, manner, disposition, feeling, or position with regard to a person or thing.
- **Belief**—An opinion; a conviction; a confidence in truth.
- **Contemplation**—Awareness that there is a problem behaviour and consideration of changing it within the next six months.
- **Enabling Factors**—Factors that make it possible or easier for people or populations to change their behaviours; include individual physical capabilities and mental capacities, resources, living conditions, societal support, and accessible facilities, programs, and services as well as developing skills in addition to predisposing existing skills.
- **Epidemiology**—The study of how often diseases occur in different groups of people and why.
- **Globalization**—The increased transnational movement of capital, goods, people, and political systems, and a rapid turnover of ideas and images through new communication technologies.
- **Health**—A state of complete physical, mental, and social well-being.

- **Health Belief Model**—Developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, and updated in the 1980s, the model helps to explain and predict health behaviours.
- **Health Promotion**—The process of enabling people to increase control over and to improve their health.
- **Healthy Environments**—The creation of conditions and surroundings conducive to health.
- **Holism**—An emphasis on the interconnectedness between the individual and his or her mind, body, and spirit.
- **Hygiene**—Healthy; akin to well and to living; a science of the establishment and maintenance of health; conditions or practices conducive to health.
- **Locus of Control**—An individual's belief about the source of power and influence over his or her life.
- **Maintenance**—Continued work at changing behaviour. The change may take up to six months to a lifetime. Some lapses may be temporary.
- **Modelling**—Observing other people and emulating their behaviours, successes, or positive lifestyle choices.
- **Morbidity**—The number of disease rates in one period of time or in one place.
- **Mortality**—The number of deaths in one period of time or in one place.
- **Mutual Aid**—The actions people take to help each other cope.
- **Norms**—The unwritten rules regarding behaviour and conduct expected or accepted by a group.
- **Panacea**—A remedy for all difficulties; a cure-all.
- **Population Health**—A way of thinking about the social and economic forces that shape health. It builds upon public health and health promotion, but goes beyond our more traditional understanding of the causes of health and illness.
- **Positive Visualization**—Creating a mental picture of a goal or a behaviour change and visualizing yourself making that change.
- **Precontemplation**—Not even aware that you have a problem, whereas others around you might be. No intention of making a change.
- **Predisposing Factors**—Factors that encourage or inhibit us from changing such as knowledge, attitudes, beliefs, values, self-efficacy, behavioural intentions, and existing skills.
- **Preparation**—Intention to change a problem behaviour within the next month.

- **Prevention**—Information and support offered to help healthy people identify their health risks, reduce stressors, prevent potential medical problems, and enhance their well-being.
- **Protection**—Measures that an individual can take when participating in risky behaviour to prevent injury or unwanted risks.
- **Rational-Emotive Therapy (RET)**—Form of therapy developed by Ellis that focuses on changing irrational beliefs and faulty interpretations, which result in negative emotions and severe anxiety.
- **Reinforcements**—Reward or punishment for a behaviour that will increase or decrease one's likelihood of repeating the behaviour.
- **Reinforcing Factors**—Factors that reinforce behaviour change. They include praise from family and friends, rewards from others, or encouragement and recognition for meeting goals. They also include healthy community policies such as smoke-free facilities and on-site workplace health and wellness programs.
- **Self-Care**—The decisions and actions individuals take in the interest of their own health.
- **Self-Efficacy**—Belief in one's ability to accomplish a goal or change a behaviour.
- **Self-Instructional Methods**—The practice of positive self-talk to help an individual cope better with stressful situations.
- **Self-Talk**—Repetition of positive messages about one's self-worth to learn optimistic patterns of thought, feeling, and behaviour.
- **Social Determinants of Health (SDOH)**—Income inequity, job security, working conditions, housing and food security, education and care in early life, and social exclusion of individuals and groups—all aspects that are very important to health and wellness status.
- **Termination**—Can take two to five years for a behaviour to become so deeply ingrained that a person can't imagine abandoning it.
- **Wellness**—A state of optimal health.

CHAPTER OUTLINE

I. Health and Wellness

1. Many health and wellness programs are based on very similar health risk-reduction strategies.
2. The earliest and most enduring icons of medicine and health date back to ancient Greece and Asklepios, the Greek god of health and father of medicine.
3. His daughter Panacea believed the best way to help people was to treat illness.

4. Her sister Hygeia (hygiene) believed that it was important to teach people how to live so that they did not become ill.

A. First Nations Health and Wellness

1. Aboriginal health emphasizes the interconnectedness between the physical and spiritual world, between individuals and their environment, and between the mind, body, and spirit, which guides the concept of holism.
2. Elders' stories teach that it is important for an individual to attempt to live Bimaadiziwin, "the good life."
3. First Nations Medicine Wheels encourage a balance through the four aspects of self: physical, mental, emotional, and spiritual.
4. We are asked to live the four fundamental values of kindness, honesty, sharing, and strength. We are asked to respect nature.
5. The control of decisions regarding health and wellness rest with the individual.

II. Health and Health Promotion

A. What Is Health?

1. The World Health Organization defines health as "not merely the absence of disease or infirmity but a state of complete physical, mental and social well-being."
2. In 1974 the Lalonde Report presented a conceptual framework called the Health Field Concept, which included four main elements: human biology, environment, lifestyle, and health-care organizations.
3. This report acknowledged that vast sums of money were being spent to treat illnesses that could have been prevented.
4. The definition of health moved from measuring morbidity (disease) and mortality (death) rates to viewing health as part of everyday living.
5. In 1986 the Ottawa Charter expanded health toward building healthy public policy through health promotion.
6. A follow-up report identified three national health challenges: reducing inequities, increasing prevention effort, and enhancing people's capacity to cope.
7. The three mechanisms to health promotion were identified as self-care, mutual aid, and healthy environments.
8. The Health Belief Model was developed to help explain and predict health behaviour.
9. Other health models include the Precede-Proceed Model for Health Promotion Planning and Evaluation and the Quality of Life Model.
10. Canadian health agencies, programs, and initiatives include the Canadian Institute for Health Information (CIHI); Canadian Population Health Initiative (CPHI); Public Health Agency of Canada; Canadian Institute of Health Research (CIHR); First Nations, Inuit & Aboriginal Health Branch of Health Canada; a special commission headed by Roy Romanow, which delivered its report recommending sweeping changes to Canada's health-care system; ParticipACTION; a new website called Healthy Canadians; Physical and Health Education Canada (PHE Canada, formerly called CAHPERD); and the Canada Research Chairs Program.

B. What Is Epidemiology?

1. Epidemiology is the study of how often diseases occur in different groups of people and why.

2. Epidemiology can be used to evaluate health strategies, prevent certain illnesses, and guide health-care providers.
3. Epidemiological research uses a variety of methodological approaches.
4. Researchers can examine the distribution of disease in a specific population, called descriptive epidemiology, or investigate hypothesized causal factors, called analytical epidemiology.

III. Wellness and the Wellness Movement

A. What Is Wellness?

1. Wellness has been defined as purposeful, enjoyable living or, more specifically, a deliberate lifestyle choice characterized by personal responsibility and optimal enhancement of physical, mental, and spiritual health.
2. Halburt Dunn, a pioneer in the wellness movement, believed wellness was a dynamic process of continually moving toward one's potential for optimal functioning.
3. Dr. John Travis founded the first Wellness Resource Center in the U.S.
4. Dr. Bill Hetler cofounded the National Wellness Institute and developed the Lifestyle Assessment Questionnaire (redesigned as TestWell) and the Six Dimensions of Wellness Model.

B. Social Dimension

1. This dimension encourages a collectivist view of the world—that of contributing to society, helping others, and valuing the concept of interdependence between ourselves and our environment.
2. Current research shows that people with spouses, friends, and a rich social network may outlive isolated loners by as much as 30 years.

C. Occupational Dimension

1. A “well” occupation is consistent with personal values, interests, and beliefs.
2. In a well work environment, you share your unique gifts, skills, and talents, and enjoy work that is meaningful and rewarding.

D. Spiritual Dimension

1. Identifying your basic purpose in life; learning how to experience love, joy, peace, and fulfillment; and helping ourselves and others achieve our potential are all aspects of the spiritual dimension.
2. Spirituality has been described as transcendence, connectedness, a power, a force, an energy, and a connection to a formal religion.

E. Physical Dimension

1. Physical wellness is met through participating in regular physical activity, maintaining a healthy body weight, and avoiding harmful behaviours such as tobacco use, drug misuse, and excessive alcohol consumption.

F. Intellectual Dimension

1. Intellectual health refers to your ability to think and learn from life experience, your openness to new ideas, and your capacity to question and evaluate information.

G. Emotional Dimension

1. Emotional wellness includes the degree to which one feels positive and enthusiastic about oneself and life.
2. When you are emotionally well you have the capacity to express and manage your own feelings, to work independently, but to also recognize the importance of being able to ask for help or support when needed.

IV. Health Challenges

A. What Is the Average Life Expectancy?

1. In 2007 the average age at death for the overall population was 80.7 years (78.3 for men, 83.0 for women).
2. Cancer and heart disease are the two leading causes of death for Canadians followed by chronic lower respiratory diseases and Type 2 diabetes (which is strongly linked to being overweight).
3. Hypertension (high blood pressure) is a major contributor to poor health, affecting one in five Canadians.
4. Mental health issues are also concerning.

B. Do Sex and Gender Matter?

1. Sex is a classification, generally as male or female, according to the reproductive organs and functions that derive from the chromosomal complement.
2. Gender refers to a person's self-representation as male or female, or how that person is responded to by social institutions on the basis of the individual's gender presentation.
3. The experience of being male or female in a particular culture and society can and does have an effect on physical and psychological well-being. This realization is both new and revolutionary.
4. Gender differences persist in sickness as well as in health.
5. Gender-specific medicine is replacing one-size-fits-all health care with new definitions of what is normal for men and women.

C. Social Determinants

1. New research in the area of the social determinants of health (SDOH) supports the notion that income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety net, health services, Aboriginal status, gender, race, and disability are also very important to health and wellness status.

D. Diversity and Social Exclusion

1. We live in the most diverse nation on earth, and increased disparities are evident as many different groups of Canadians do not have equal access to health care and health and wellness opportunities.
2. There is evidence that there is a growing inequality in social and economic status between groups of Canadians, and that a larger gap lowers the health status of the overall population.
3. Members of minority groups often encounter much difficulty accessing health-care services in Canada due to poverty and social exclusion.
4. Social exclusion is based on gender, age, ability, sexual orientation, race, ethnicity,

and religious beliefs.

5. Public health experts are replacing the word “minority” with “underserved.”

E. Job Security and Working Conditions

1. Globalization has led to changes in the workforce that include layoffs and the increase in temporary, part-time, casual, contract, and self-employment situations, leading to job insecurity for half of working Canadians.

F. Housing and Food Security

1. Low-income families, especially Aboriginal ones; new immigrants; and single-parent families struggle with housing issues in Canada.
2. Low-income families are 13 times more likely to report that their children go hungry than higher income families; this is especially true for single mothers.

G. Education and Care in Early Life

1. We do not have enough regulated childcare spaces in Canada for children of working parents.
2. Budget cutbacks to public school education endanger the health of Canadians and the well-being of the social structure of our society.
3. Aboriginal students have lower rates of high-school graduation, and their attendance is well below the national average.

H. Taking Action

1. Six key strategies to enhance the social determinants of health have been adopted by health agencies and provincial governments:
 - a. adopting a framework for social inclusion
 - b. promoting full employment, job security, and healthy working conditions
 - c. protecting universal access to our high-quality health system
 - d. protecting Canada’s high-quality public education system
 - e. ensuring the right of all Canadians to adequate housing and food
 - f. reducing income disparities by ensuring minimum wages and levels of social assistance

V. The Health of College and University Students

1. College-aged men are more likely than college-aged women to engage in risk-taking behaviours, to use drugs and alcohol, to engage in risky sexual behaviours such as having multiple partners and having sex while under the influence of alcohol, and to drive dangerously.
2. Dormitories have proven to be breeding grounds for serious infectious diseases such as meningitis; second-hand smoke can pose a long-term threat to smokers’ roommates; and binge drinking imperils drinkers and those surrounding them.
3. Undergraduates face risks to their psychological health. College students reported more distress than the general population or their peers not enrolled in college.
4. First-year students suffer the most in terms of physical and emotional well-being.
5. Increased education has long-term health benefits.

VI. Making Healthy Changes

A. Understanding Health Behaviour

1. To make lasting beneficial changes, it helps to understand the three types of

influences that shape behaviour: predisposing, enabling, and reinforcing factors.

2. Predisposing Factors

- a. Predisposing factors include knowledge, attitudes, beliefs, values, and perceptions.
- b. People are most likely to change health behaviour if they hold three beliefs:
 - Susceptibility—They acknowledge they are at risk for the negative consequences of their behaviour.
 - Severity—They believe they may pay a high price if they don't make a change.
 - Benefits—They believe the proposed change will be an advantage to their health.
- c. The value or importance we give to health also plays a major role in changing behaviour.

3. Enabling Factors

- a. Enabling factors include skills, resources, accessible facilities, and physical and mental capacities.

4. Reinforcing Factors

- a. Reinforcing factors may include praise from family and friends, rewards from teachers or parents, or encouragement and recognition for meeting a goal, but lasting change depends on an internal commitment and sense of achievement.

B. Decision-Making

1. The entire process of maintaining or restoring health depends on your decisions; it cannot start or continue without them.
2. If you think of decision-making as a process, you can break down even the most difficult choices into manageable steps, which include setting priorities, informing yourself, considering all your options, tuning into your intuitive feelings, and considering a “worst-case” scenario.

C. The Health Belief Model

1. Use this model to explain and predict health behaviours by focusing on attitudes and beliefs.
2. According to this model, people will take a health-related action based on the following factors:
 - perceived susceptibility, perceived severity, perceived benefits, cues to action, and self-efficacy.
3. This model has been used over the years to help people change unhealthy behaviours such as smoking, overeating, and inactivity.

D. How Can I Begin to Make Lifestyle Changes?

1. Change is never easy; when you decide to change a behaviour, you have to give up something familiar and easy for something new and challenging.
2. Change always involves risk—and the prospect of rewards.
3. Researchers have identified various approaches that people use in making beneficial changes,
 - including the moral model, the enlightenment model, the behavioural model, the medical model, and
 - the compensatory model.

4. Before they reach the stage where they can and do take action to change, most people go through a process that includes reaching a level of accumulated unhappiness that makes them ready for a change, and then they have a moment of truth that makes them want to change.
 5. Social and cultural norms—behaviours that are expected, accepted, or supported by a group—can make change much harder if they’re constantly working against a person’s best intentions.
 6. If you’re aware of the norms that influence your behaviour, you can devise strategies either to change them or adapt to them.
- E. Strategies for Prevention—Setting Realistic Goals
1. SMART Model—Goals and objectives must be Specific, Measurable, Achievable, Realistic, and Trackable or Time-Based.
- F. Strategies for Change—More Options for Change
1. Modelling—observing other people and emulating their behaviours, successes, or positive lifestyle choices.
 2. Positive Visualization—creating a mental picture of a goal or a behaviour change and visualizing yourself making that change.
 4. Shaping—building desired behaviour in small steps and rewarding positive behaviour changes over time.
- G. Stages of Change
1. Pre-contemplation—Individuals in this stage are not even aware they have a problem and have no intention of making a change.
 2. Contemplation—Individuals are aware they have a behavioural problem and are considering changing it within the next six months.
 3. Preparation—People in this stage intend to change a problem behaviour within the next month.
 4. Action—People in this stage are actively modifying their behaviour according to their plan.
 5. Maintenance—In this stage individuals have continued to work at changing their behaviour.
 6. Termination—While it may take two to five years, a behaviour becomes so deeply ingrained that individuals can’t imagine abandoning it.
- H. Successful Change
1. Some people find it helpful to sign a “contract,” a written agreement in which they make a commitment to change.
 2. Change also depends on the belief that you can and will succeed (self-efficacy).
 3. Another crucial factor is locus of control.
 - a. If you believe that your actions will make a difference in your health, your locus of control is internal.
 - b. If you believe that external forces or factors play a greater role, your locus of control is external.

4. Reinforcement (either positive or negative) can also play a role.
5. Self-talk, the messages you send yourself, also can play a role in change.

VII. Health and Wellness Education

A. The Power of Prevention

1. No medical treatment can compare with the power of prevention.
2. Prevention can take many forms: primary (or before the fact); consumer education; identifying people at risk; targeting a specific community, group, or individual.
3. In the past, physicians did not routinely incorporate prevention into their professional practice; however, medical schools are now providing more training in preventive care.

B. The Potential of Protection

1. There is a great deal of overlap between prevention and protection.
2. The very concept of protection implies some degree of risk—immediate and direct or long-term and indirect.

C. Assessing Risks

1. We all face a host of risks, from the danger of being the victim of violence to the hazards of self-destructive behaviours like drinking and drugs.
2. At any age, the greatest health threats stem from high-risk behaviours—smoking, excessive drinking, not getting enough exercise, eating too many high-fat foods, and not getting regular medical checkups, to name just a few.
3. Environmental health risks also need to be assessed.
4. Here are some key factors in considering environmental risks:
 - a. Are there possible benefits? Some advantages may make some risks worth taking.
 - b. Is the risk voluntary?
 - c. Is the risk fair?
 - d. Are there alternatives?
 - e. Are lives saved or lost?

D. The Future of Health and Wellness

1. Medical science is moving ahead at an astonishing speed.
2. Even with advances in medical science it is still important to make healthy lifestyle choices that support all the dimensions of health and wellness.

STUDENT MOTIVATION

- understanding health from the perspective of a college or university student (see pages 15 to 16)
- recognizing differences in racial and ethnic backgrounds and how this relates to cultural attitudes about health
- determining where students lie on the wellness-illness continuum, what factors may affect their place on the scale, and what an optimum state of health means to each student
- understanding the process of behaviour change and how it can be applied to one's life—students are likely to have different ways in which they want to change their present

lifestyle

BARRIERS TO LEARNING

- differentiating between the words “gender” and “sex” and what this means in terms of health-related conditions (see Figure 1-7 for some direct comparisons)
- differentiating between the terms “health” and “wellness” (compare health, pages 4 to 5 to wellness, pages 9 to 11)
- comparing “self-responsibility” and “social responsibility” and how having an appreciation for self-responsibility will allow students to better take care of others as well

DISCUSSION QUESTIONS

Six Domains of Health: Discuss with students which domain of health is most prominent in their lives. Why do they feel this way? Which are they least concerned with? Ask students what they could do in order to incorporate all components into their lives. What are some of the obvious differences between those who do incorporate all of these aspects into their lives and those who only concentrate on one or two of these components?

Canadian Health Agencies and Initiatives: What Canadian health agencies, programs, or initiatives have had an impact on students’ health or the health and wellness of their friends and families? How did they enable the students to improve their health and wellness? What programs and initiatives are lacking or need improvement? Where are there gaps in the system?

Diversity and Social Exclusion: What challenges do the social determinants of health bring to the health-care system? What actions can government, universities, hospitals and other health-care facilities, and individuals take to address these differences? Identify some of the aspects of social exclusion that might affect the overall health of an individual. What factors in the health-care system might keep various individuals from keeping up with their health?

One example is when brochures only display one race, and are only in one language. Another example is when physicians do not clarify health questions, such as “Are you sexually active?” Does this mean in the last week, two hours ago, in your lifetime...? Also, what does “sexually active” mean? How is this term interpreted if you are lesbian or a gay man? What about, “Do you drink alcohol?” A person might reply, “Yes, but only once a week.” This may still be a problem if the one time a week he or she drinks five to eight drinks.

Personal Health Assessment: After reviewing the Precede-Proceed Model for Health Promotion Planning and Evaluation, and the Quality of Life Model, encourage students to keep a small journal handy in order to record their thoughts, reactions, and experiences related to each chapter’s materials. How does the information presented in each chapter apply to their values, attitudes, and behaviours? What might they do in order to change unhealthy behaviours? What are some of the barriers that might keep them from a healthier lifestyle? What are some of the benefits of a healthy lifestyle? Is a healthy lifestyle the same for everyone?

College/University Students and Health: Ask students how they handle the possible newfound freedom they have achieved since attending college/university. How do their parents handle and react to it? How does this sense of independence affect their health? What health challenges do they face?

Wellness-Illness Continuum: Have students identify where they are on the Wellness-Illness Continuum (Figure 1-4). Be sure they include all six domains of health. What does the Wellness-Illness Continuum represent? Can you fluctuate on this continuum?

Changing Health Behaviour: Ask students to reflect on a personal change attempt. Discuss positive strategies they used. Discuss unsuccessful attempts. Why were they unsuccessful? What could they have done differently? Point out the Stages of Change (Figure 1-10) and compare successful and unsuccessful changes.

GUEST SPEAKERS AND PANEL PRESENTATIONS

Compose a panel of class members or community representatives from diverse ethnic, religious, and racial groups to discuss their cultures' views about health and illness. In particular, you might invite members of the First Nations community to your classroom to discuss their spiritual beliefs and culture so that others might have a better understanding of their perspective on health and wellness.

Form a panel, possibly comprising a psychologist, sociologist, environmentalist, and physician, and have the members share their definitions of health and how they work to protect it.

Invite someone who has recently overcome a major health obstacle or problem to discuss what helped them to adjust to or overcome the problem.

Invite a member of a community support group (e.g., Alcoholics Anonymous, Weight Watchers) to share their methods/steps to creating behavioural change.

CLASS ACTIVITIES

Activity #1 Meet Your Classmates

Purpose:

1. To meet your classmates and learn to appreciate the differences we all share
2. To appreciate nonverbal communication

Time:

Ten to fifteen minutes

Method:

1. Go to an area where students can easily move around.
2. Divide the group into two or three teams.
3. Have them stand in a straight line.
4. Give them a topic regarding health (e.g., times a week you exercise, number of fruits and vegetables eaten daily, number of sports teams played on in high school)
5. Have them line up accordingly (e.g., most to least, least to most).
6. Keep track of time to see which group lines up first (and then compare times afterwards).
7. To add a twist, don't let them talk while trying to line up.
8. Repeat many times so that the students get a chance to be in different location each time.

Discussion:

1. Elaborate on the following communication facts:
 - a. Verbal messages(words) account for 7 percent of communication.
 - b. Nonverbal cues (e.g., expression, gesture, or dress) account for 93 percent of communication.
2. Discuss with the students how they felt when they couldn't talk. What did they rely on to communicate?
 - a. How did each of them communicate? Were there different styles?
 - b. Is nonverbal communication as effective as verbal communication? Explain.
3. Discuss whether anyone was always in the same place in line or not. Discuss differences amongst each other.
4. How might these differences reflect how we treat ourselves? Our lifestyle behaviours?

Activity #2

The Dimensions of Health

Purpose:

1. To introduce and investigate the dimensions of health and how various individuals perceive these dimensions
2. To analyze human behaviour in the context of physical, psychological, social, intellectual, environmental, and spiritual health
3. To meet your classmates

Time:

Twenty to thirty minutes

Method:

1. Form a circle in the room.
2. Instruct students to introduce themselves and identify a dimension of health that represents their lifestyle by acting it out.

Discussion:

1. Discuss the various ways that people perceive the dimensions, not only through how individuals act out the dimensions but also from the audience's reactions.

Activity #3

Presentation on Various Cultures

Purpose:

To better understand the health needs and practices of various cultures

Time:

Two to three class periods

Method:

1. Have students select (or assign) various cultures to research the health needs and practices of each culture. You may want to put them in groups.
 - a. Ask students to research the various dimensions of health regarding their selected (or assigned) culture.
2. Give the students ample time to research their given culture.
3. Have students present to either small groups or to the entire class; whatever time allows.

Discussion:

1. Discuss the various ways that people perceived the dimensions and how others from different cultures might interpret these dimensions.
2. Ask the students how they feel about these various cultures after having a chance to look at them more closely.

Activity #4

How Do We Compare?

Purpose:

To introduce and investigate the various health concerns and illnesses around the world and compare them to those in Canada

Time:

One class period

Method:

1. Reserve a classroom that has access to enough computers for your class.
2. Have students investigate the World Health Organization website and the Health Canada website, and make a list of the top illnesses around the world.
3. To add another dimension, give the students a particular case study and ask them to identify symptoms or methods of treatment as reported by these two organizations.

Discussion:

1. Discuss why certain countries are more susceptible than others to particular diseases.
2. What prevention methods are in place to combat those diseases in Canada? Are they effective? Why or why not?

REFERENCES, READINGS, AND RESOURCES

- Anspaugh, D.J., Digman, M.B., & Anspaugh, S.L. (2000). Models for health promotion interventions. In *Planning, implementing and evaluating health promotion programs*. Boston: McGraw Hill.
- Commission on the Future of Health Care in Canada. (2004, October 1). *Final report. Health Canada*. Available at <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/romanow-eng.php>
- Constitution of the World Health Organization. (1947). *Chronicle of the World Health Organization*. Geneva, Switzerland: WHO.
- Edwards, P., et al. (2004, May–June). ParticipACTION: The mouse that roared: A marketing and health communications success story. *Canadian Journal of Public Health*, 95 Supplement 2. Available at www.usask.ca/archives/participaction/english/impact/CPHA.html
- Epp, J. (1986). *Achieving health for all: A framework for health promotion*. Ottawa: Minister of Supply and Services Canada. Available at <http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/1986-frame-plan-promotion/index-eng.php>
- Federal/Provincial/Territorial Advisory Committee on Population Health (1999). *Toward a healthy future. Second report on the health of Canadians*. Ottawa: Health Canada.
- Health Canada. (2004). *Young people in Canada: Their health and well-being. Report*. Available at www.phac-aspc.gc.ca/dca-dea/publications/hbsc-2004/pdf/hbsc_summary_2004_e.pdf
- Kulchyski, P., McCaskill, D., & Newhouse, D. (1999). Introduction. In P. Kulchyski, D. McCaskill, & D. Newhouse (Eds.), *In the words of elders: Aboriginal cultures in transition* (pp. iv, xi–xxv). Toronto: University of Toronto Press.
- LaLonde, M. (1974). *A new perspective on the health of Canadians*. Ottawa: Government of Canada. Available at www.hc-sc.gc.ca/hcs-sss/com/fed/lalonde-eng.php
- McKenzie, B., & Morrisette, V. (2003, April). Social work practice with Canadians of Aboriginal background: Guidelines for respectful social work. *Envision: The Manitoba Journal of Child Welfare*, 2(1).
- Ottawa Charter for Health Promotion. (1986). World Health Organization, Health and Welfare Canada, and Canadian Public Health Association. Available at www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf
- Quality of life model. (n.d.) QOL Concepts. Quality of Life Research Unit, University of Toronto. Available at www.utoronto.ca/qol/concepts.htm

Scott, K. (2002, November). *A lost decade: Income equality and the health of Canadians*. Paper presented at the Social Determinants of Health Across the Life-Span Conference, Toronto.

FILMS (DVDS/VIDEOCASSETTES)

The Concept of Holistic Health

(improving overall health; shows all dimensions)

Hogg Foundation Library

P.O. Box 7998

University of Texas

Austin, TX 78712

Doctors Ought To Care

(Dr. Alan Blum discusses good and bad health habits and self-prevention strategies.)

Hogg Foundation for Mental Health

Hogg Foundation Library

P.O. Box 7998

University of Texas

Austin, TX 78712

Health and Lifestyles

(Lifestyles have an effect upon health; it's never too late to begin the change process.)

Spectrum Films

2755 Jefferson Street, Suite 108

Carlsbad, CA 92088

Healthy Lifestyles

(This two CD-Rom set multimedia program provides information to help viewers make the best decisions for healthy living and feeling great.)

Films for Humanities and Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

Homeostasis

(observes what happens to the body during a marathon race)

Films for Humanities and Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

Promoting Healthy Behavior

(This program introduces the basic concepts of health and wellness, emphasizing that well-being is a multi-dimensional concept that exerts an ongoing influence throughout one's life.)

Films for Humanities & Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

The Science of Wellness

(This program investigates the ramifications of applying the theories of prevention medicine: modifications in diet and lifestyle.)

Films for Humanities and Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

To Live or Die

(How lifestyle choices affect diseases is demonstrated. Connection between disease and behaviour in the lives of two individuals is discussed after their deaths.)

Perennial Education, Inc.

930 Pitner Avenue

Evanston, IL 60202

The Wellness Revolution

(Take charge of your physical and mental well-being; choosing healthful lifestyles.)

Modern Talking Picture Service

Film Scheduling Center

500 Park Street

North St. Petersburg, FL 33709

What Is Your Health Hazard Risk?

(provides guidance for improving health and longevity through health quiz)

IBIS Media

175 Tompkins Avenue

Pleasantville, NY 10570

You Can't Buy Health

(health maintenance program described by medical authorities)

Produced by Burd and Cavan Communications Company

Order from Blue Cross and Blue Shield Insurance Company.

INTERNET RESOURCES

Canadian Institute for Health Information (CIHI)

Access information about national health indicators and standards, health spending, current health research, and the Canadian Population Health Initiative (CPHI).

www.cihi.ca

Public Health Agency of Canada

Find credible and practical e-health information gathered from federal, provincial, and municipal agencies; university libraries; and community groups.

www.publichealth.gc.ca

Canadian Institutes for Health Research

Learn about Canada's lead federal funding agency and funding opportunities for health research in four areas: biomedical, clinical, health systems and services, and population and public health.

www.cihr-irsc.gc.ca/e/193.html

The First Nations, Inuit & Aboriginal Health Branch of Health Canada

Discover public health and health-promotion services for First Nations, Inuit & Aboriginal people in Canada.

www.hc-sc.gc.ca/fniah-spnia

Health Canada

Health information can be found at this federal government website. Check out *The Daily*, a special page that keeps Canadians on top of current health issues.

www.hc-sc.gc.ca

Speakwell

Visit this award-winning e-wellness website from Speakwell, a health and wellness education company. Check out the WELL newsletter, which is free of charge.

www.speakwell.com

Build Your Future

Making Healthy Changes

Ultimately you have more control over your health than anyone else. Use this course as an opportunity to zero in on at least one less-than-healthy behavior and improve it. Here are some suggestions for small steps that can have a big payoff. Check those that you commit to making today, this week, this month, or this term. Indicate “t,” “w,” “m,” or term, and repeat this self-evaluation throughout the course.

___ **Use seat belts.** In the last decade, seat belts have saved more than 40,000 lives and prevented millions of injuries.

___ **Eat an extra fruit or vegetable every day.** Adding more fruit and vegetables to your diet can improve your digestion and lower your risk of several cancers.

___ **Get enough sleep.** A good night’s rest provides the energy you need to make it through the following day.

___ **Take regular stress breaks.** A few quiet minutes spent stretching, looking out the window, or simply letting yourself unwind are good for body and soul.

___ **Lose a pound.** If you’re overweight, you may not think a pound will make a difference, but it’s a step in the right direction.

___ **If you’re a woman, examine your breasts regularly.** Get in the habit of performing a breast self-examination every month after your period (when breasts are least swollen or tender).

___ **If you’re a man, examine your testicles regularly.** These simple self-exams can spot the signs of cancer early, when it is most likely to be cured.

___ **Get physical.** Just a little exercise will do some good. A regular workout schedule will be good for your heart, lungs, muscles, bones—even your mood.

___ **Drink more water.** Eight glasses a day are what you need to replenish lost fluids, prevent constipation, and keep your digestive system working efficiently.

___ **Do a good deed.** Caring for others is a wonderful way to care for your own soul and connect with others.

Self-Survey

Are You in Control of Your Health?

To test whether you are the master of your fate, asserting control over your destiny or just hanging on, hoping for the best, take the test below. Depending on which statement you agree with, check either a or b for each of the following.

1.

(a) Many of the unhappy things in people's lives are partly due to bad luck. ____

(b) People's misfortunes result from mistakes they make. ____

2.

(a) One of the major reasons why we have wars is that people don't take enough interest in politics. ____

(b) There will always be wars, no matter how hard people try to prevent them. ____

3.

(a) In the long run, people get the respect they deserve in this world. ____

(b) Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

4.

(a) The idea that teachers are unfair to students is nonsense. ____

(b) Most students don't realize the extent to which their grades are influenced by accidental happenings. ____

5.

(a) Without the right breaks, one cannot be an effective leader. ____

(b) Capable people who fail to become leaders have not taken advantage of their opportunities.

6.

(a) No matter how hard you try, some people just don't like you. _____

(b) People who can't get others to like them don't understand how to get along with others. _____

7.

(a) I have often found that what is going to happen will happen. _____

(b) Trusting to fate has never turned out as well for me as making a decision to take a definite course of action. _____

8.

(a) In the case of the well-prepared student, there is rarely, if ever, such a thing as an unfair test.

(b) Many times exam questions tend to be so unrelated to course work that studying is really useless. _____

9.

(a) Becoming a success is a matter of hard work; luck has little or nothing to do with it. _____

(b) Getting a good job depends mainly on being in the right place at the right time. _____

10.

(a) The average citizen can have influence in government decisions. _____

(b) This world is run by the few people in power, and there is not much the little guy can do about it. _____

11.

(a) When I make plans, I am almost certain that I can make them work. _____

(b) It is not always wise to plan too far ahead because many things turn out to be a matter of luck anyway. ____

12.

(a) In my case, getting what I want has little or nothing to do with luck. ____

(b) Many times we might just as well decide what to do by flipping a coin. ____

13.

(a) What happens to me is my own doing. ____

(b) Sometimes I feel that I don't have enough control over the direction my life is taking. ____

Scoring: Give yourself one point for each of the following answers:

1a, 2b, 3b, 4b, 5a, 6a, 7a, 8b, 9b, 10b, 11b, 12b, 13b

You do not get any points for other choices.

Add up the totals. Scores can range from 0 to 13. A high score indicates an external locus of control, the belief that forces outside yourself control your destiny. A low score indicates an internal locus of control, a belief in your ability to take charge of your life.

Source: Based on J. B. Rotter, "Generalized Expectancies for Internal versus External Control of Reinforcement," Psychological Monographs, Vol. 80, Whole No. 609 (1966).

If you turned out to be external on this self-assessment quiz, don't accept your current score as a given for life. If you want to shift your perspective, you can. People are not internal or external in every situation. At home you may go along with your parents' or roommates' preferences and let them call the shots. In class you might feel confident and participate without hesitation.

Take inventory of the situations in which you feel most and least in control. Are you bold on the basketball court but hesitant on a date? Do you feel confident that you can resolve a dispute with your friends but throw up your hands when a landlord refuses to refund your security deposit? Look for ways to exert more influence in situations in which you once yielded to external influences. See what a difference you can make.