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# **Multi-Sectoral Dialogue Talking Back to Grownups: Healthy Children, Healthy Communities**

## **Meeting Report**

**July 31, 2007  
Pacific Palisades Hotel, 8:30-11:30 a.m.  
Vancouver, BC**





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**Multi-Sectoral Dialogue**  
**Talking Back to Grownups: Healthy Children, Healthy Communities**

**OVERVIEW**

Most Canadians would agree that all children have the right to live in a healthy environment. What's more, the United Nations declares it is a child's right to have the highest attainable standard of health possible and to be heard on matters that affect them. Over the past year, the United Nations Association in Canada (UNA-Canada) has visited urban and rural communities across the country supporting children and child health stakeholders to voice their opinions on the social and economic factors that affect children's health. Through community roundtables and surveys, children (aged 9-12), child health stakeholders and the Canadian public have exchanged ideas and perceptions about these social factors, including income, housing, social supports, racism, education, gender and the environment.

On July 31, 2007, UNA-Canada held a special breakfast meeting in order to explore research findings and preview new data from their latest report *Talking back to grownups: Healthy Children, Healthy Communities* - a comprehensive national research report examining social factors that affect the health of young Canadians from the different perspectives of young people; child health stakeholders; and the Canadian public. This report came about through research done by the Healthy Children, Healthy Communities (HC<sup>2</sup>) project team between October 2006 and March 2007.

In September 2007, the project team will launch the report, findings and recommendations to the Senate Sub-Committee on Population Health at the Canadian Senate in Ottawa. On July 31<sup>st</sup>, UNA-Canada convened a select group of stakeholders together in Vancouver to seek input on ways in which we can create healthy communities and lasting health legacies in British Columbia and beyond from the perspective of a multiplicity of sectors. Participants in this session came together to share their expertise and discuss interesting new data. In doing so, they found out how Canadian children view the state of their health and what, to them, makes a healthy vibrant community. Participants also gave their input regarding some of the major cross-cutting themes of the research including healthy weights, community input on health, the health of aboriginal and visible minority young people in Canada, the importance of de-stigmatising emotional well-being and how we bring this data forward to inform Canadian policy as well as moving forward within our own sector.



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**MEETING AGENDA**

- 8:30 a.m. Registration and Breakfast
- 9:00 a.m. Aboriginal Welcome, Elder Barbara Charlie
- Welcome and Thank You, Scott Braley, Executive Director, Sport and Recreation Now, 2010 Legacies Now
- Introduction to UNA-Canada, Kate White, Executive Director, UNA-Canada
- Participant Introduction
- Introduction to HC<sup>2</sup> and Report on Research Findings, Maria Sterniczuk & Gabriel Ramsay, Project Officers, UNA-Canada
- 10:15 a.m. Break & Networking Opportunity
- 10:30 a.m. Small Group Discussion on major presentation themes:
- Mental/Emotional Health and Well-Being
  - Healthy Weight, Overweight, Obesity
  - Perceptions of Social Determinants of Health
  - Risk Behaviour and Community Involvement
  - Cultural Health Disparities
- 11:10 a.m. Small Group Presentations
- 11:30 a.m. Conclusion, Kate White
- 11:40 a.m. Meeting Adjourned



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## **MEETING HIGHLIGHTS**

### **Aboriginal Welcome, Elder Barbara Charlie, Squamish First Nations**

After a brief welcome from Maria Sterniczuk, Project Officer for UNA-Canada, participants were addressed by Elder Barbara Charlie, Squamish First Nations, who welcomed participants to the Coast Salish/Musquem Territory. Elder Charlie is an Elder Advisor of the Squeamish First Nations who emphasised, during her welcome, the importance of children in the creation of sustainable and healthy societies, claiming that “[she] believes that this is where we have to start – with our children.” Elder Charlie introduced participants to her family’s history and her own professional history, working in Vancouver’s downtown Eastside with First Nations people, stating the incredible importance that she and her family placed on education, employment and voluntary work, including the need to educate non-natives on the richness of the First Nations heritage. Elder Charlie provided many words of advice to the participants on their work in health: “I appreciate the work you are doing, for all of you who speak up for fairness and equality, no matter what your heritage.” Elder Charlie expressed her own interest in sharing more about her culture to all those who are interested, as the more we learn about other cultures, the richness which we accept in Canada we see as natural. Elder Charlie finished her speech with a prayer and by stating: “Let us always remember that our job here is to speak up for those who cannot speak for themselves.”

### **Welcome and Thank You, Scott Braley, Executive Director, Sport and Recreation Now, 2010 Legacies Now**

2010 Legacies Now has supported UNA-Canada’s HC<sup>2</sup> project and the *Sport in a Box* project for the past two years. Scott welcomed participants and expressed his gratitude to UNA-Canada for the work they have done for the past two years. Scott referred to the mandate of 2010 Legacies Now when speaking about the health of young people, asking the question: how to we get children involved in being active for life? In wanting to create legacies before and after the Olympic Games, “there’s no better way to do that than through our young people.” Scott expressed that he looks forward to hearing about the findings of the project.

### **Introduction to UNA-Canada, Kate White, Executive Director, UNA-Canada**

Kate White began her introduction by thanking participants for their attendance and expressing that they are receiving a privileged preview of a very important piece of research. UNA-Canada has undertaken this research in partnership with the Public Health Agency of Canada and with 2010 Legacies Now, (who works to create lasting legacies before and after the Olympics with the intention of developing BC into the healthiest jurisdiction in the world by 2010) and also with the help of the UNA-Canada Vancouver Branch.



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UNA-Canada has established some innovative and rigorous methodology by asking young people themselves to report on their own health – that is, it has approached those most affected by the subject matter (this is in line with Article 12 of the UN Convention on the Rights of the Child). This is community based research and appreciative inquiry. It has focused on middle childhood because it is in the latter portion of these years that children begin to move away from family and into society, beginning to make more individual choices. Understanding how young people’s reality is shaped at this age will help us to better understand their transition into adolescence and later into adulthood. During the middle years, children are still very much relying on their parents for information and assistance. The roll of family becomes crucial in the healthy development of his age-group. In expressing the importance that parents play in the lives of young people, Ms. White referred to a Sexual Health study done by UNA-Canada during it’s annual Canadian National Model United Nations Conference – the largest Model UN in Canada, in which 40 % of young people surveyed, who account for the most well-educated and privileged in Canada, reported that they believed that the birth control pill protected one from contracting HIV/AIDS. These young people also report receiving the majority of their health information from their parents. This begs the question: do we want parents to be the only source of health information for children?

Ms.White also expressed the importance of examining and understanding health disparities from a Social Determinants of Health Perspective. Approaching research with this framework in mind allows the examination of the intricacies of social environments and the problems which affect health from a holistic perspective. Social Marketing, Ms. White expressed, has been successful (anti-smoking campaign, for example) – can we use this approach to tackle health disparities expressed in the research? How do we open up social marketing to understand how the social determinants fit in? UNA-Canada is trying to address some of these questions by working at the community level through its wide variety of projects, including (specifically in BC), the *Sport in a Box* and *A Sense of Belonging* (a team was working in Kelowna at the same time that this dialogue was taking place). Thus, UNA-Canada is networked with a variety of individuals working in a multiplicity of fields, emphasising the importance of knowledge transfer: “We are a bridging organization that benefits when you are around the table and steers us to these places,” said Ms. White to conclude her introduction. She encouraged participant to help us “build the fire higher”, by examining the research, what it means in the context of each individual’s sector and how we can work together to move it forward in a meaningful way.



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#### Introduction to HC<sup>2</sup> and Report on Research Findings, Maria Sterniczuk & Gabriel Ramsay, Project Officers, UNA-Canada

Project Officers presented on some of the main findings of the data, stating that the research data was enormous and they do not have sufficient time to present on all interesting elements of the research, so they chose to focus on some of the most striking findings, breaking them down into a few themes running through the data presented: Perceptions of Social Determinants of Health; Healthy Weights. Mental/Emotional Health and Well-Being, Risk Behaviour and Community Involvement.

First, Project Officers spoke about the background of the project, including its vision statement: *To engage Canadians, including children in learning about and raising awareness of the social factors that affect the health of kids aged 9-12 years old. We envision a healthy society in which children's health is a national priority and children themselves are engaged in understanding and influencing their own well-being.* As such, the HC<sup>2</sup> project arose out of two important areas: 1) Work being done at the World Health Organization with its Commission on the Social Determinants of Health; and 2) Documents such as *A World Fit for Children, A Canada Fit for Children* and Article 12 of the UN Convention on the Rights of the Child. Engaging with young people is at the forefront of the project's work. The project team has conducted research in 12 communities across the country: Ottawa, ON; Montreal, PQ; Peterborough, ON; Calgary, AB; Yellowknife, NWT; Behchoko, NWT; Vancouver, BC; Kelowna, BC; Castlegar, BC; Prince George, BC; Terrace, BC; Antigonish, NS; in addition, the team took surveys to Toronto, ON. In each of these communities, the project team conducted three-hour long roundtables with children and a separate roundtable with child health stakeholders, decision makers and community leaders. In addition, the team surveyed 825 young people across the country and 1200 adult Canadians.

#### RESEARCH HIGHLIGHTS:

- When young people were asked “how would you describe your own health,” 24% reported ‘excellent’ and 36% ‘very good’. When young people were asked, “how would you describe your parents/guardians health,” 31% said ‘excellent’ and 32% ‘very good’, showing that young people are slightly more likely to report their parents health as excellent than their own, signifying the important role that parents play as healthy role models.
- When given a list of issues that might be harmful to one’s health 82 % of young people recognize that drinking and driving is ‘very harmful’ to the health of young people along with 76% who believe cigarette smoke is ‘very harmful.’ 25% believe feeling sad a lot of the time is ‘very harmful,’ 18% believe dieting is ‘very harmful’ and 17% believe worrying about family is ‘very harmful.’ These are important numbers for us to take note of as we further explore the research.



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- 43% believe that being treated different because of race is a problem for young people; 41% say this about religion and 36 % about gender. Visible Minority young people are most likely to agree that being treated differently because of race is a problem for young people.
- Young people's attitudes towards school are mixed: 93% agree that doing well in school is important to them; 80% feel safe at school and going to school; 33% want to leave school each day as soon as possible, 26% report their friends hate school as 14 % agree that they need more money to participate in school activities. Participants mentioned that no one wants to see that 14%.
- When it comes to health information, 77% of young people report going to their parents first, followed by health professionals at 41% and siblings at 23%. Only 16% report going to a teacher. Interestingly, 92% of adults believe that parents have the most responsibility over a child's health, followed by childcare providers at 73% and the school system at 70%. But are young people receiving the rights kind of health information from their parents? And does community, in fact, play a larger role on child development and well-being?
- The three health topics that adults believe young people should receive more information about are: smoking-alcohol-tobacco, healthy eating and physical health. Only 7% think that information about depression and emotions is needed, despite the fact that they believe emotional well-being is as important as physical health. The three topics that young people report receiving most information about include eating healthy foods, smoking and drugs, while 93% of young people in this age group report never smoking, 77% report never using alcohol and 93 % report never using drugs.
- There is a discrepancy between the prevalence of overweight and obesity, as reported by the Public Health Agency of Canada, and what we have found in this research. According to PHAC research, 1 in 4 or 25% of young people are overweight or obese. When young people in the HC<sup>2</sup> survey were asked to describe their own weight, 66% described themselves as being the right weight and only 9% of adult parents surveyed reported that they have a child in their home who may be considered overweight or obese. 8% of adults believe children need information about healthy weights, 41% of young people report that an adult has talked to them about health weights. There seems to be a lack of connection between eating a healthy diet, physical activity and healthy weight. Do young people understand what a healthy weight is? Is such a large reporting of 'just the right weight' an indication of high self-esteem and self-confidence or is there still a stigma placed with body weight that we must address in order to ensure that young people understand what it means to be a healthy weight?
- Emotional well-being among young people varies across socio-economic status and ethnicity. No major gender differences were found in this research. The greatest differences are found among ethnicity. High scores on emotional well-being scale





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are as follows: Caucasian youth 48%, visible minority youth 39%, aboriginal youth 17%, Aboriginal young people score lowest on emotional well-being. Antigonish, NS, Yellowknife, NWT and Behchoko, NWT are the communities with the lowest level of young people's emotional well-being; communities in BC scored highest. How do we account for these community level differences?

- Attitudes towards risky behaviour vary across communities surveyed. For examples, in BC, 31% of young people in Vancouver report always wearing a helmet when they ride a bike, vs. 68% in Prince George. There is a correlation between levels of emotional well-being and prevalence of risky behaviour. Those communities with a lower level of emotional well-being are also those in which young people report never wearing helmet, being bullied and having visited a hospital because of an accident the most. 31% of young people surveyed across Canada reported having visited a hospital because of an accident in the last year.

#### Questions to consider:

- How do we take this data forward?
- What role can our respective sectors play?
- Was there any information that particularly jumped out at you?
- Is it effective and feasibly to create a multi-sectored middle childhood agenda? How?
- In your opinion, in what areas might we perform further research?

#### Questions/Comments from Participants:

- What is dissatisfying about this data is that 9-12 is not the age of experimentation. Having the conceptual tools (knowing that it is bad) is not necessarily enough. It would be interesting to repeat this study in the higher age group.
- What about the knowledge of second hand smoke? This data (which shows a low exposure to smoking) does not match with the prevalence of adult smoking.
- Who are the 20% of young people who DO report using alcohol or drugs?
- Did you find any correlation between risky behaviour and frequent use of video games?
- To what extent do young people receive information from the media? Does the media have a role of educator?
- What about young people's usage and perception of the TV and Internet?
- We need to further explore young people's perceptions of play. There are not as many young people engaging in the activities we engaged in as children. Playing video games counts as play for them.
- It is disheartening to see that 14% of young people report not having enough funds to participate in school activities, as well as the 9% who report not having enough to eat at school. None of us want to see those numbers.





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In terms of the media, the team did ask questions about TV and Internet usage but results were inconclusive. More research would need to be done in this area in order to assess the impact that the media has on the well-being and development of young people.

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## **GROUP PRESENTATIONS**

### **Group 1: Perceptions of Social Determinants of Health**

**Scott Braley**, 2010 Legacies Now

**Brenda Le Clair**, 2010 Legacies Now

**Kathryn White**, UNA-Canada

**Tama Copithorne**, UNA-Canada Vancouver Branch

**Lenore Rosen**, Vancouver Coastal Health

#### **Q: How do we most effectively approach public awareness and understanding of the impact of the social environment on children's health?**

Participants spoke to a range of issues related to this question. Social situations today are changing. Participants believe that today, young people, even as they grow and develop are staying attached to the family unit – children are looking to parents for support, while parents are disassociating themselves with their child's development at an earlier age. There is a dichotomization of the family unit which is occurring. They also noted that while many visible minority cultures in Canada have stronger family ties and sense of value, these get diluted within the national context, which might explain all of the statistics presented in the research on visible minority young people. Community connectedness is also weaning – as participants noted, “you used to be able to share a cup of sugar or flour. Now we don't even know our neighbours.” Participants in this group also raised the question: how can BC have the healthiest economy but have the highest amount of child poverty in Canada?

#### **Q: Whose responsibility is it to deal with existing social determinants, such as poverty, ethnicity, education levels, built environments?**

Participants in this group noted that it is everyone's responsibility, but in a very strong way, it is also a political one. They believe that we currently do not work within a model of collaboration between sectors and like-minded organizations. The government changes every four years, but does not prioritize ensuring that it has the expertise of grass-roots and community organizations around the table, such as the ones present today who know the problems, have done research in the field and have ideas on how to move forward.



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**Q: What areas of health education do *you feel* are most important?**

Participants in this group believe that there needs to be an emphasis on gathering more evidence-based information that could be used collaboratively.

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**Group 2: Cultural Health Disparities**

**Raymond Louie**, City of Vancouver

**Brian Hart**, Brian G. Hart & Company

**Michael Chandler**, UBC

**Lesley Richardson**, First Call Child and Youth Coalition

**Barbara Charlie**, Aboriginal Elder

**Q: How do we effectively address the health disparities, which are exacerbated among aboriginal and visible minority young people? (Scientifically and culturally)**

Participants came up with the following points:

- There are issues related to access. Many ethnic communities live in areas where resources are much scarcer.
- In Canada, we have the wealth to reduce economic disparities and separate health issues from economic disparities. BC is the wealthiest province. It should have capacity to address these disparities and gaps. Economic capacities hinder the family's ability to care for children.
- We must ensure that public education systems are funded adequately.
- Vulnerable children come from vulnerable families and communities. There is a need to address cultural needs of such communities, for example: having a physician who speaks the language of the community.
- If information comes from parents, then we need to focus on where the information comes from and properly inform parents.
- Continuity of programs is important - measuring long-term outcomes versus political mandates, which are shorter.
- We need to address the issues of giving organizations that provide vital services the stable funding that they need in order to sustain themselves.



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**Group 3: Healthy Weights, Obesity, Overweight**

**Carla Simon**, BC Cancer Agency

**Dawn Marsden**, BC ACADRE

**Jenny Cleathero**, United Way of the Lower Mainland

**Jennifer Dales**, BC Council for Families

**Carol Matusicky**, BC Council for Families

**Dena Nicholby**, Boys and Girls Clubs of BC

**Jennifer Wade**, UNA-Canada Vancouver Branch

**Q: HC<sup>2</sup> research shows that there might be a lack of understanding about healthy weight. How do we approach the topic to avoid stigma? How do we discuss the issue of obesity and being overweight with young people?**

**Q: How do we make a better connection between physical activity, proper nutrition, and healthy weight? How do we demonstrate that we are what we eat?**

**Q: BC youth are more likely to report participating in physical activity. What is happening in BC that can be used as best practice in Canada?**

Participants agreed that there is a lack of understanding about health. Some major points which participants brought out include:

- Necessity of looking at the “you are what you eat” model and how we can best communicate it to younger children. Currently, the model is oversimplified.
- Parents are a large influence on children, and many of young people’s healthy habits are dependent on the amount of time that parents spend at home. We need to re-emphasise the importance of meal time. Our fast food culture, coupled with parental availability, means that young people are not eating the right kind of foods.
- Young people may be overeating because of stress, which is a killer.
- We must address the issues of quality versus quantity when it comes to the food choices we make.
- There is a stigma associated with fat, the effects of which present themselves in later body image issues.
- Barriers to healthy activities need to be addressed. Kids prefer activities but spend more time with TV.
- 3-6pm hours are generally unused time due to parents working. This is a time when young people could be engaging in physical activity, but often they don’t as parents are not around to motivate them.



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- We must focus on finding holistic solutions that address connections between emotional and physical well-being.
  - BC is an outdoorsy culture, enhanced accessibility of outdoor activities. The Olympics are an opportunity to support research in these areas – reaching a goal of physical activity
  - Need to connect the relationship between diet, chronic disease and metabolism.
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**Group 4: Risk Behaviour and Community Involvement**

**Arielle Bernhardt**, HC<sup>2</sup> Youth Advisor  
**Cristine Urquhart**, Act Now  
**Andy Watchtel**, United Way of the Lower Mainland  
**Lesley Lim**, BC Cancer Agency  
**Florence Flynn**, BC Association of Social Workers  
**John Nsabimana**, Pearson College  
**Katsumi Imayoshi**, First Baptist Church

**Q: Do healthy communities = healthy children?**

**Q: Knowing that risk behavior seems to be community specific (as seen in this research), what role should the community be playing? Or should there be more emphasis on parents/schools/governments?**

**Q: Knowing that young people feel positive about their school environment and spend many hours there, should the school take on more responsibility for the upbringing of healthy children? (ex. offering community services)**

**Q: What does risky behavior or low scoring emotional well-being tell us about a community?**

Participants came up with the following points to those questions:

- Healthy children do equal healthy communities. Healthy children come from healthy environments.
- The community must take children seriously and engage them. We must stress the importance of caring for children without taking away their empowerment – empowerment creates responsibility in children.
- The school education system needs to undergo some changes, because school is a huge source of stress for young people.



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- We need to explore community gaps because not all young people have equal access to opportunities.
  - Communities that engage children about their health and give them access to playgrounds/after school activities, naturally promote children's health.
  - There is also a great importance in having women who are empowered and have equality because a mother's health has a great impact on her children's health.
  - Both community organizations and schools should be educating children (in addition to parents) but there needs to be consistency with the information that is coming out.
  - There also needs to be social marketing or education that promotes a holistic view of health - health is not only physical (eating well or being physically active) - it needs to incorporate emotional well-being as well.
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**Group 5: Mental/Emotional Health and Well-Being**

**Carolanne Oswald**, Joint Consortium for School Health

**Claire Avison**, Joint Consortium for School Health

**Eric Young**, Office of the Provincial Health Officer

**Tim Southam**, Mountain Equipment Co-op

**Nola Kate Seymoar**, International Centre for Sustainable Cities

**Kara Leier**, BC Recreation and Parks Association

**Annie Smith**, McCreary Centre Society and McCreary Youth Foundation

**Evin Lebrum**, Western Economic Diversification Canada

**Q: Children and adults recognize that young people are under more stress now than in the past. What can effectively be done to deal with stress?**

Participants came up with the following points:

- We can begin to deal with increased levels of stress by teaching stress management and mental resilience. This education can also be targeted at parents, who are healthy role models for young people.
- Early intervention programs are necessary. These should also be evidence based.
- Communicate with children.
- Identify programs that are successful and collaboration with the community organizations, parents, etc.
- Community differences can impact emotional well-being. The following things can impact emotional well-being: location in terms of proximity to a large city, things to do for children, sense of belonging or involvement, high level of education or focus on education, sense of support for community members or a lack of connectedness.



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**Q: What factors do you believe have the greatest impacts on emotional well-being?**

Participant responses were:

- Sense of Belonging
- Respect for Children
- Outlet for expression
- Location of the community and its history
- Self-confidence
- Unrealistic expectations placed on children

**Q: How do we account for community differences in emotional well-being?**

Participant responses were:

- Family breakdown
- Abuse
- Addiction
- Media
- Poverty
- Role models

**Q: Knowing the impact that emotional well-being has on risk behaviour, how can we collectively engage children and communities in dealing with these issues?**

Participants did not have time to come up with a specific answer to this question.

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## **FINAL QUESTIONS AND COMMENTS**

After each group had a chance to present their topics, Project Officers opened the floor for discussion, allowing participants to make comments or ask questions. The following points were brought up:

- All recommendations which we make need to be put into the context of people's lives – some of the things which we recommend are a privilege. For example, eating better and enjoying more activity, access to food, etc. is economically dependent. We need to refer to the complexity of people's lives.
- Today, we are on a path of re-defining obesity and healthy weight; this new definition has not yet been brought to the attention of many people. It will take time before our understanding of healthy weight shifts. Today, the rules seem to be much stricter (what is considered obese today, was not in the past).



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- What was considered play in the past may be considered as risk today. Can we go back to a realistic determination of what is risk? We need to pursue the idea of bringing young people back to the notion of unorganized activities and play. We need to also create urban environments that are in support of this – ones which allow children to play in a non-risky manner.
- Attitudes towards risk behaviour are also changing. Today there are programs such as *Smart Risk*, which engage young people in understanding risk and what kind of risks are good or bad – at what point does one cross the line? Participants were encouraged to take a look at the Smart Risk program, as it is adaptable to many situations.
- Family values shape children’s choices. How families eat and engage in the community determines children’s choice of behaviour.
- More work needs to be done on children in the context of family (lets pursue more research in this area). If we know that the family unit and parents specifically play an integral part in the development of the middle childhood years, let us do more research in this area.
- How do we explain the rural/urban divide in the research? What kind of schools were surveyed in the cities? Can we truly compare communities like Vancouver with those smaller and more remote communities of Castlegar, Kelowna, Prince George and Terrace?

## **CONCLUDING REMARKS**

**Kate White, Executive Director, UNA-Canada**

Ms. White thanked all participants for being at the session, noting that civil society has an opportunity to say: This is what we can do to change community. Ms. White praised convened participants by saying that “this is the network which can build the fire higher.” Each individual brings incredible value to the dialogue and we would encourage all participants to continue to be in touch with the organization, noting that “the tougher your questions are, the more rigorous our data becomes.” There are many questions which we can continue to ask, issues which were not yet addressed. We can continue to innovate and achieve new knowledge transfer if we ensure that we stay connected and mutually benefit from one another.

BC has a tremendous opportunity to be at the forefront of supporting evidenced-based gathering with its commitment to the Olympic games, with organizations like 2010 Legacies Now and with its dedication of becoming the healthiest jurisdiction in the world by 2010. Ms. White also noted that the media must be a key player when it comes to raising awareness about the social determinants and nothing the effect that they play in communities.





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## **Appendix**

### **UNA-CANADA, In Brief**

The United Nations Association in Canada (UNA-Canada) is a national charitable organization founded in 1946, with a mandate to educate and engage Canadians in support for, and understanding of, the United Nations (UN) and issues of global impact. A Canadian non-governmental organization, UNA-Canada has a wide variety of programmes and activities that build Canadian capacity to identify and address emerging international issues from a national context and to provide policy research underlying this innovative programming.

With a professional national secretariat in Ottawa, and a small staff in Vancouver, UNA-Canada derives much of its strength from its network of fifteen volunteer-based branches. Working with the private and public sectors, academia, community leaders, like-minded not-for-profits as well as multilateral organizations, UNA-Canada provides made-in-Canada solutions to challenges confronting the global commons. Key programmes target Canadian youth, human rights, sustainable development, environment, peace building and corporate social responsibility. For more information on the scope of our work we invite you to visit our website at [www.unac.org](http://www.unac.org)

### **UNA-CANADA'S HEALTHY CHILDREN, HEALTHY COMMUNITIES PROJECT**

*Healthy Children, Healthy Communities (HC<sup>2</sup>)* is a national project of the UNA-Canada, focusing on the health and well-being of 9-12 year old, or middle childhood, Canadians from a Social Determinants of Health (SDOH) perspective. The project endeavours to include young people, child health stakeholders (e.g., parents, educators, health practitioners, community developers, youth serving agencies, researchers), and the general Canadian public in dialogue and action to improve the health of this age group. *HC<sup>2</sup>* successfully engages and empowers children to speak out and take action on their own health priorities from a SDOH perspective, in their families, communities, provinces and territories, both nationally and internationally. Learn more t: [www.unac.org/hchc](http://www.unac.org/hchc)