

# Engaging the Leaders of Tomorrow

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Briefing report on youth engagement for the  
9<sup>th</sup> Global Conference on Health Promotion

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## Engaging Youth in the Future of Global Health Promotion

**Organizations and disciplines that will thrive in the future are those that are collaborative and “credible in the eyes of young people and therefore enjoy their support”: a vision will only live on if it is able to cultivate and nurture the next generation of champions (Mokwena, 2006:8).**

Today’s youth, the Millennial Generation (born 1980-2000), form the largest generation in world history. In North America, Millennials represent about one third of the living population. Millennials are already the largest generation in the workforce, and predicted to make up 75% of the workforce by 2025 (Winograd & Hais, 2014). Millennials came of age during a time of technological innovation, globalization and economic disruption (Pew Research Centre, 2014). As a result, the generation has developed a different set of values and behaviours than previous generations. Although the values and behaviours described below represent North American Millennials, they are expected to spread globally due to increased globalization and online connectivity.

The Millennial Generation is the most ethnically diverse and well-educated generation, as well as the first generation to be “digital natives” (Pew Research Centre, 2014). As a group, Millennials value social responsibility, authentic engagement, and collaboration. As consumers, Millennials are highly connected online, engaging with companies and peers throughout the process. As employees, most Millennials would choose a job that provides flexibility, enjoyment and the ability to make a difference over a higher salary or more recognition (Winograd & Hais, 2014).

Engaging Millennials brings other benefits to the organization (new ideas, enthusiasm) and to society. Through participation, youth become contributing and collaborative members of society: they develop confidence, responsibility, cooperation and leadership skills (Mokwena, 2006).

Next year, the 9th Global Conference on Health Promotion hosted by the World Health Organization takes place in China, November 21-25, 2016. Some of the most influential decision makers of today will be invited to attend and discuss: cities and human settlements, action across sectors, social mobilization, and health literacy as the main topics of this global conference.

Bridge for Health (Box 1) and the Public Health Association of British Columbia (PHABC, Box 2) have prepared this briefing report to the Conference Scientific Committee for the 2016 Global Conference on Health Promotion on how to best incorporate youth voices within these topics, and the conference itself. Bridge for Health and PHABC hope to encourage increased participation and collaboration among youth and the decision makers of today. Given that in 2016 we are celebrating thirty years since the *Ottawa Charter for Health Promotion* was created, we recognize the value of engaging youth within this transformative conversation about the conditions required for a healthy and sustainable future.

### Box 1: Bridge for Health

Bridge for Health was founded in 2013 as local Vancouver-based volunteer network to foster collaboration, knowledge-sharing and action to promote citizen engagement in health. Since its inception, the network has grown to reach people across Canada and abroad, through community and networking events, IDEA LABs, research projects and social media campaigns. Bridge for Health is evolving into an incubator of social innovation in health, with public engagement at its core and engaging partners at the local, provincial, national and global level. The network is now operating as a co-op association and is being built with young and older generations of people committed to transforming the planet, from across various countries, backgrounds and disciplines.

The vision of Bridge for Health is to ignite a global movement to strengthen democracy by ensuring that people are engaged in the decision-making processes that ultimately shape their health. It strives to shift the public dialogue, promoting a collective and holistic understanding of health and fostering the implementation of innovative strategies to achieve inter-sectoral action on health and wellbeing with ultimate purpose of achieving a safe, sustainable and healthy future for all. [www.bridgeforhealth.org](http://www.bridgeforhealth.org)

## Youth Citizen Participation

Citizen participation is an important element in the promotion of health (Rodrigues Coser, 2010); it is recognized that people, including youth, need to be engaged in the design of solutions to their own health problems through meaningful participation, capacity building and development (Rootman et al., 2001; WHO, 1986). Encouraging citizens to take both personal responsibility for health and become involved as citizens in health decision-making is increasingly identified as a promising approach (Kickbusch, 2009). However, to date participatory citizen engagement approaches in health promotion are insufficiently recognized, especially with regard to youth. Youth participation in health promotion research and action is still in its infancy, resulting in the exclusion of youth from meaningful participation in processes that promote their health and that of their communities (Rodrigues Coser, 2010). Youth have been included only in a limited way in decisions or research affecting their lives. This particularly applies to undeserved youth whose voices are rarely heard and accounted for (Checkoway & Gutierrez, 2006).

Youth participation is defined as “the democratic practice of young people actively engaging with their social environment” (Wong et al., 2010:106), and seen as “the process of involving young people in knowledge development at the community level” (Checkoway & Richards-Schuster, 2004:85). In this participatory view, youth are not merely seen as subjects in health promotion initiatives, but as directors and decision-makers (Rodrigues Coser, 2010), where they have a central and meaningful participation in the process (Checkoway & Richards-Schuster, 2004).

Partnership efforts with youth employing strength-based approaches is acknowledged for its potential in critically analyzing and helping to address complex health and social issues (Checkoway, Dobbie & Richards-Schuster, 2003). Actively involving youth and building participatory approaches on young people’s intrinsic strengths enables issues that they themselves identify to be addressed (Wong et al., 2010). Applying a participatory approach with youth means that their “opinions and experiences are valued and recognized in the knowledge creation, by giving them decision-making power through the processes of collaboration, co-learning and capacity-building” (Rodrigues Coser, 2010:6). Participatory approaches have been associated with enhanced problem solving capacities; participants learn to critically analyze social problems and can become themselves agents for social change (Cargo & Mercer, 2008).

### **Box 2: Public Health Association of BC**

The Public Health Association of British Columbia is a provincial voluntary, non-profit, non-government, member driven organization founded in 1953 that provides leadership to promote health, wellbeing and social equity. In pursuit of this goal, the Association has undertaken a number of activities to enhance its ability to inform, educate and engage the public in matters of public health. The first community event took place on a wet, snowy day in 2008 at a large Church in downtown Vancouver and featured David Suzuki, a globally recognized expert who spoke on the “Environment and Health”. Despite the weather, the event attracted over 600 hundred people, some of whom walked in carrying snowboards.

PHABC continues to explore methods of engaging the general public in dialogue on public health issues such as Aboriginal health, early childhood development and violence prevention through community events at its own annual conferences and through partner organizations. In 2011, PHABC in partnership with the Canadian Mental Health Association used a media interview format, which proved highly effective at engaging the audience in dialogue with Dr. Gabor Maté, a local expert in mental health and substance use. In 2014, PHABC partnered with Bridge for Health to host networking event as part of the 2014 conference aimed to foster dialogue between the public health and private sector. The networking event featured local business ‘public health’ champions practicing corporate social responsibility.

PHABC is a leader in the Canadian public health community in terms of innovating conference formats by using Word Café’s and Rapid Fire Poster Sessions, that create opportunities for inclusion and dialogue. These approaches are very well received amongst young public health professionals, who are interested in more collaborative knowledge-exchange approaches, versus traditional knowledge-dissemination practices. [www.phabc.org](http://www.phabc.org)

## Developing a Youth Engagement Strategy: Beyond the Literature

As the section above outlined, it is important to recognize the significance of youth participation in creating the capacity and leadership of social change agents that will lead Health Promotion into the future. Informed by this selected literature presented above, Bridge for Health network members came together to identify participatory research methods to engage youth and gather data on how to best involve youth at upcoming global conferences such as the 9th Global Conference on Health Promotion. Methods selected included a discussion with student leaders at Simon Fraser University in Vancouver, Canada, as well as social media campaign. Both methods were co-designed, facilitated, and analyzed by young adult network members and co-authors of this report.

### Youth Engagement and Health Literacy: Simon Fraser University Discussion Group

A diverse group of 11 student leaders (ages 18-26) participated in a 90-minute discussion to share their perspectives on why it is important for youth voices to be heard in settings such as the 9<sup>th</sup> WHO World Conference on Health Promotion. After generating ideas on their own, students were paired off to share ideas with each other; they summarized or chose which idea they felt was the most important.

Student participants agreed that youth voices are a critical part of global conferences for several important reasons. Students reported that since they are impacted by policy changes that may result from these conferences, youth should be included as active participants in these discussions. Student participants noted that they are the best advocates for their own health and the health-related issues faced by their generation. Students also noted that due to their unique and diverse perspectives, youth bring innovative ideas and solutions. Finally, students indicated that including youth in these global policy discussions would increase the acceptability of policy recommendations emerging from the conference. This point is particularly important given that it is the younger generation that will actually be responsible for implementation of decisions we make today.

In addition, student participants emphasized that youth should be involved in the conference – and the conference planning – in order to develop future leadership capacity. The experience of organizing and participating in such a conference can provide experiential learning and meaningful leadership development opportunities. **Students emphasized that it is not enough to hold sessions related to ‘youth issues’, but rather youth themselves should be defining the priorities.** Furthermore, including young people on the conference planning committee(s) will help ensure that the themes, discussion topics and engagement methods reflect the values and concerns of youth and young adults.

Student participants were asked about their expectations regarding conferences such as the 9<sup>th</sup> WHO World Conference on Health Promotion, as well as what they would like and love to see in future conferences. Student perceptions of the status quo of global policy conferences painted a picture depicting privileged and educated older males engaged in discussion laden with theory and technical jargon, and decision-making based on old ideas. Students believed that few youth would be aware of the conference, and that youth would definitely not have a voice.

When asked about what they would like to see, participants indicated a desire to see more youth leaders attend the conference to bring forward timely concerns and provide input and ideas through panel discussions. Student participants also suggested increasing conference accessibility through social media engagement. When asked what they would love to see, participants provided a number of suggestions including: youth in leadership roles, hosting a separate but concurrent youth conference, mentorship opportunities for young leaders, and the inclusion of the youth voice through panels, discussions facilitated by youth and keynote speakers that included youth leaders.

Recognizing that not all ideas are possible to implement for the upcoming conference, student participants suggested several priority actions. First, students suggested opening the conference to the public to increase accessibility and inclusivity, perhaps through live Internet streaming and social media engagement. Second, students prioritized having a diverse (i.e. ethnicity, social class, gender orientation) group of youth in attendance, but recognized that financial barriers would likely be a concern. Finally, students suggested hosting smaller, regional conferences and community discussion panels as a way to better address youth health issues and key concerns at the local level.

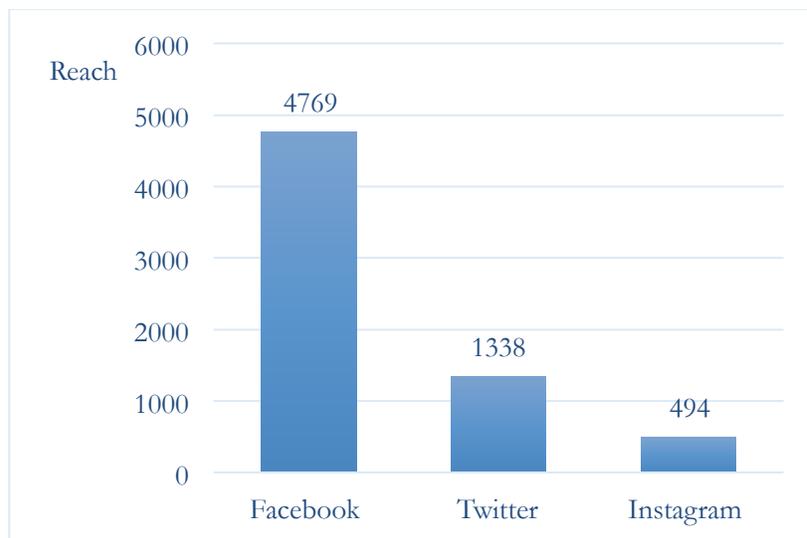
## #EngagewithWHO: Using Social Media to Engage with Youth

To reach a more diverse group of youth, Bridge for Health launched a social media campaign during the month of September 2015, using the hashtag **#EngagewithWHO** with the aim of giving youth a platform to share their opinions regarding health promotion issues. During the campaign, Bridge for Health youth leaders decided to pose the following four questions:

1. What are the most important things that contribute to your health?
2. Is work/life balance important to your health? How may this be supported?
3. What are some things we can do today that will contribute to a healthy and sustainable future?
4. Who is responsible for leadership and change?

The campaign ran from September 7-30, 2015 with the support of many Bridge for Health volunteers and partners. During this time it reached 6601 individuals and/or organizations, of whom 572 were actively involved in retweeting, commenting, liking, favouriting, sharing, or making their own posts on Facebook, Instagram, and Twitter. The breakdown of social media channels can be seen in Figure 1.

**Figure 1: Engagement by Social Media Channel**



Qualitative analysis of the social media responses identified three prominent themes: a need for social equity, meaningful social connection, and inclusion in decision-making. The first theme, social equity, includes a variety of responses illustrating that youth feel as though they must compromise their health in order to meet societal expectations and standards (i.e. education, social standing, economic advancement). Many youth must work unmanageable hours, take on significant debt, and/or abandon enjoyable activities in order to attend school or pursue professional and personal goals. This often results in negative perceptions of wellbeing, low self-efficacy and significant challenges related to forming and maintaining relationships.

The second theme, meaningful social connection, refers to the need for meaningful relationships and positive interaction with others. Social connections provide avenues for enhanced emotional and spiritual health, and increase wellbeing and sense of purpose. Responses highlighted the need for supportive networks, but indicated that these are difficult to form without social equity.

The third theme, inclusion in decision-making, specifically refers to including youth in the policy development process. Youth health is affected by many factors, most of which are beyond the control of the individual. Policy decisions are typically exclusive and made on behalf of youth, but do not necessarily reflect the needs of younger generations. Responses indicate that actively involving youth in the policy process will result in more effective and equitable policies.

## Youth Engagement Action Areas

The results of the data gathered from the student discussion group, social media campaign and Bridge for Health and PHABC's experience with conference planning and community engagements have informed the following set of recommended action areas for consideration by the Conference Scientific Committee for the 9<sup>th</sup> Global Conference on Health Promotion.

### Foster Innovation to Promote Dialogue, Inclusion and Social Connection

There are many ways to innovative ways to structure the 9<sup>th</sup> Global Conference on Health Promotion that can effectively promote dialogue, inclusion and social connection, for all generations. Conference formats such as the [World Café](#) and [Unconferences](#) have been designed to increase participation, meaningful engagement and joint decision-making. Facilitation techniques such as the [Fishbowl](#)s engage participants as it allows the audience to become speakers and lead the discussion. These approaches are useful for ventilating “hot topics” or sharing ideas or information from a variety of perspectives.

Design Labs are a creative and inclusive process for engaging conference delegates and community members in co-creating solutions to complex issues. Recently, a Design Lab method was used to finalize the creation of the [Okanagan Charter for Health Promoting Universities](#) at the 2015 International Conference on Health Promoting Universities and Colleges. Conference participants were invited to provide input on the draft Charter through an interactive process involving whiteboards, sticky notes, and social media. This input was compiled into a new draft, and further input sought through a World Café-style forum and supported with live social media engagement. As a result of the design methods, the final Charter is representative of diverse student, staff and faculty perspectives from around the globe.

Participatory and innovative approaches such as those described above (and in the Boxes) do not require additional resources beyond regular conference planning costs. They do, however, require a commitment to inclusion and diversity, and the necessary capacity to implement.

### Promote Meaningful Engagement of Youth

**To maximize impact and build future Health Promotion leaders, youth need to be an integral part of the planning and implementation of global conferences that can offer ample opportunities for on-going mentorship and leadership development.**

The youth engaged in the development of this report spoke to the need of increasing the participation and diversity of youth conference delegates and speakers, from around the globe. Recognizing the significant economic barriers youth may have to attend in person, increasing accessibility at the 9<sup>th</sup> Global Conference through the use of technology was suggested as a starting point. A strong social media presence is possible via live Internet streaming or creating a simple social media strategy (e.g. hashtag use). Despite the challenges of using technology, engagement through social media allows all voices to be heard,

even the most marginalized voices. Community type local events, such as those highlighted in boxes, are another great strategy for engaging youth in meaningful discussion on conferenced topics that are relevant and interesting to them.

It is evident that youth participation is critical to support the evolution of Health Promotion, especially in light of the challenge presented in terms of achieving the new 17 Global Sustainable Development Goals for 2030. One way the field can achieve this is by paving the way for the future generation of Health Promotion leaders. As you are planning the 9<sup>th</sup> Global Conference on Health Promotion, we encourage the conference scientific committee to consider the opportunities the conference presents for youth engagement, workforce capacity and leadership development.

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## Appendix A: Sample quotes from #EngagewithWHO

| 1. What are the most important things that contribute to your health?                             |  |
|---|--|
| Social Connection   | <ul style="list-style-type: none"> <li>• Sense of belonging to a community</li> <li>• Meaningful social connections, inclusive, and supportive campus communities contribute to student health</li> <li>• Social connections and relationships</li> <li>• Support from family, friends, and the community</li> <li>• Positive relationships</li> </ul>   |
| Equity  | <ul style="list-style-type: none"> <li>• Equity and access to health care</li> <li>• Access to affordable local food</li> <li>• Financial situation</li> </ul>   |
| 2. Is work/life balance important to your health? How may this be supported?                      |  |
| Equity  | <ul style="list-style-type: none"> <li>• Reducing tuition prices so I don't have to work while studying</li> <li>• Manageable workloads</li> <li>• Supports encouraging active transportation and healthy lifestyles</li> <li>• Integrate work and life balance! This is important so we don't get stressed out! There should be more funding in mental health.</li> <li>• Having spaces within work places to faster rest and rejuvenate</li> </ul> |
| 3. What are some things we can do today that will contribute to a healthy and sustainable future? |  |
| Inclusion   | <ul style="list-style-type: none"> <li>• (Including youth in decision making)- These changes impact us the most! Younger generation are more affected, not older!</li> <li>• Youth experiences can lead to innovative ideas, changes, and improvements. Youth will only listen to other youth!</li> </ul>  |
| Social Connection   | <ul style="list-style-type: none"> <li>• Connect with mentors and role models</li> <li>• Creating more peer-to-peer community support networks</li> </ul>  |
| Equity  | <ul style="list-style-type: none"> <li>• Financial support</li> <li>• Empowering individuals to live a healthy life</li> <li>• Teach social-emotional learning in classrooms. Kids and youth are our future!</li> <li>• Affordable food on campus (and elsewhere).</li> </ul>  |
| 4. Who is responsible for leadership and change?  |  |
| Inclusion   | <ul style="list-style-type: none"> <li>• Advocating and validating youth voices. The ones most affected by policy changes, have no voice.</li> <li>• Citizens of the community. Taking initiative, and advocating for causes that affect our community is a shared responsibility we all hold</li> <li>• We need young leaders to lead our future children</li> </ul>  |