

Child and Adult Roundtable Sub-Report of Talking Back to Grownups: Healthy Children, Healthy Communities

Discussions on the Social Determinants of Health
and Middle Childhood in Canada
2007

by Kathryn White, Maria Sterniczuk, Gabriel Ramsay and Alison Warner



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Please note that the analyses and conclusions in this report do not necessarily reflect those of the individuals listed above or their affiliated organizations.

Foreword

In 2002, the United Nations held a Special Session on Children where, guided by the UN *Convention on the Rights of the Child*, participating nations created a vision for children around the world called *A World Fit for Children*. Subsequently, the UN called on nations to create corresponding country-specific documents in order to make commitments towards realizing this vision, placing children's welfare on national agendas across the globe.

In March 2005, the World Health Organization (WHO) launched a Commission to support the study of the social factors which affect the well-being of a population. The WHO Commission on the Social Determinants of Health brings together leading scientists and practitioners to provide evidence on policies that improve health by addressing the social conditions in which people live and work.

The United Nations Association in Canada's *Healthy Children, Healthy Communities* project was designed to bridge these two very important issues: the study of the social determinants of health coupled with the need to put children's health and children's rights as a national and international priority. In doing so, we went to the children themselves – to young people across the country and encouraged them to share with us, their stories. But we did not stop there. We engaged child health stakeholders as well as the Canadian public to help us better understand the social conditions which affect the lives of Canada's young people.

This report is a comprehensive overview of what we have found. In this way, it is a robust picture of the state of young people's health in Canada from a population health perspective, integrating the perceptions of a multitude of Canadians.


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October 2007



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EXECUTIVE SUMMARY

The United Nations Association in Canada's *Healthy Children, Healthy Communities* (HC²) project is a community based engagement and research project which aims to identify and examine the perceptions and priorities that exist regarding the health of young people in Canada (aged 9-12 – *Middle Childhood*) from the perspective of Canadian adults, child health stakeholders and young people themselves. The middle childhood cohort was identified at the National Children's Alliance (2002) National Roundtable: "Developing a Public Policy Agenda for Children Ages 6-12", held on June 20-21, 2002, as an age group whose health requires further attention. Healthy lifestyles developed at this age will help young people through the transition to the teen years and into adulthood.

The findings in this report reflect the main findings from a series of roundtables conducted between September 2006 and March 2007 across 12 Canadian communities with Child Health Stakeholders – i.e., community members representing a wide variety of backgrounds, as well as young people aged 9-12 in classrooms across the country. These qualitative roundtables were one portion of the project's research, which included surveys of 825 young people across Canada and surveys of 1200 adult Canadians. The roundtables provided an opportunity to understand health perspectives from young people themselves and the stakeholders who are involved in working with young people.

The HC² project incorporates a population health framework and recognizes the social determinants of health approached and identified by the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC). The overall purpose of this project is to understand young people's perceptions of health and the way in which they think about the social environment; to identify health attitudes and behaviour of young people and the adults who impact their lives; and to recommend solutions to strengthen young people's health outcomes from a variety of perspectives. Overall, this project aims to engage youth in a dialogue about health and empower them to speak up and take action to improve their overall health and well-being.

1.1 Summary of Findings: The Child Health Stakeholders Roundtables

- Stakeholders agree that the health of young people between the ages of nine and twelve needs greater priority. Most feel this age group is a distinct developmental stage that acts as a transition to the teen and then adult years. Developing healthy habits between nine and twelve means a better chance that these young people will continue these healthy habits and live safe, healthy and happy lives.
- Stakeholders take a population health approach to young people's health. They define health as both physical and emotional well-being. Most identify emotional well-being as a priority because it has received little attention and they believe that many young people suffer from emotional health issues such as stress, peer pressure and depression. Most stakeholders



report limited access to care, and barriers to seeking help including stigma and a lack of available resources.

- They recognize that the social determinants of health are indicators for overall health of young people in this age group. All aspects of a young person's environment affects health outcomes as a child and then as an adult. They witness first hand the effects of the economic and social environment on young people, particularly poverty.
- Stakeholders identify a number of issues that are affecting young people's health. Lack of proper nutrition and exercise, family relationships and poverty are mentioned most often. Although issues such as poor nutrition, lack of exercise and poor family relationships affect all young people regardless of income, many of the problems identified are exacerbated in lower income families. They often experience greater amounts of stress which is passed along to the children as well as poor nutrition and limited access to healthcare and community resources.
- The growing gap between high and low income earners is identified as one of the main issues affecting health outcomes. It is creating a gap in health outcomes that will only worsen if these problems are not addressed. Many communities have families who cannot meet basic needs such as adequate shelter, food and clothing. Youth from these families are at a greater risk of not finishing their education and potentially suffering from longer term health problems as a result.
 - Some youth are identified as being at greater risk than others including Aboriginal youth, non-European immigrant families and youth from single parent homes.
 - Priorities differ across communities. Stakeholders in communities with a larger proportion of people living below the poverty line are more likely to be dealing with meeting basic needs.
- The lack of funding to schools is one of the main concerns for stakeholders. After-school and lunchtime activity programs have been reduced or eliminated in many communities which mean young people have less chance to be active. It also means the variety of activities offered through the school is limited and sports teams are often the main option.
 - Schools have less support staff including counsellors, advocates and speech therapists which mean schools are no longer able to provide the same level of service to meet the health needs of young people.
- Stakeholders suggest a number of solutions to improve health outcomes. The solutions address initiatives at the government, school, community and individual level. Funding for schools is mentioned by the majority of stakeholders as the main solution. Funding would

mean more activities and services for young people, solving some of the main issues affecting young people's health.

- Stakeholders generally agree that if solutions are to be effective they must be implemented at the grassroots or school/community level. The community is aware of the issues specific to that community and are in the best position to implement programs and solutions. This means making the school central to addressing young people's health. Schools are the best means of reaching all young people.

1.2 Young People's Roundtables

- When young people think about health, the first thoughts that come to mind are healthy food and exercise. They also think about going to the doctor and dentist on a regular basis and of good hygiene habits. Generally, young people think about the physical aspects of health first.
- A further discussion of health issues reveals that young people do, in fact, have an expanded understanding of health and identify emotional health as an issue affecting young people. This includes stress, worrying and depression.
- Young people also recognize some of the ways that the social environment impacts their health and well-being. Poverty, living in an unsafe neighbourhood and family relationships are mentioned in almost all groups.
- But, it is not clear that all young people fully understand the impact of the social determinants of health. Many link a poor social and economic environment to limited access to exercise and nutrition. However, there are young people who are beginning to make the connection between socio-economic conditions and broader health issues.
- Young people identify a wide range of issues affecting young people's health. Nutrition, including a lack of junk food, and exercise are mentioned in all groups. Other issues include violence, unsafe neighbourhoods and bullying.
- Young people suggest a number of solutions to the problems they identified. Improving personal health habits by eating right, exercising and practicing good hygiene are mentioned most often. Young people also suggest policy options for the school, community and government such as curbing violence, being environmentally friendly and reducing poverty.

1.3 Implications of the Research

- The government needs to make the social determinants of health central when addressing the health of young people. A growing gap in health outcomes is emerging in Canada corresponding to the growing gap between income groups. Addressing inequalities in socio-



economic status is needed if the health issues affecting young people are going to be alleviated and young people are going to have equal access to social resources.

- Food and nutrition education is needed for both young people and families. Food programs in the schools will have limited effect if young people are not eating properly at home. According to stakeholders and the responses from young people themselves, education programs aimed at reducing substance use have been effective. Education programs about health issues such as food and exercise may have the same effect.
- Schools need to make young people's health a priority by incorporating it into the curriculum and having a healthy school policy.
- Greater attention to the emotional health and well-being of young people is needed. This is a serious issue linked to poor health outcomes at each stage in life. Currently, not enough support is available for nine to twelve year olds experiencing emotional health issues. Young people themselves are identifying emotional health issues as a risk to their health.
- Policies meant to increase participation among youth need to take a holistic approach to ensure that young people are exposed to a variety of activities. This will not only increase activity among young people but will give them an opportunity to be involved in activities that they can continue into the teen years and adulthood.
- Families need to be supported through government policy. Cuts to policies providing daycare, social housing and cuts to welfare rates are having a negative impact on young people, and are increasing the health gap between rich and poor. Families who are already vulnerable are disproportionately affected by these cuts.

2.0 PROJECT BACKGROUND AND OBJECTIVES

UNA-Canada's Healthy Children, Healthy Communities Project

The Healthy Children, Healthy Communities (HC²) project engages Canadians in learning about, and raising awareness of, the social factors that affect the health of young people aged nine to twelve years old. UNA-Canada believes that health initiatives targeted to this age group will benefit society by helping young people reach their optimal potential over their lifetime. We envision a healthy Canada in which children's health is a national priority and children themselves are engaged in understanding and influencing their own well-being.

The HC² project engages young people aged nine to twelve, child health stakeholders and Canadian adults in a dialogue on young people's health and the social determinants which influence health outcomes. Through this dialogue, the HC² project creates plans to improve children's health by



working with young people to identify their health perceptions and priorities and brings these to decision makers in schools, communities and governments.

HC² has four objectives:

1. To identify child health perceptions and priorities across Canada from the voices of children themselves, from child health stakeholders and from Canadians at large.
2. To exchange knowledge on the impact of social factors on children's health in diverse communities across Canada.
3. To develop measurable and actionable recommendations for community development, provincial and national policy, and to bring these findings to the global community.
4. To engage and empower young people to speak out, share their ideas, and take action on their own health priorities from a social determinants of health perspective.

The impact of the social determinants of health is well documented in Canada and most other industrialized countries. The social and economic circumstances of an individual can have as much of an impact on health outcomes as medical care and healthy lifestyle choices.

Social Determinants of Health provide a framework for the underlying issues of population health. The Public Health Agency of Canada (2002) describes the social determinants of health approach as *“an examination of the complex relationship between human development and the conditions that produce or undermine health from the beginning to the end of the life cycle.”* This approach emphasizes a wide number of social factors that have been shown to influence health outcomes in Canada and most industrialized countries. The Public Health Agency of Canada has identified 12 factors in particular that have been linked to health outcomes in Canada: Income and Social Status, Social Support Networks; Education and Literacy; Employment/Working Conditions, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Biology and Genetic Endowment, Health Services, Gender, and Culture.

Objectives of the stakeholder research

The objectives of the stakeholder roundtables were:

- To consult with stakeholders across the country in order to identify their perceptions and priorities concerning the health of young people between nine and twelve years of age.
- Engage in a discussion on the social determinants of health and understand how the socio-economic environment of particular communities is affecting young people's health.
- Identify potential solutions to the issues negatively affecting young people's health from the perspective of the community.



Objectives of the roundtables with young people

The overall objectives of the research with young people were:

- To consult with young people (aged 9-12) across the country, identifying their perceptions and priorities concerning their own health.
- To engage young people in a discussion on the Social Determinants of Health, and to understand what they are thinking about the social environment which surrounds them.
- To identify solutions about how to make life better for young people, from the perspective of young people themselves, by allowing them to share their concerns and visions for the future.

3.0 OVERVIEW OF METHODOLOGY

- **Roundtables with young people across Canada:** In addition to the quantitative surveys administered to 825 young people across Canada, roundtables with young people were held in 12 Canadian communities: Antigonish, NS; Montreal, QC (French and English); Ottawa, ON (French and English); Peterborough, ON; Calgary, AB; Yellowknife, NWT; Behchoko, NWT; Vancouver, BC; Kelowna, BC; Terrace, BC; Castlegar, BC; and Prince George, BC, so many BC communities were present due to funding received from 2010 Legacies Now. The roundtable sessions were identical, as much as possible, across the communities. The roundtables were three hours long and held in Elementary School classrooms in schools across the country. In general, only one school and one classroom in each school participated in the roundtable in each project community. There were between 15 and 30 students in each roundtable. The roundtables were facilitated by UNA-Canada project staff as well as local community volunteers. Often the classroom teacher also helped with the classroom activities. Facilitators began the roundtable by introducing UNA-Canada, the United Nations system, and the concept of social science research. Young people were then asked to elaborate as much as possible in classroom and small group discussions on three questions: *What is the first thing you think of when you hear the word 'health'?*; *What are the health issues and problems that kids your age face?*; and *How can we make life better for people your age?* Young people were encouraged to think holistically and to integrate thoughts about their school, home life, neighborhood and community. Young people participating voted on solutions that were most important to them and created a *child health rights declaration*, which was a collage of their thoughts, priorities and visions for a healthier future.
- **Roundtables with stakeholders across Canada:** Roundtables were held with child health stakeholders in the same communities as the young people's roundtables. There was no stakeholders' roundtable in Behchoko, NWT. Stakeholder roundtables were held the day after the young people's sessions. These roundtables brought together anywhere between

Roundtable Discussions Report on the Social Determinants of Health and Middle Childhood in Canada

12-30 community members. Each roundtable strived to have the following community representatives present (invitations for the roundtables were sent out within the community by a UNA-Canada project Local Liaison):

- Mayor
- City councilors
- City staff representatives with youth portfolios
- First Nations representatives Local MP
- Local MLA or MPP
- A representative of the local/regional/provincial Health Authority
- School board trustees
- School Administrator
- Coaches/sports leaders
- A girl guide/brownies/boyscouts leader/rep
- Foster parents' association
- Court workers
- Parent teacher association (PTA/PAC) members
- Child advocates
- Labour representatives (Local Labour council)
- Anti-poverty group representatives
- RCMP representatives working on youth initiatives
- Youth safe house workers
- At risk youth committee representatives
- Teachers and educators
- Parents

The stakeholders' roundtable was modeled on the young people's roundtable. Stakeholders were asked: *What is the first thing you think of when you hear the word, 'health'; What are the major health issues and problems that young people (9-12) face in this community?; and How can we make life better for people in this age group?* Stakeholders were asked to prioritize their solutions by voting on them. In addition, stakeholders were presented with the analysis which emerged from the young people's sessions and were asked to comment on it. At the end of the session, facilitators asked the participants whether there were any other community members who should have been around the table for the discussion. This was to ensure that the research and dialogue was being targeted at those most strongly involved in the issues.



SECTION ONE

5.0 FINDINGS FROM THE STAKEHOLDERS' ROUNDTABLES

5.1 The importance of the health of youth aged nine to twelve

Stakeholders who attended the workshops generally agree that young people's health needs to be given greater priority by the government and within the community and school system. The lifestyle habits of 9 to 12 year olds, including eating and exercise, as well as coping skills and attitudes toward education, lay the foundation for health in the teen and adult years. This age group is considered a distinct stage in a person's development and a time when young people are developing a lifestyle that will influence health outcomes throughout every stage of life. Developing a healthy lifestyle at this age will increase the likelihood that young people will grow into healthy, happy and productive adults. As one teacher said: "*Without a healthy student population, learning is useless.*"

The health of this age group is also considered important because the development of a healthy lifestyle that includes taking care of physical and emotional health will "*ease the transition*" into the teen years. In high school many young people "*shut down*" and are more difficult to reach. They experience greater amounts of stress because of peer pressure and are trying to find their identity and a sense of belonging. Young people need to develop coping and lifestyle skills prior to the teen years or problems can be exacerbated.

5.2 Defining health

Stakeholders take a holistic approach to young people's health. While they recognize the importance of physical health and healthy habits such as eating right and exercise, equal importance is given to young people's mental and emotional well-being. Emotional well-being is an area stakeholders identify as needing more attention.

Stakeholders recognize that The Social Determinants of Health have an impact on young people's health. Every aspect of the community and family life can affect health outcomes at each stage in a child's life. They witness first hand the impact that socio-economic conditions can have on a young person's physical and emotional health. Of particular concern is the widening gap between the rich and poor across Canada which is contributing to health inequalities in young people.¹

Stakeholders are in agreement that the social determinants of health need to be addressed if health outcomes for Canada's youth are going to improve. They stress that addressing factors associated

¹ Several reports from Statistics Canada document the widening gap between well off Canadians and those living close to or below the poverty line.

with health disparities will need to be a collaborative effort that will involve the community, school system, governments and the family.

5.3 Health issues facing young people across Canada

Stakeholders identify a number of issues faced by Canadian young people that affect their overall health and well being. The issues raised by stakeholders are consistent across all the communities. Priorities, however, differ in each community. For example, in better off communities priorities are not as focused on meeting basic needs of young people such as food and shelter, but on other issues unique to that community.

The main issues stakeholders identify include:

- Developing healthy lifestyles
- School resources
- Stress and emotional health
- Poverty and Inequality
- Services for special needs and vulnerable youth
- Substance Use
- Access to health facilities and services
- Breakdown of the family
- Lack of community
- Environment

The issues identified by stakeholders are discussed below:

A) Developing healthy lifestyles

Stakeholders are concerned that many young people are not developing healthy lifestyles. Lack of healthy foods in the home and in the school system and a lack of exercise are contributing to the risk of young people developing emotional and physical health problems.

Proper nutrition

Stakeholders attribute the consumption of unhealthy food to a number of factors. Some families lack the time for food preparation because many parents are working. Busy families often rely on pre-packaged food that is easy to prepare but does not provide adequate nutrition and may be adding to increased rates of obesity among young people. In addition, many families lack education about nutrition and do not understand how to prepare healthy food or what qualifies as proper nutrition. Affordability of healthy food is also a concern for low income families.

According to stakeholders, young people often do not have the appropriate role models to learn what constitutes a healthy lifestyle. They are exposed to unhealthy eating habits in both the home and school. When parents lack time to prepare food they are not teaching their children what is



healthy and these habits are passed on to young people. One stakeholder described it as the “*tang and white bread*” approach to nutrition – one in which food is bought cheaply and made quickly, and thus has low nutritional value.

Junk food is readily available in the school system and community, and is advertised extensively, which is increasing consumption. Moreover, unhealthy food often tends to be cheaper and more easily available than healthy and fresh food, particularly in many rural communities across Canada.

Physical fitness

According to the stakeholders, many young people do not get enough exercise. Rather than playing outdoors or being involved in activities, many young people are indoors playing video games, watching TV and using the computer. Young people no longer walk to school as much as they did in the past so they need to schedule activity such as physical education, activities at school and sports teams.

In addition, stakeholders observe a growing gap between active and inactive young people (discussed in more detail under school resources). A growing emphasis on competitive sports and cuts to after school programs has left many young people without activities.

Issues regarding weight

One of the consequences of poor eating habits and a sedentary lifestyle is the growing number of young people who are classified as obese or overweight. A recent report by Statistics Canada (2007) estimates that one in four young people are classified as obese or overweight. Many stakeholders working within the school system observe this trend and say that the number of young people who are classified as overweight or obese is growing. Obesity leads not only to physical health problems, but to emotional health problems as well. Obese/overweight young people are more likely to experience depression, stress and bullying.

Another concern is the number of young people, particularly girls, who develop an eating disorder such as anorexia or bulimia. One stakeholder noted that “*eating disorders are developing as early as seven years old.*” Many young people are getting the message, particularly from the media, that bodies should look a certain way. As a result, young people are dieting to stay thin in an effort to attain this ideal image.

B) School Resources

The decrease in resources available to schools across Canada was identified by all the stakeholders as an issue affecting young people’s health. All the communities say that fewer resources are available and this is having a negative impact on the range and quality of services schools are able to provide for students. Equal access to education is critical if the health issues of young people are to be adequately addressed.

“Equity is a very big word. We certainly do not have it for children [either] within schools or the classroom. We need to ensure they all have access.” (Montreal)

Stakeholders identify several consequences of a lack of school resources:

- The lack of resources has meant that schools are not able to provide activities during lunch periods or after school because of a lack of funding.

Many communities report that activities during lunch hour and after school have been cut because of a lack of funding. Without after-school programs many young people are at home watching TV or playing video games. In some communities lunch time and recess has been shortened which leaves little time for young people to socialize or participate in activities.

Some stakeholders observed that one of the results of this lack of scheduled activity is a growing gap between active and inactive young people. Young people who belong to sports teams are often very active and involved in numerous activities. Other young people who do not have access, either because of cost or a lack of interest in sports, are leading increasingly sedentary lives.

One stakeholder from Castlegar said that the elimination of after school programs has meant that an increasing number of young people are alone after school because both parents are working. There is a concern that spending so much time on their own will affect young people’s emotional health.

Many schools are no longer able to provide a diverse range of activities.

Concern about the diversity of activities is mentioned in several communities. While all the schools and communities have activities for young people to join, there is a focus on competitive sports rather than on non-competitive physical activity and the arts, such as music and drama, and life skills. This is particularly the case in many of the smaller communities where competitive sports such as hockey are one of the few options for physical activity. In Peterborough for example, hockey is popular among young people and receives a lot of funding. Other activities receive far less funding so young people who cannot afford or do not want to play hockey are left with few alternatives (a similar situation is mentioned in Antigonish).

Physical activity has many health benefits. It is an important part of developing an overall healthy lifestyle that will be maintained through the teen years and into adulthood and provides a way for young people to feel good about themselves. This is a time when young people need to develop interests and activities that they continue with into the teen years and adulthood. Young people may play when they are young but if they do not develop good physical activity habits, they eventually stop when they are older:



“Young people need to feel that they can succeed. Kids who haven’t achieved the skill level, their interest begins to wane...they need activities that are more accessible.” (Yellowknife)

- Some communities identified the need for breakfast programs and the lack of funding to support such initiatives.

Some young people do not have access to proper food and go to school hungry which affects their ability to focus on their classes and participate in activities. This is contributing to the widening gap in health outcomes between rich and poor Canadians. Breakfast programs are a means to offer every student an equal chance of success and an education.

- Lack of support staff within the school system.

A few communities mention that because of government funding cuts, many schools no longer have support workers. A few examples mentioned include speech therapists, funding managers, child advocates and counsellors. This not only decreases available resources for young people, but also puts pressure on teachers and other support workers. Teachers, for example, are taking on a greater responsibility educating young people. Some teachers report that they are responsible for teaching things that *“were taught in the home in the past.”*

C) Stress and emotional health

The emotional well-being of young people is a priority identified by stakeholders in all communities. Stakeholders generally agree that young people are under *“high levels of stress that they just don’t know how to talk about”*. Stakeholders say there is a definite need for counsellors within the school system. According to one stakeholder *“there are a lot of angry kids and they need someone to talk to.” (Kelowna)*

Yet, in many communities, resources are not available to address the emotional and mental health needs of young people. Healthcare initiatives have focused on improving young people’s physical health by including dental care and eye exams in the school, but few resources are available for young people suffering from mental health issues such as depression and high levels of stress.

“We see mental health as a main health concern, specifically in the 9-12 age groups. That’s where you start to see major differences in girls and boys self-perception. Girls have a more drastic decline in self-perception. This begins to happen in pre-adolescence, more strongly for girls than boys.” (Montreal)

A young person’s emotional well-being is not always easy to address. Several barriers are identified. Parents/guardians are often resistant to acknowledge that a child may have depression or emotional problems. There is still a stigma attached to seeking help for emotional health. One teacher noted: *“If I call a parent up and mention mental health in the same sentence as their child’s name, there’s a stigma and it’s scary.” (Antigonish)*

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Access to care is also a barrier for seeking help. At the community level, mental healthcare professionals are often not available or not covered under provincial/federal healthcare programs. In Montreal, for example, there are resource numbers that parents or teachers can call, but they will just receive a referral to a hospital where there is a long wait for a referral to a specialist: *“There’s a lack of mental health services and lack of continuity in mental health care. If kids aren’t suicidal, they are released back into the community.”* (Montreal)

In Montreal and Vancouver these problems are exacerbated in non-European immigrant communities. Young people often face the stress of integrating into a new community and have to balance the customs, culture and language of their home life with their school environment. The difficulty of accessing care coupled with the stigma attached to mental health issues makes it difficult for young people from these communities to get help when they need it.

Rural areas often have few resources available for the emotional well-being of young people. Rural BC and northern areas have an on-going problem attracting healthcare specialists and many communities lack mental healthcare professionals including psychiatrists and psychologists. And those available are often over-burdened and have difficulty meeting the demand for services within the community.

“[Young people] may need mental health interventions but we either don’t have [mental health professionals] in the community or they are very busy.” (Yellowknife)

Stakeholders identify a few areas of stress for young people:

Pressure to succeed

Many stakeholders feel that schools and in some cases families, are putting too much pressure on young people to do well at school. While doing well in school is important, many young people are having difficulty coping with the amount of homework assigned and are feeling a considerable amount of stress to perform well. The focus is less on the education and more on the grade or mark. In some cases young people are comparing grades and this is having an impact on the self-esteem of some young people. One young person who presented to a group of stakeholders in Peterborough told the group: *“When you get a good grade everyone congratulates you and when you get a not so good mark, they tell you that you could have done better.”*

Adding to the stress, in some communities young people in this age group are already worried about being able to afford to go to university. Rising costs of university are a concern for students as young as the nine to twelve age group. Perhaps this message is coming out because young people are hearing such concerns from their parents, but it signifies that they are keenly aware of their surroundings, and are already thinking about their future, despite still being very young.



Bullying and social exclusion

Bullying was mentioned by some of the stakeholder across the communities. Stakeholders are aware that bullying takes place and they recognize that bullying may lead to depression, increased levels of stress, and in extreme cases, suicide due to very low levels of self-esteem. But the extent of bullying may not be known. Often, instead of speaking about bullying, stakeholders frame it as being a problem of social exclusion.

Some of the stakeholders are aware that some young people are excluded from peer groups. Social exclusion can lead to increased stress and depression, much the same as bullying: *“It’s an emotional and social stress that kids are under in school. They are aware that they are not fitting in but they don’t know why.”* (Yellowknife)² Such feelings can lead to increase stress, alienation and a decreased sense of belonging.

Peer pressure

Many stakeholders are concerned that young people are under considerable pressure to *“fit in”* with their peers. This can include things such as engaging in risky behaviour, substance use and feeling the increasing pressure to keep up with material items.

Many families feel the pressure to buy their children the latest clothes, electronics and other items in an effort to help them fit in. One stakeholder from northern BC said that families have difficulty making ends meet and living within their means because of this pressure to buy expensive items.

The media and advertisers are contributing to this peer pressure by influencing young people’s spending habits. Some young people have considerable buying power for their age, for example, some students have as much as \$40 per week in allowance. The media has labeled the spending power of this age group as ‘pester power’ and considers them a high consumer group.

D) Poverty and inequity

One of the main concerns of stakeholders is the widening gap between the rich and poor across Canada. Recent findings from Statistics Canada report that although income levels in Canada have increased overall over the past decade, the number of families living below the poverty line has also increased. All the stakeholders agree that young people who live in homes classified as low income or below the poverty line face greater health risks.

“More and more of what we see in [this community] is that the differences between the rich and poor are widening. This is an alarming trend.” (Vancouver)

² The definition of bullying usually includes social exclusion (See Boyce, 2004; Pepler and Craig, 2000).

Poverty affects young people's health in many ways:

Housing and food security

In a few communities, serious issues such as inadequate housing and lack of nutritious and healthy foods are affecting a significant number of young people. Several stakeholders say that their communities are experiencing a housing crisis which results in many young people living in inadequate housing. In Vancouver, overcrowding is common. Stakeholders in BC say that the provincial government has reduced funding for social housing and at the same time, income assistance has been reduced. Overcrowding reduces a young person's ability to develop a healthy lifestyle. For example, young people who live in overcrowded conditions often have their sleep interrupted or have limited access to facilities which allow them to maintain proper hygiene.

Aboriginal communities have been disproportionately affected by poverty. Stakeholders who are from or work with aboriginal communities say that housing is often inadequate – being built with improper material that is not durable or sustainable over the long term. Single-parent families and families of new immigrants are usually also those who are disproportionately affected by the housing crisis. Quite commonly, these are families who may be living in poverty, often leading young people to drop out of school and live on the street.

In several communities, stakeholders report that some young people are going to school hungry. Food banks and special breakfast programs are emerging and being identified as a necessity in many communities, but the resources to sustain these effectively are often not available. In Yellowknife one stakeholder reported that almost 50% of those who use a food bank are under 16 years old and that last year they served 3,400 youth.

Job insecurity and working conditions

Stakeholders expressed that in some communities unemployment rates are high or workers are vulnerable to lay offs which interrupts their employment throughout the year. This is having an impact on young people's health. For example, in Terrace a growing unemployment rate has meant that many young people do not have the same access to extracurricular activities as others because the family is unable to pay for fees or equipment. Young people "*hang out with nothing to do*". Lack of jobs in the community has also meant that some families are traveling further from home and their community for employment so they have less time with their families.

Stakeholders expressed that young people in families with an unemployed parent can suffer from stress and low self esteem. They often do not have the same access to activities and are more likely to worry about their family's financial situation.



E) Special needs and vulnerable youth

Young people with special needs because of a physical disability are not having their needs met in many communities. In Calgary and Montreal integration models which would enable these youth to have increased access to services are not supported. Young people with disabilities have few activities available to them, whether on an individual level or with their family, so they do not have the same access as other young people.

In addition to special needs, some young people require special care because they are at a greater risk of health disparities. Vulnerable youth include those living in poverty, in an abusive home and young people who cannot live with their families and thus may be living in foster care. Disadvantaged youth are at a greater risk of living on the streets, are more likely to drop out of school and are more likely to be involved in delinquent behaviour. In urban areas such as Vancouver, the number of youth who live on the street has been increasing over the past few years, highlighting this problem.

In many communities foster care has not been adequate to assist vulnerable youth. Stakeholders say young people in care face greater emotional and physical health risks compared to other children their age.

“A lot of kids [in foster care] have Fetal Alcohol spectrum Disorder (FASD). This age group is when a lot of differences become more visible socially and cognitively. A lot of these kids don’t know how to play or interact socially with their peers.”

F) Substance use

Substance use among 9 to 12 year olds is a concern for some stakeholders. This issue was outlined as being particularly relevant in Yellowknife and rural BC. Stakeholders in these communities believe that young people are beginning to experiment with drugs and alcohol and this may lead to misuse in teenage or adult years. But not all stakeholders believe drug and alcohol use is a problem for this age group, at least in their own communities. In many communities, stakeholders believe that drug/alcohol/smoking education programs have been effectively incorporated into the curriculum for a number of years - raising awareness and limiting the misuse of substances. As one stakeholder suggested:

“Drugs and alcohol are not a huge issue at this age. We offer so many programs to make children aware of the risk.”

A greater problem arises when it comes to young people’s exposure to second hand substance use in the home. Young people exposed to excessive alcohol and drug use problems in the home environment may be more likely to eventually misuse substances. Family environments in which drugs and alcohol are regularly used often lack routines. Young people in these households are often not taken care of properly. This interferes with school and the ability to participate. One stakeholder from rural BC observed that *“young people in families with substance use issues are often taking on*

the role of the adult". Considering the very important role that adult caregivers play in the lives of young people, this is a significant issue.

G) Access to health facilities and services

In some communities, access to healthcare is an issue even for young people. Lack of physicians is mentioned in several communities including Montreal, Peterborough and communities, in interior BC. As discussed, many rural communities often lack healthcare specialists including psychologists/psychiatrists and speech therapists and access to family physicians is limited. This is an issue particularly apparent in rural communities of Canada's North.

H) Breakdown of the family

Support for families is critical when addressing young people's health. The family is the base unit of society and the care and attention from parents and guardians is critical for young people in this age group. Without responsible guidance and practice of parents and guardians, young people will be less likely to maintain a healthy lifestyle despite initiatives at the school and community level.

One of the main issues which stakeholders identified concerning the family is that families are spending less time together because of the work depends of parents/guardians; this is putting stress on families and children who are spending more time on their own. In many households, both parents are employed full time, and the stresses of their jobs and increasing demands in the working world mean that young people have limited time to spend with their parents/guardians. This also means that when the parents/guardian is at home he/she is tired and does not have time and energy to focus on communicating with their children and instilling healthy lifestyle habits. As one stakeholder notes:

"Children are dropped off at 7:00 and picked up at 6:00 which is too much time away from the family. It can affect emotional health."

Stakeholders mentioned that this problem is often exacerbated in rural communities and industrial areas where parents often do shift work and have difficulty maintaining a regular schedule for their children. They are often tired or work irregular hours which adds to stress. In such communities, parents/guardians may also need to travel further for employment. For example, in Yellowknife, many workers travel up to 500 km away to work in a mine, which means that one parents (usually the father) is away for up to two weeks at a time. This sort of instability adds stress to young people's lives. Often this means that young people are not getting support at home. Stakeholders in most communities say that some parents are not well organized or have stress which leads them to neglect some aspects related to their child's benefit. For example, they may not fill out school activity forms in time in order for their child to be able to participate.

Moreover, stakeholders identified that recent changes to the childcare subsidy have meant that many families, particularly single parents are struggling to provide adequate childcare for their children.



The stresses felt by children at home are often due to the stresses and lifestyle experienced by their parents/guardians.

I) Lack of community

Stakeholders identified that a sense of belonging to the community in which one lives is a very important factor to the well-being of young people. Stakeholders feel that young people are not as connected to their community and neighbourhoods today as they were in the past. As one stakeholder noted:

“Community is tough for kids today. The sense of connection changes because they travel all over for activities. Kids know where they go to school but they don’t know what community they live in. It’s about people—it’s not about location anymore.” (Rural BC)

Stakeholders feel that the sense of community is often changing. The notion that “it takes a village to raise a child,” is not always present, because the responsibility is put solely with the parents/guardians. This means that young people are not as connected to their community and environment. This lack of connection means that young people often may not have connections to positive role models which guide them in healthy behaviours. Moreover, this may also mean that young people do not know where to go for information concerning their own well-being.

J) Environment

Stakeholders in some communities, mention issues related to the environment as having an impact on the health of young people. In urban areas such as Montreal and Vancouver, talk about the environment was more prevalent in the discussion. In large cities, pollution from cars and factories may exacerbate various health problems such as the incidence of asthma and respiratory problems. Stakeholders from communities in rural BC that are located near industrial centres also noted that young people are increasingly suffering from respiratory conditions linked to air pollution. Furthermore, stakeholders also acknowledge city design and how that impacts an individual’s health and lifestyle. Issues related to city and town structure also came out in discussions with young people, but stakeholders agreed that often the design of their community means that it is not compatible for walking or biking and that individuals rely on cars a lot more. It also may mean that it is not a safe space for young people to walk the streets because the proper provisions for safety have not been made.

6.0 SOLUTIONS FOR IMPROVING YOUNG PEOPLE’S HEALTH

Stakeholders identified a number of solutions to improve health outcomes. For these solutions to be effective, collaboration is needed among the government, community and individual level. The main solutions identified by stakeholders include:

- Increase funding to schools
- Government programs to assist families
- Focus on schools – build up the school as a community hub
- Prioritize issues for vulnerable youth
- Address emotional well-being
- Promote healthy community development
- Build up mentorship programs
- Expand activities for young people
- Create cultural awareness programs in the curriculum

The solutions identified by stakeholders are discussed below:

A) Increase funding to schools

Increased funding to schools is one of the main solutions mentioned by stakeholders. Many stakeholders believe that Canada is not spending as much on children’s health and education (as a percentage of GDP) compared to other countries. Without funding it will be difficult to maintain programs designed to address young people’s health needs. This includes activities as well as support staff.

In addition to increased funds, many stakeholders suggest that Resource Managers would be beneficial in order to manage these funds and identify any additional funds that might be available to support the school, such as grants. Stakeholders note that Resource Managers would also benefit the school system by informing parents about the resources that are available in the community for the benefit of their child’s health, such as resources which exists to assist young people and help them gain access to extracurricular activities. Though these programs exist, they are often not known to parents.

B) Government programs to assist families

Stakeholders say that the government needs to do more to assist families. Government funding cuts have made it more difficult for families to provide daycare, healthy food and adequate shelter for their families. Funding cuts affect some segments of society more than others. Families with a greater likelihood of living in poverty including Aboriginal, non-European immigrants and single parent households are the families that require this assistance most.

Stakeholders identify several policy areas that need additional funding or programs:

- More licenses for daycare to increase space
- Financial support for childcare

- Breakfast programs
- Food recovery programs to ensure food is available for those who need it³
- Social housing policies in communities that need it
- Increase in welfare rates
- Equalize services—medical, dental and mental health services

C) Prioritize healthcare for young people

Stakeholders place much of the responsibility of young people’s health on the hands of the government, stating that the government needs to prioritize health for young people: *“Until Government makes a commitment, nothing is going to happen”* (Castlegar, BC). By prioritizing healthcare, government funding to schools and programs to assist families will be given priority.

Many stakeholders suggest emphasizing that child health issues are a human rights issue. Stakeholders want to see something done to guarantee that young people have equal opportunities regardless of economic or social background.

D) Healthy lifestyles through education

Continuous health education is needed for both young people and families. Education needs to be integrated into the entire curriculum. Education needs to go beyond physical well-being and expand to include emotional health. For example, when dealing with obesity, one stakeholder suggests the following:

“Just taking away vending machines won’t solve the obesity problem. Obesity stems from a [broader] social context. [We] need to be teaching about wellness and the whole child.”

And in another group, they noted the need for an expanded curriculum around health issues to address emotional well-being:

“We need more sex education. More information on what constitutes a healthy relationship. We need to address physical abuse. Relationships start at home but they should also be addressed in the school.”

Stakeholders recognize that young people need more education in order to understand what it means to be healthy. They need help in developing practices for a healthy lifestyle, and this support must come not only from the family, but also from the community and the school – ensuring that all sectors of the population are invested in ensuring the healthy development of children.

³ Food recovery programs would be programs in which food is kept in a fridge at school, to be accessed by those who need it.

E) Healthy school policy

Stakeholders emphasize that schools need to make the health of young people a priority by setting a healthy school policy. This needs to incorporate the following:

- Healthy food promotion
- Exercise and active lifestyles through expanded physical education programs
- Emotional well-being education

F) Focus on schools –build up the school as a community hub

Schools are taking on a greater role in the education of youth and the government and community needs to recognize this. Stakeholders would like to see the schools used as a community centre where activities for young people and their families take place. This shift in thinking will highlight the importance of the school system in the development of healthy young people.

Focusing on school may also encourage parents to become more involved. Most stakeholders agree that it will be difficult to keep young people healthy without parents/guardians being involved in all aspects of their education.

G) Focus on vulnerable youth

Stakeholders believe that more attention needs to be paid to vulnerable youth, particularly initiatives to decrease the number of young people becoming homeless. For example, vulnerable youth can include young people in abusive home environments, pregnant youth, visible minorities and Aboriginal.

H) Address emotional well-being

Stakeholders believe that increased support is needed to address the emotional health needs of young people. This includes:

- Raising awareness of emotional health issues in schools and the community
- Ensuring access to healthcare professionals dealing with mental health issues for young people who need help
- Support for young people, such as providing counselors in the school system

I) Promote healthy community development

Creating a community suitable for young people was mentioned in several communities. Most agree that stronger ties between the community and school are needed. Lack of a sense of belonging is



considered a serious problem for youth. Creating safe community spaces will help empower young people, provide a forum for education and give them a voice to address issues in their own lives. As one stakeholder says: *“It takes all of us to keep kids healthy.”*

An example of creating a community that is fit for young people was discussed in Montreal. Groups were formed in the community’s school to create a safe space for dialogue about many issues including self-esteem and sexual health. These groups have proven to be an effective means both for providing support and access to information.

Other community organizations were mentioned as well including a training program offered through the Canadian Mental Health Association, Roots of Empathy in British Columbia, and a number of conflict resolution programs in several communities.

Building a network of volunteers is suggested by many stakeholders, especially those in rural areas. In many communities after school programs have been difficult to run because they lack volunteers. In Antigonish, for example, extracurricular activities are often dependent on a person in the community taking the initiative to run the program.

In Yellowknife stakeholders suggest that community centres should have organized family activities. This could mean cooking together and having centralized services such as counseling and nutrition information.

A few other suggestions include:

- Adopt a grandparent
- Community kitchens
- Corporate sponsorship of community initiatives to improve young people’s health
- Family days— similar to already existing mental health and sick days that are made available by some employers; these would be targeted at allowing employees to spend more time within their family every month.

J) Mentorship programs

Adults need to be involved in mentoring young people. This is especially important for young people who may not have access to role models in the home. Young people need to have relationships with adults: *“If a child has a good relationship with an adult (role model) the odds of that child being healthier grows.”*

K) Expand activities for young people

Stakeholders from several communities say that activities need to be diversified. Music and non-athletic activities as well as more variety in athletics is needed. This is particularly the case in smaller communities such as Antigonish, Peterborough, and the interior of BC.

Suggestions include:

- Arts programs such as music and drama
- Life skills
- Non competitive sports so all young people can be active

L) Create cultural awareness programs in the curriculum

Cultural awareness is needed in all school curriculums. Every young person deserves ‘cultural safety’ and an environment free of racism. One suggestion is to increase cultural exchange programs and encourage young people and adults to examine their own cultural heritage and what it means to society: *“offer everyone a history of peoples. A lot of people are ignorant about other people’s culture.”* (Vancouver)

Several stakeholders say this is needed in aboriginal communities. Residential schools have meant that generations of aboriginal people have not had access to their history or language. It has also had a negative impact on the mentor relationships between elders and young people.

“When the school system shows [aboriginal youth] that there’s a gap [between cultures] because their culture is excluded, first nations kids don’t see the relevance between them and society and quit [school].” (Vancouver)

Government can affect how well non-European immigrants integrate into their communities. For example, Quebec does not have support for second language programs according to stakeholders. As well, many non-European immigrant families have trouble finding employment or are under-employed because of their unrecognized education and/or professional qualifications.



7.0 COMMUNITY PRIORITIES

Stakeholders were asked to prioritize the solutions which they felt were most important for their community. The table below reflects the priorities of each community:

| Community | Community Priorities to improve young people’s health |
|--|--|
| Antigonish | <ul style="list-style-type: none"> ▪ Create opportunities to increase quality time between young people, parents and activities/programs ▪ Address needs of rural communities such as providing more funding for activities, services and transportation ▪ Addressing mental health needs and education of young people ▪ Increase parenting skills and education opportunities for parents, particularly new parents |
| Montréal: French and English roundtables | <ul style="list-style-type: none"> ▪ Community capacity development (involving community) through participatory appraisals with the grassroots level ▪ Funding from higher levels to support community initiatives and infrastructures like safe spaces, sexual health clinics, empathy and conflict resolution programs ▪ Teach health coping skills and mental health issues to young people |
| Rural Ottawa French roundtable | <ul style="list-style-type: none"> ▪ Mobilize seniors and high school students and senior citizens to volunteer their time in community development projects and initiatives ▪ Create community hub around the School - holistic model that knits together school infrastructures, community members and services. Foster easier access to programs and services while efficiently using community resources ▪ Study participation barriers in order to be more inclusive towards all social groups |

| | |
|----------------------------|---|
| <p>Peterborough</p> | <ul style="list-style-type: none"> ▪ Better resources for low income communities and families (ex: free or low cost transportation to sports and art programs) ▪ Acknowledgment and encouragement of positive role models and mentors in the community ▪ Create community hub around the School-holistic model that knits school infrastructures, community members and services. Produce easier access to programs and services while efficiently using community resources |
| <p>Calgary</p> | <ul style="list-style-type: none"> ▪ Positive role models and mentorship at all ages ▪ Offer better wages to retain competent and experienced staff in community centers and organizations ▪ Create policies to engage, include and consult youth on issues and policies that affect them |
| <p>Vancouver</p> | <ul style="list-style-type: none"> ▪ Increase range and number of services (Universal Child Health Care, free transportation for youth under 18 years of age, community kitchens, etc.) ▪ Integrate a community hub into the School ▪ Increase welfare rates ▪ Teach young people what healthy relationships are made of. Adults must have the ability to speak with kids |
| <p>Yellowknife</p> | <ul style="list-style-type: none"> ▪ Increase school funding ▪ Family assistance ▪ Increase range and number of activities offered in the community (ensure that the focus is not only on sports but on the arts as well) |
| <p>Castlegar</p> | <ul style="list-style-type: none"> ▪ More accountability for child health – make child health a priority ▪ Hire a resource person to access and coordinate all available money and its distribution among the community ▪ System needs to be driven by parents ▪ Look at solutions starting at the grassroots level |



| | |
|-----------------------------|---|
| <p>Prince George</p> | <ul style="list-style-type: none"> ▪ Create balance between academics and art ▪ Create collaborative education efforts between teachers, health units, health specialists – integrating the community into the classroom ▪ Build community support to increase family support systems ▪ Use school as a community hub ▪ Create safe and supervised play areas (ex: parks, recreational spaces) |
| <p>Kelowna</p> | <ul style="list-style-type: none"> ▪ School as a hub for community involvement ▪ More initiatives to have low-income housing built; incentives to developers, more government priority; affordable family housing ▪ Lower cost of healthy foods, higher tax on junk food ▪ Medical services for working poor (glasses and orthodontists) |
| <p>Terrace</p> | <ul style="list-style-type: none"> ▪ Develop after school recreation activities ▪ Fund school programs ▪ Be preventive and pro-active about health problems ▪ Increase income assistance and minimum wage |

8.0 IMPLEMENTING SOLUTIONS

Stakeholders generally agreed how solutions should be implemented:

A) Grass roots action

Most stakeholders believe that implementing solutions to increase young people’s health needs to begin at the grass roots level if programs are to be effective.

“Develop capacity from within the community, not necessarily programs imposed on the community.”
(Montreal)

The community as a whole must be invested in understanding the issues affecting its population and must be committed from within to provide solutions to solve health disparities. Community dialogue is thus the key to healthy community development.

“We have to fight for and decide what the services are going to be for the community. The community works directly with other organizations. We [work] to have resources distributed [to benefit the community].” (Ottawa)

B) Integration

According to stakeholders, promotion of health among children 9-12 to be integrated into the school curriculum and into the activities which young people participate in if it is going to be successful. One example offered was sex education. Rather than just a section in a course or a course itself, some schools have started to integrate sex education into the entire school curriculum.

“[There’s a need] to integrate health into the school system. Right now there are once-a-year programs that focus on nutrition.” (Montreal)

Stakeholders see the benefit of a holistic approach to health education, that is not imposed in short burst of time but rather is integrated into the framework of education, and becomes one in which the values of a healthy lifestyle are taught from an early age and remain throughout the course of a young person’s life.

C) Flexible programs that reflect communities

Programs need to be flexible and reflect the ethnic and economic groups in the communities. They must be targeted, and custom-designed to fit the needs and issues of particular groups. Unilateral approaches to dealing with health problems are not as effective in dealing with the issues as programs which closely examine the issues at hand and provide specific solutions for dealing with them.

“Past efforts have often focused on applying a program model but it did not reflect the community.” (Ottawa)

D) Collaboration among the community, schools, parents and all levels of government

As discussed, improving health outcomes means addressing health issues in young people’s environment. Government policies, the school, neighbourhoods and young people’s home life are all having an effect on young people’s health. In order to deal with the health issues and problems that young people face, each level of society which affects the condition must be involved and committed to the betterment of young people’s lives.



SECTION TWO

9.0 FINDINGS FROM THE YOUNG PEOPLE'S ROUNDTABLES

9.1 Defining 'What is health?'

To start the roundtable sessions, young people were asked “what is the first thing that pops into your mind when you hear the word health”. The goal of this question was not only to see how young people perceive health, but also to encourage young people to start thinking about all the aspects of health that would be examined that day.

When they first think about health, young people predominantly focus on ways they take care of their physical health. Mentioned most often are healthy behaviours including eating healthy food such as fruits and vegetables, avoiding junk food, exercising and not smoking. An example of this is a group of young people from Vancouver that listed healthy food such as carrots, broccoli, milk, water and fruit when asked about health. Also reported was visiting the doctor and dentist regularly and practicing good hygiene by keeping clean, brushing your teeth and showering.

Most young people, however, do not immediately think about other aspects of health such as emotional well-being when asked to define health. However, during broader discussions of health issues, young people begin to identify emotional well-being as a health issue affecting their age group. Many are aware of the importance of good mental health and include “*taking care of the mind*” and “*staying positive so you won't get stressed out*” as ways to stay healthy. Having friends, being happy and feeling good about yourself are all indicators of good health. They also recognize the importance of healthy relationships to their overall health and well being: “*when you're with your friends or family, you develop like normal people do.*”

Young people identify depression, worrying and stress as issues that have a negative effect on young people's health. They are also aware that extreme depression can lead to suicide. They understand that having such feelings can interfere with sleep, study habits and activity levels. In a few communities the young people identify behaviours that would indicate depression and stress. For example, in Calgary and Montreal “being emo” (emotional) which is associated with depression and at the extreme, self mutilation (cutting), is identified as a health risk.⁴

Some young people are starting to make connections between their physical and emotional health. For example, feeling stressed or depressed can affect how well a young person feels during the day

⁴ Emo is a musical and dress style that is mostly adopted by adolescent youth. Emo short for emotional is a mix of dark gothic, skatter and punk styles. Boys and girls may wear wrist bands, dark makeup and jewelry. The musical genre is rock with undertone lyrics of ugly relationships, depression and suicide.

and the ability to partake in activities: *“If you go to bed stress free, you’ll have more energy in the morning and will sleep better.”* It is very important for us to recognize the ways in which young people are defining ‘health’ because it tells us something about the realities that they are living day to day and the social environment in which they live. For example, the fact that young people as early as 9-12 are identifying factors such as ‘stress’ means that they are already facing many intense and highly emotional situations in their lives which may impact their well-being. Paying attention to these identifications will allow us to better understand the health issues which young people are facing.

9.2 Making Connections: The social determinants of health

Children are a reflection of present day society. They express values and information they see and learn through family, school and the mass media. Although their ‘top of mind’ answers reflect issues associated with physical health, in further discussions they make the connection between social factors and health. For example, many young people recognize that a person’s social and economic environment influences health outcomes. In all groups, poverty, unemployment, family relationships, the physical environment and living in an unsafe area are mentioned as issues affecting the health of people their age. Some young people are specific about the poverty issues and recognize that *“being on welfare”* or in foster care may mean greater health risks for some young people. As well, the lack of resources for schools is recognized as affecting health. Many young people are aware that *“no money for after school activities”* means less opportunity to be physically active.

Young people demonstrate that they are knowledgeable and concerned about many international issues that are affecting young people around the world. For instance, they discuss a wide variety of issues including climate change and environmental degradation, starvation and AIDS in Africa, children going to war, drugs and alcohol, guns and bombs, the flu, Hepatitis A and B, scabies and the Whooping Cough as issues and problems that can affect the health of young people their age. The war in Iraq was brought up by young people in all parts of the country. In Montreal the number one solution to make life better for young people was to *“arrest George Bush”*.⁵ And some young people in Vancouver say that *“countries should not invade others for their oil”*. These answers demonstrate that the young people who took part in these sessions were aware of the problems occurring in the world and understood that they would have an impact on the health of young people around the world.

Young people are also informed about serious issues such as drugs. In Prince George, young people named heroin, crystal meth, crack, cocaine, tobacco/nicotine, pot/marijuana, ecstasy, caffeine and alcohol as dangerous substances. It may be shocking to realize that young people are so aware of their environment that they can name the exact drugs which are dealt on the streets, but this shows the intrinsic understanding that young people demonstrate about the world that around them; in fact, young people can absorb their surroundings like a sponge. One Calgary young person

⁵ This comment was mentioned in relation to several issues concerning the Bush administration in addition to the war.

explained how methadone was used to help with heroin addiction, demonstrating the breadth of knowledge that some young people have about these issues.

Exposure to overwhelming levels of information is seen here and further research is needed to evaluate its impact on children's health and well-being. Censorship is one way in which we control what information children can and cannot access but it is not enough. Children are sharing with us detailed knowledge of serious societal issues and they need to know how to cope with such information. Moreover, further research should be done to understand the mediums which are most influencing this knowledge-transfer.

9.3 How do the social determinants of health affect the health of young people?

In terms of conceptualizing the impacts of a poor socio-economic environment, most young people tend to first see consequences relating to their physical health. For example, students expressed that poverty may mean you cannot participate in activities or *"have money to buy food"* and this leads to poor health because a person lacks nutrition and exercise.

Some young people make the connection between the social determinants of health, and a broader conception of health that includes physical and emotional well-being, particularly when it is an issue that young people deal with on a regular basis. Bullying, for example, is an issue that young people recognize as causing stress which can lead to a variety of problems including not being able to concentrate at school and depression. Similarly, one young girl describes the effects of depression this way: *"You don't feel good about yourself so you don't want to eat."*

In other cases, one young person expanded how crime can affect someone not only on a physical level but, also on a personal or emotional scale, saying: *"Crime sets a bad example. Hurt an innocent person. A child can feel stress and will not be able to sleep."*

10.0 HEALTH ISSUES FACING YOUNG PEOPLE – FROM THEIR VOICES

Young people identify a number of issues that affect the health of young people their age. The main issues coming out from the cross-Canada roundtables include:

- Healthy eating
- Exercise and healthy lifestyle
- Substance use
- Disease
- Sexual health
- Environment
- Violence
- Bullying
- Hygiene and personal health habits
- Poverty
- Stress and depression
- Affordable education
- Accidents
- Unsafe neighbourhoods
- Healthy role models

D) Healthy eating

Young people say that healthy eating is one of the main issues that can affect the health of people their age. Eating nutritious food such as, fruits and vegetables leads to greater health outcomes while eating junk food such as pizza, soda, candy and foods high in sugar, salt and transfat will not.

When asked to define healthy food, almost all groups list fruits and vegetables. They also mention a variety of other foods such as fish, protein in general, and in one case dry meat. In one group, foods such as pasta were listed as the way to a healthy diet. Protein shakes and power bars are also considered healthy by a number of young people.

Junk food is “*easy to get and it’s cheap*”, so many young people believe that they and their peers are consuming too much unhealthy foods. They are aware that having 7-eleven convenient stores close to their homes can increase the amount of junk food available. They also recognize that McDonald’s, ‘super-sizing’ and eating in restaurants is not always nutritious.

In a few cases junk food is seen as something positive. In one group, it is suggested that medicine could be baked in pizza so that young people would have an easier time with taking their medications. In Antigonish, as well as in Ottawa, young people associate pizza with making them happy. This may reflect the socio-economic conditions of the young people’s families. Pizza may be considered an expensive treat and when a family can afford pizza, they are probably doing well economically.

Eating disorders and obesity are only mentioned sporadically in the groups. Explanations, about these issues are short and simple compared to other similar health topics. Since these issues plague a small minority of students, and a stigma is still attached to having an eating disorder, these may be uncomfortable topics to discuss and/or there may be a lack of youth friendly information available.

Likewise, it is not very clear from the discussion that all young people understand why nutritious food is important, or why junk food should be eaten in moderation. In some of the groups some young people mention the link between sugar and cavities. In only a few groups do young people actually make a connection between food and obesity or energy levels that may affect school performance and the ability to participate in activities. This signifies that potentially more information is needed regarding how healthy eating impacts overall health, specifically healthy weights.

E) Exercise and healthy lifestyle

Young people expressed in the roundtables that it is important for the sake of their health to exercise and stay active. Exercise can mean playing sports, or just being active in general by walking, riding a bike, swimming or playing outdoors. Young people also describe “*being lazy*” or a “*couch potato*” as bad for their health.

In several groups, watching too much TV, over using the computer and playing video games are mentioned as issues affecting health. Young people do not specify whether or not they believe they use electronics too much, but they are aware that some of their peers do. They associate these activities with a lack of exercise and outdoor time, and understand that too many hours of inactivity during the week is not good for a young person's health. In one case, a student said it was "*bad for your eyes*".

Although not mentioned in all groups, activities in general, such as community groups are mentioned by some young people as a positive way to stay healthy.

F) Substance use

Smoking, drugs and alcohol are discussed as health risks in all groups. Most school curriculums across Canada incorporate education about substance use into the curriculum, and awareness of the dangers to a person's health is high among the youth who attended the workshops. In addition, young people's knowledge about street names and drug paraphernalia is common and extensive. As discussed earlier, young people are aware of not just the drug names such as 'meth', but also other details like why methadone is used. Young people in Vancouver report they regularly see needles and drug users in their neighbourhood.

The use of alcohol, drugs and cigarettes among adults is also viewed as having a negative impact on the health of young people. Second hand smoke is mentioned quite often as a risk to health. Many young people are aware of the social consequences of alcohol and drug use to the community as a whole. In Yellowknife, for example, young people associate alcohol and drug consumption with an unsafe environment in the downtown area. Alcohol makes you "*out of control, drunk and not healthy*". Such quotes emphasize that young people are aware and are observant of their social environment and realities.

Young people's awareness and understanding of substance use and its impact on health may emphasize the effectiveness of the school curriculum and campaigns to educate young people about substance misuse. The details which young people express when it comes to drugs and their street names may be an indication that alcohol and drugs are a common part of a young person's environment whether through use in the community, TV or the Internet. Programs to educate young people about substance use are still needed. This study finds that school and the community together are effectively delivering education about these issues. Why young people with knowledge about the adverse effects of substances start using drugs, alcohol and tobacco in their teen and adult years is however, another issue that necessitates more research.

G) Disease

Young people from all communities mention diseases quite often as a health issue affecting young people. This includes cancer, diabetes (both mentioned in several groups) and rarer conditions such as scabies and scurvy (once again indicating young people's international awareness about health, or

simply their link to a history class, for example). One stakeholder from Antigonish suggested that diseases are often top of mind for young people from small communities because someone's death due to a disease such as Cancer creates reactions in the community at large, as it often impacts many individuals. Many young people may be missing from school because of a single death in the community. A few stakeholders from Antigonish also mentioned that Cape Breton, which is close by has the highest rate of cancer in North America (associated with the Sydney tar ponds) and that could explain why Antigonish youth talked so much more about the disease.

E) Sexual health

Sexual health topics are mentioned in most groups. Young people bring up STDs, HIV and AIDS, and teen pregnancy as health risks. Young people at a very early age are expressing an awareness of sexual health and its importance on overall well-being. This may indicate that school sexual health education programs are effective in teaching young people about the issues, or that young people are hearing a lot about or being exposed to these topics from their older siblings, through the community or through mediums such as the television.

F) Environment

Environmental issues are a concern for the majority of young people. Many young people are making a connection between environmental damage and health. They mention international issues such as global warming and natural disasters, as well as local issues such as air and water pollution, fire, gas leaks, toxic waste and littering. For example, young people in Calgary's new suburb expressed that they needed more trees in their barren landscape. These young people said that trees provide shade and use photosynthesis to create oxygen and clean the air. Likewise, youth in Antigonish expressed concerns about currently dropping fish populations, saying that over fishing means less food and employment.

G) Violence

Violence was mentioned by young people from several communities. Most often, violence is discussed within the context of the community, rather than the school or home. In Yellowknife, young people talked about feeling afraid *"to walk down Main Street"*, where many of the teenagers and drug dealers hang out. In some communities, homelessness, graffiti and litter such as broken glass in the streets contribute to the feeling of an unsafe environment. In several of the communities, fear of violence is present in malls, community parks, and school yards.

Many young people in all the groups mention crime as a problem for young people. This includes the use of guns, assault and break-ins within the community. They discussed the potential that family members may be victims of violence. In particular, guns are often discussed as being a serious issue. Youth from Vancouver, Terrace, Kelowna, Calgary, Yellowknife, Montreal and Ottawa suggest stopping the selling of weapons or guns not intended for hunting. Even though Canada has very strict weapon laws and that most children say they have never been in direct contact with guns,



exposure in media and pop culture is so great that they perceive it as a Canadian problem. Likewise, in one group (Calgary), video games and violence on TV is mentioned as a risk to health by encouraging violence among their peer group: *“Kids can be influenced by violence on TV shows and in video games.”*

Abuse and violence in the home is mentioned in a few groups. This includes sexual abuse and abusive relationships in general. Although it is mentioned, young people do not discuss these issues in-depth in the group; however, children that disclosed situations of abuse were followed up with in accordance with school board policy.

H) Bullying

Young people have a high level of awareness regarding bullying. Students from all communities mention bullying as a problem for young people. They realize that bullying has consequences on both physical and emotional health. Bullying is strongly associated with increased levels of stress that can lead to a lack of sleep, depression and poor school performance.

Bullying takes place between peers but also with adults and older teens. One youth from Peterborough described how when he/she and friends go to the downtown core, they had to avoid teens who bully or push them around.

The importance of being with friends and staying in groups to prevent bullying is mentioned, highlighting the importance of this issue for young people: *“If you don’t have friends you get pushed around”*.

I) Hygiene and personal health habits

Hygiene is mentioned in most groups. For young people, hygiene most often means showering, washing hands and taking care of your teeth. Avoiding body odour is also mentioned.

Young people also mention a variety of personal habits that help keep them healthy including wearing sunscreen and sitting in the back of a car rather than the front seat.

J) Poverty

Young people recognize that poverty affects their health. Poverty limits access to resources such as physical activities and proper nutrition.

Young people also recognize that poverty is a problem that requires a sustained solution. For example, several groups of young people say that efforts need to be made to feed, clothe and house people in the community who do not have access. For example, young people suggest assisting people in need: *“give your clothes away to people who don’t have any instead of just throwing them away.”*

Perceptions of poverty vary across communities. In some cases, poverty is viewed as extreme or outside the immediate community. For example, young people mention homelessness or living in a poor country in Africa. Others see poverty as the lack of access to resources. Poverty means not having “good clothes”, medicine or proper shelter.

K) Stress and depression

Young people are aware of stress, low self esteem and depression, and other emotional issues such as worrying, that affect them. Poor environments, including neighbourhoods with high crime rates and bullying can lead to stress in young people.

It is difficult to know if young people would recognize depression if they were experiencing it. They are aware that the behaviour of some young people is associated with depression and they make the connection between their environment and these feelings. As mentioned, two groups discussed being “emo” which is a culture or practice associated with self mutilation such as cutting (Other groups are aware of the practice of cutting even though they did not discuss emo). A few people believe emo rock supports this behaviour, although others disagree and do not believe that music can lead to depression.

L) Unsafe neighbourhoods

Young people are aware that living in an unsafe neighbourhood may have an impact on health. In many communities, certain areas are considered unsafe. Youth from Vancouver’s downtown eastside talked about the sex trade and prostitution as an issue affecting young people’s health. Prostitution is common in this area of Vancouver and an issue this community deals with on a regular basis. Young people are exposed not just to prostitution, but also to drug use and drug paraphernalia in public spaces.

The community outside of the school was not often spontaneously mentioned as an issue or solution for young people. Youth talked about unsafe neighbourhoods and crime but do not always discuss the positive aspects of community. A few groups were asked what the word “community” means to them. Young people recognize what a safe and healthy community would look like. Descriptions included family and friends, people around you and a place to socialize—*“sometimes the whole community comes together for a bbq”*. A community is also described as a safe place—*“a place where you can relax and not go down an alley and get mugged.”*

M) Accidents

The accidents mentioned most often by young people include car accidents in general or those caused by drinking and driving. Safety habits such as young people riding in the back seat and wearing seat belts were mentioned in a few groups. Personal accidents because of risky behaviour are rarely mentioned. Extreme sports and bicycle accidents or safety were rarely discussed (one group brought up dares). It is important to examine and understand the perceptions of youth regarding accidents because accidents are one of the leading causes of death of the world’s young



people. Young people’s perceptions of accidents also tell us something about the risky behaviour which they may partake in.

N) Healthy role models

Although young people do not often mention that they need role models or mentors, many express the influence of adult behaviour (in some cases older teens) in their lives. Roundtables with young people showed us that this age groups is tremendously influenced by the adults in their lives. Young people seem to turn to their parents or guardians most when it comes to gaining understanding and information about being healthy. Young people recognize that being around unhealthy adults who misuse alcohol or drugs or are bullies can harm their health *“physically and emotionally”*. They are also aware that adults are at least partially responsible for young people’s health: *“Some older people are not educated on what is healthy and some kids go to school without eating.”*

Students from almost every group discussed the importance of parents in their lives. Some would like to encourage parents to stop smoking so they will be healthier while others would like parents to spend more time with them. In a few groups, more serious issues like fighting between parents and drug and alcohol abuse came up. A large majority of young people in the roundtables identified a diverse realm of issues when it comes to the role that parents/guardians are playing in their lives. Some of the common statements which came out related to this include:

- No more harassment. Talk about it with parents, friends, teachers
- Talk to parents/adults about intimidation
- Parents should talk to their kids about drugs
- Parents, tell kids to do more exercise
- Parents and teachers need to talk to kids about racism
- Spend more time with parents and less time at school
- Don’t go outside without parents
- Better paying jobs for parents
- Stop parents from fighting
- Parents should not be smoking around kids

The statements above show how important parents are to young people in this age group. Young people believe that parents should be taking responsibility when it comes to young people’s health and act as role models for their own well-being.

11.0 SOLUTIONS

As part of the roundtables, young people were asked the question “what could we do to make life better for people your age?” Young people identified a variety of solutions which they believed would help alleviate the potential health risks for young people that they had mentioned throughout

the session. The solutions presented offered ideas for both personal behaviour and for policies that could be implemented by the school, community or government.

The main solutions mentioned were:

A) Develop a healthy lifestyle

Young people identified a number of healthy habits that could improve their overall health outcomes. Those mentioned most often were:

- Limit junk food and eat nutritious food
- Exercise and keep active
- Do not smoke
- Do not drink or do drugs
- Have a positive attitude and “be happy”
- Practice good hygiene

B) Healthy food promotion

Healthy eating is one of the main solutions young people suggest to improve their health. Ways to promote healthy food choices include:

- Healthy food programs in the school
- Limit the availability of junk food by removing vending machines or providing healthier snack alternatives and serving healthy lunches
- Educate young people and parents about healthy eating
- Have healthy food days/ weeks at school
- One group suggested promoting healthy food through the TV and media

C) Reduce violence

Young people offer a number of solutions to curb violence in their communities:

- More police to monitor the streets
- Limit the sale of guns⁶
- Reduce alcohol and drugs
- Tougher prison sentences for drug users

⁶ This answer is likely a reflection of information which young people are hearing about from the media. They know that guns are bad and that in some parts of the world they are easily accessible.

D) Environmental protection

Environment is a top of mind issue for most young people. They suggest many solutions:

- Reduce car emissions
- Policies such as fines for littering
- Recycling programs
- Limit chemicals in foods and other products
- Preserve wildlife
- Ride bikes and walk whenever possible

E) Increase activity levels

Young people believe in the need for physical activity. They suggest the following solutions to support young people in becoming fit and active:

- Increase sports teams for all ages
- More community groups
- Reduce the number of hours spent watching TV/playing video games and using the computer

F) Reduce poverty/inequality

Young people are aware that poverty is a social determinant that plays a significant part in the well-being of a population. They suggest the following solutions when it comes to curbing poverty:

- More jobs so everyone can have an income
- Affordable housing
- Programs to help homeless people
- Affordable education

11.1 Prioritizing solutions from young people: 'Dot-Mocracy'

Upon identifying solutions to health issues affecting young people, participants were asked to prioritize the solutions most important to them through a communal activity referred to as 'dot-mocracy.' In this activity each student was given eight stickers and asked to place his/her stickers on the solutions identified by students in the class which he/she felt were most important. This was a way of identifying the solutions/issues which were most important to the young people in each particular community, and the ones which they felt should be given the largest priority. Below is a summary of the results for each community. We feel that it is important to summarize the solution priorities within the context of the community, as each one has a different and very specific reality from which these solutions emerge.

Antigonish

Young people in Antigonish identified the following solutions as priorities for child health:

- No drugs
- More Pizza, spaghetti and macaroni
- Cancer research to find a cure for the disease
- Less cigarettes

In this small Nova Scotia community, young people placed a great emphasis on cancer, and its obvious ill effects on the health of young people. Due to the high prevalence of Cancer in this part of Canada (associated with the Sydney tar ponds in Cape Breton), and the small size of the community, young people from across the entire school can often be affected by a single death. When a member of the community dies, several students are often missing from class in order to attend the funeral, and this makes all young people keenly aware of the disease's extent.

In many roundtables, young people identified the desire for more foods which may be thought of as 'junk food' by adults (ex: pizza, macaroni). Though such foods are not high in nutritional value, young people value them as these sorts of foods are treats that make them happy. In certain cases, the lack of access to these foods may come from the fact of living in lower income brackets and not having the money to afford treats such as pizza. On another hand, young people may simply be identifying these foods because they do not like to be made to eat vegetables.

The identification of 'no drugs' and 'no cigarettes' was common among all roundtable sessions. These priorities may simply indicate young people's awareness with the fact that these things are bad – supporting the idea that educational programs about substance abuse are working – or this may indicate that young people are surrounded by cigarette smoke on a daily basis, and may even see drug dealing occurring in their community, indicating that much more work needs to be done in order to create smoke and drug free environments where citizens, especially the young, can feel comfortable.

Montreal (English)

Young people in the Montreal English roundtable identified the following solutions as priorities for child health:

- Arrest George W. Bush
- Money/donations to the poor
- Stop littering
- Fund hospitals



While the statements above (particularly the first one) may seem shocking, or surprising to be coming out of the mouths of young people, the answers stemming from this roundtable showcase that these young people are aware of the world which surrounds them, not only in the immediate sense (through such priorities as ‘stop littering’), but also globally. While ‘arrest George Bush’ may seem like something that should not be coming out of the mouths of young people, it shows that young people are listening to the media and understand that there are many things happening in the world, which are having an ill-effect on the health of society, and believe that the responsibility lies in the political sphere, though they do not likely know what that is. This statement, along with ‘donations to the poor’ and ‘fund hospitals’ shows that young people who took part in this roundtable have a very activist-like and humanitarian understanding and approach to the world which surrounds them; this showcases that young people are beginning to be engaged at an early age. The potential of young people for understanding their social surroundings cannot be underestimated.

Montreal (French)

Young people in the Montreal French roundtable identified the following solutions as priorities for child health:

- More sports/sports facilities
- Eat healthy/more fruits and vegetables
- Plant trees/recycle

The young people in this session identified more ‘main stream’ priorities when it comes to solving the health issues which they believe young people face in their community. ‘More sports/facilities’ and ‘eat healthy’ emphasize the physical well-being/active living perspective of health, which was the ‘top of mind’ view on health for most young people throughout the roundtable sessions. However, the identification of ‘plant trees/recycle’ shows that young people are also aware that certain social determinants such as the environment also largely impact the health of a population.

Ottawa (English)

Young people in the Ottawa English roundtable identified the following solutions as priorities for child health:

- Half price pizza
- Play Station and Xbox
- Take guns away
- Stop selling cigarettes

The Ottawa English roundtable was the first roundtable session performed as part of the research. This session took place in a very special school which catered to middle and lower-middle class families. The roundtable was incredibly diverse as the school brought in students from many different parts of the world who were new immigrants to Canada. These young people were often living in two different cultural contexts – that of their home country, and that of Canada – one in which they were influenced by the media regarding the need to possess all of the latest toys and gadgets. Thus, answers such as ‘half-price pizza’ and ‘Play Station/Xbox’ may be a reflection of these young people’s socio-economic status’ and their desire to have access to the same things that some of their peers in higher income brackets do.

The answer ‘take guns away’ is a reflection of the international perspective which these young people brought to the roundtable – being keenly aware of the international attention placed on war, as an example.

Ottawa (French)

Young people in the Ottawa French roundtable identified the following solutions as priorities for child health:

- Build a skateboard park
- Less “emo” culture/violent music and drugs
- Increase fitness/have a fitness gym

This roundtable took part in a small community in rural Ottawa, ON where young people claimed that they did not have access, through their school or community, to many recreational activities to help them stay physically fit. Young people in this roundtable identified ‘emo’ rock music as being a problem which affected young people, signifying that they felt that many young people may be spending much of their time at home in front of the computer and not as much time outside engaged in physical activity. Ideas such as ‘build a skateboard park’ may signify that young people are in need of more places within their community where they can be themselves and be physically active at the same time.

Peterborough

Young people in the Peterborough roundtable identified the following solutions as priorities for child health:

- No ‘Balanced Day’ – more time for recess needed
- Less homework
- Too much money for athletes; not enough for doctors and teachers



In Peterborough, the school schedule was changed from one in which students received a full hour for lunch, plus a short recess in the morning, to one in which the breaks were split evenly throughout the day, offering a series of 20-minute break periods for students; this was referred to as the ‘Balanced Day.’ Young people in the roundtable expressed that they were unhappy with this new schedule because it did not give them enough time to play outside, expend their energy and spend time with their classmates in a non structured way. Students often felt that the short breaks meant that they did not have enough time to play and were going back to the classroom with too much playful energy and were always told to be quiet. Young people had in no way been consulted on this process and what might be good for them; they were upset about this.

The desire for ‘less homework’ should also not be neglected as an important concern for young people. While it could be argued that no student ever really enjoys homework, it is nonetheless an issue which may signify that young people are feeling overworked and stressed when they leave school – a place where they already spend a great part of their day. In this roundtable, young people identified many issues stemming from the school such as ‘chairs that are uncomfortable and hurt your back’ and ‘too many books to carry home that hurt your back.’ It is important to recognize and allow young people to voice such concerns, so that we may work to create learning environments for them in which they feel that they can work to their optimal potential.

Calgary

Young people in the Calgary roundtable identified the following solutions as priorities for child health:

- Have fruit shakes and protein bars
- Don’t sell cigarettes
- Don’t sell guns
- Recognize the importance of children

In this roundtable session young people recognized a variety of different categories when it came to their priorities for child health. ‘Fruit shakes and protein bars’ and ‘don’t sell cigarettes’ recognizes the importance of physical health and well-being through common solutions like proper nutrition and avoiding cigarette smoke. One of the most important statements, however, to have come out of this roundtable session is the idea of recognizing the importance of children. Young people believe that it is important to have their voice heard and want to ensure that they have a say in the matters which affect them.

Yellowknife

Young people in the Yellowknife roundtable identified the following solutions as priorities for child health:

- Stop parents from fighting
- Instead of smoking eat cheerios
- Don't go with strangers
- Stop child abuse

The realities which presented themselves in the Yellowknife roundtable were very serious. Young people identified a number of solution priorities which are reflective of the reality which many in the community may face on a daily basis, or may be aware of through their peers' experiences. This session further emphasizes how incredibly important it is to allow young people to share their views and opinions in order that we may understand the realities which they are facing. In Yellowknife, young people are living in a community with a variety of social problems, including lack of parental employment, lack of resources and drug and alcohol abuse. Many adults from the community are often traveling up to 400 km away for work in some of the Northern diamond mines. Such situations can and often do lead to the break up of a family – a situation strongly felt by young people through various facets.

The priority 'instead of smoking, eat cheerios' emphasizes young people's simple yet creative ideas when it comes to solving health problems. In this session, young people began making up a 'cheerio super hero' that would help stop young people and adults from smoking – promoting healthy food instead of toxic substances. Such solutions show the imagination that young people possess and should not be undermined.

Behchoko

Young people in the Behchoko roundtable identified the following solutions as priorities for child health:

- Prevent drunk driving
- Stop sexual abuse
- Prevent bullying/make “no bully” zone
- Put dogs on leashes and watch for bears and wolves
- Stop suicide

Behchoko is a remote/rural community which is quite vulnerable and marginalized. It is located approximately 100 km north-east of Yellowknife. Due to its remoteness, it has little access to resources. Health disparities faced by the community are large, and they are perhaps felt most by the young people who live there. For this reason, the priorities which these young people focused on reflect the harsh life conditions in which many of them live – one's in which adult problems become the problems of children. Many of these children live in lone-parent families where poverty persists. Young people in communities such as Behchoko, are suffering some of the



harshest realities in Canada, and these realities were reflected in the roundtable. Note that any indications that a child was abused were brought forth to the child's teacher and dealt with according to school policy.

Vancouver

Young people in the Vancouver roundtable identified the following solutions as priorities for child health:

- No more tobacco companies
- Physical education classes should be longer
- Hospital fees should cost less

Young people in Vancouver recognize the importance of proper physical activity on the health and well-being of themselves and their peers – 'physical activity classes should be longer.' In Canada, we are fortunate to live in a state which supplies us with medicare, in order to ensure universal access to health facilities. Young people's request that 'hospital fees should cost less' is thus rather a reflection of their understanding that individuals living in poverty may still have less or limited access to resources as compared to those in higher socio-economic classes (since hospital fees are covered through medicare). This statement may be a reflection of their understanding that individuals living in poverty are most likely to suffer from health problems and may not have the resources to afford medications or other elements required for optimal health.

Castlegar

Young people in the Castlegar roundtable identified the following solutions as priorities for child health:

- Don't do drugs
- Make cigarette smoking illegal
- Promote peace
- Send money to poor countries

Young people in this roundtable reflected on health both from a local and an international perspective. 'Promote peace' and 'send money to poor countries' shows that young people in this community like many others are understanding of the problems plaguing other nations around the world and presumes that they may be hearing about these things through the media – demonstrating the impact that it has on young people. While young people likely do not sit at home watching the news on their own, they may be doing so with their parents, or may be hearing about global issues such as war simply from the conversations that adults around them are having.

The statements supporting anti-smoking and anti-drugs may be a reflection that the campaign to promote the negative impacts of the two may be working. However, it may also signify that young people are still surrounded by these issues.

Kelowna

Young people in the Kelowna roundtable identified the following solutions as priorities for child health:

- No homework
- Comfortable chairs in school
- Education in the jails
- Solar powered cars to reduce pollution

Once again, young people are demonstrating a deep awareness of the social determinants through such priorities as ‘education in the jails’ – recognizing that education is an integral factor for the betterment of society.

Prince George

Young people in the Prince George roundtable identified the following solutions as priorities for child health:

- Prevent drugs/don’t sell drugs to kids
- Affordable education
- Attach video games to treadmills

Young people in Prince George provided creative solutions to young people’s sedentary lifestyle. Knowing that many young people enjoy playing video games, coupled with the association that exercise machines, such as tread mills are good for one’s health, young people propose that if the two are put together, they and their peers may be more encouraged to be physically active as they would have an incentive in place.

Young people in this roundtable identified ‘affordable education’ as a priority – showing that young people as early as 10 years of age are already thinking about the costs of their future. This may be due to the fact that they have older brothers or sisters at home who have been dealing with the issues of higher education, or they may be hearing it from the adults which around them. In many communities access to Universities may be harder to come by than in others; although there is one University in Prince George, many people may be traveling far away from home in order to receive higher education. It seems that young people in the middle childhood years are already aware of the issue.



Terrace

Young people in the Terrace roundtable identified the following solutions as priorities for child health:

- Use protection during sexual intercourse
- Provide a legal place for graffiti
- Stop killing animals; keep animals alive
- Stop selling drugs to young people
- Encourage and develop community sport teams

One of the elements that is most provoking when it comes to asking young people about their view of health, is simply how intrinsically aware they are about the issues at hand. ‘Use protection during sexual intercourse’ demonstrates a mature understanding of some of the most complex elements of health, but may also indicate that pregnancy among young people (teen pregnancy) is quite prevalent in the community; it may be something which young people are seeing for themselves or are being told about by their teachers, parents or guardians.

‘Provide a legal place for graffiti’ and ‘encourage and develop community sport teams’ may signify that young people in this community feel that they would like more places in the community which they feel are youth friendly. The community can play a tremendously important role in the healthy development of young people, and it is important that the resources are in place to support young people at the community level.

‘Stop selling drugs to young people’ may be an indication that young people feel that drug use is a problem for people in this age group and that it may be occurring at the community level.

12.0 CONCLUSIONS AND RECOMMENDATIONS

It is clear from the roundtables that young people are able to provide us with a wealth of information regarding their health issues and the way in which the social world influences and impacts their health. The voice of young people can not be undermined. In order to produce healthy and inclusive communities for child development, we must ensure that their views are taken into account. By educating ourselves about the issues affecting young people, from their own voices and then coupling this with the views and priorities of community leaders and stakeholders, we have the capacity to create lasting, holistic and mutually beneficial changes at the community level. Community capacity development can occur in an effective and beneficial way, but it must occur through collaboration, at the grass roots level and from within. We believe that the recommendations in this report which have come from the voices of child health stakeholders, community leaders and young people themselves pave the way for community development which can ensure that young people are growing up in environments which allow them to achieve their optimal potential over their lifetime