



The Young Canadians Roundtable on Health: promising practices for youth and adults working in partnership

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Received: 28 November 2018 / Accepted: 19 August 2019 / Published online: 8 October 2019
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Abstract

Setting Canadian youth (aged 15–29 years) are more diverse, educated, connected and socially engaged than ever before. However, many face health-related challenges, including mental health problems (10–20%), substance use concerns (14%) and obesity (45%).

Intervention The Young Canadians Roundtable on Health (YCRH) was created in 2013 to be Canada's youth voice on health. Supported by the Sandbox Project, this youth-led advisory works primarily virtually, leading advocacy projects and wide-ranging health initiatives.

Outcomes Youth and adult allies engaged in a participatory research evaluation of the YCRH, which was identified as a *living laboratory*, where youth could experiment with ideas and provide new perspectives on health issues. Adult allies reported learning new skills from youth, and youth gained advocacy and leadership skills. Collaborative projects resulted in a sense of shared achievement. Further, youth increased their connections to health and youth-serving spaces across the country. Identified challenges included difficulties in coordinating a national roundtable and defining shared responsibilities.

Implications The researchers generated the following evidence-based promising practices for youth engagement in health systems and program planning: (1) provide a consistent platform for youth input; (2) appreciate different forms of knowledge, expertise and communication methods; (3) invest in relationships and build mutual understanding among youth and adults; (4) for adult allies, be patient and comfortable with the ambiguity and unpredictability of working with youth; and (5) continually revisit and renegotiate structure and flexibility.

Résumé

Cadre Les jeunes Canadiens (âgés entre 15 et 29 ans) sont plus diversifiés, éduqués, connectés et socialement engagés qu'auparavant. Par contre, plusieurs font face à des problèmes de santé, notamment des problèmes de la santé mentale (10 à 20 %), des problèmes de consommation (14 %) et d'obésité (45 %).

Intervention « The Young Canadians Roundtable on Health (YCRH) » est un groupe qui fut créé en 2013 dans le but d'être le porte-parole des jeunes Canadiens concernant la santé. Soutenu par le projet intitulé « The Sandbox Project », ce conseil est dirigé par des jeunes qui travaillent principalement virtuellement, menant des projets de plaidoyer et des initiatives de grande envergure en matière de santé.

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Résultats Des alliés jeunes et adultes ont participé à une évaluation de recherche de la YCRH, qui fut identifiée comme étant un *laboratoire vivant* où les jeunes pouvaient expérimenter des idées et fournir de nouvelles perspectives sur les problèmes de santé. Les adultes alliés ont déclaré acquérir de nouvelles compétences auprès des jeunes et les jeunes ont acquis des compétences en matière de plaidoyer et de diriger les autres. Les projets collaboratifs ont abouti à un sentiment de réussite partagée. De plus, les jeunes ont renforcé leurs liens avec les espaces de santé et de services destinés aux jeunes à travers le pays. Les défis identifiés incluaient des difficultés pour coordonner une table ronde nationale et définir des responsabilités partagées.

Implications Les chercheurs ont élaboré les pratiques prometteuses suivantes fondées sur des preuves pour la participation des jeunes aux systèmes de santé et à la planification des programmes : 1) fournir une plate-forme cohérente pour la participation des jeunes; 2) apprécier les différentes formes de connaissances, d'expertise et de méthodes de communication; 3) investir dans les relations et construire une compréhension mutuelle entre les jeunes et les adultes; 4) pour les alliés adultes, soyez patient et ayez de l'aisance avec l'ambiguïté et l'imprévisibilité de travailler avec les jeunes; et 5) réviser et renégocier continuellement la structure et la flexibilité.

Keywords Youth health · Health promotion · Youth engagement · Youth-adult partnership · Youth-led

Mots-clés Santé des jeunes · Promotion de la santé · Engagement des jeunes · Partenariat jeunes-adultes · Dirigé par les jeunes

Introduction

Adolescence and emerging adulthood are critical periods for the development of habits and behaviours that support and promote positive mental and physical health and well-being. They are key times for exposure to risk behaviours, such as tobacco and alcohol use and unhealthy eating patterns, and also times during which youth can adopt behaviours that promote longer-term health (Dick and Ferguson 2015; Jackson et al. 2012). The Lancet Commission on Adolescent Health and Well-Being (Patton et al. 2016) has stated that youth engagement is essential for effectively improving youth health, and they have pointed to a need for more action and research on youth engagement in health. Youth engagement in public health involves the meaningful participation of young people in creating, implementing and evaluating health policies, programs and systems (Pancer et al. 2002; Ramey and Rose-Krasnor 2015).

In this article, we describe the Young Canadians Roundtable on Health (YCRH). The YCRH was created in 2013 to be Canada's youth voice on health. Supported by the Sandbox Project (<http://sandboxproject.ca>), this cross-Canada youth-led advisory works primarily virtually, leading advocacy projects and wide-ranging health initiatives. The concept offers an innovative approach to youth health, relying on youth engagement in designing and improving interventions for youth services.

Youth engagement in youth health

Youth engagement has important potential for health promotion. In Canada and internationally, health promotion efforts have moved toward a greater focus on health inequities and the social determinants of health (Pederson et al. 2017; Potvin 2014). This emphasis highlights the need for more participatory approaches in health promotion, to uncover and address

the conditions that lead to health inequities. Ideally, a participatory approach to health promotion not only involves listening to people, but mobilizing them and moving toward more participatory control (Springett and Masuda 2017). Current trends in knowledge mobilization in health similarly suggest that youth are more likely to adopt health strategies when they are involved in the generation of knowledge than they are to adopt strategies solely developed by adults (Bowen and Graham 2013; Zinck et al. 2013).

Health researchers have argued that youth engagement can increase the effectiveness of health care systems and strengthen protective factors for youth who are involved (Heffernan et al. 2017). For example, youth participation in decision-making and advocacy has been linked to positive health behaviours, including smoking reduction (Foster-Fishman et al. 2010), obesity prevention, better sexual health (Whiteside et al. 2012), healthy eating and physical health (Millstein and Sallis 2011; Tsui et al. 2012) and overall healthy lifestyles (Hingle et al. 2013).

Public health researchers (e.g., Sahay et al. 2014), specifically, have argued that youth engagement promotes youth health by providing them with greater voice and decision-making. When youth have a greater sense of control and connectedness to the decisions that affect their daily life, healthier decision-making occurs (Ontario Public Health Association 2009; Sahay et al. 2014). In Canada, examples of youth engagement can be seen in public health policies and funding opportunities (e.g., Sahay et al. 2014; Public Health Agency of Canada 2017). Forms of youth engagement in public health have included planning services, advocacy, public education efforts and health promotion activities. For example, Fletcher and Mullett (2016) described a recent health promotion initiative involving youth engagement in digital storytelling. With mentorship from Elders, youth participants created digital representations of what it meant to be healthy in Aboriginal

communities. Although these examples might indicate that youth engagement is common, published descriptions of youth engagement efforts in public health such as Fletcher and Mullett's appear to be scarce (Aceves-Martins et al. 2018). Herein, we describe an innovative example of youth engagement in practice, and present findings on practices and challenges of youth engagement in a health promotion program.

Setting

Youth ages 15 to 29 years make up 19% of Canada's population, or over 7 million youth in Canada (Statistics Canada 2018b). Youth in Canada are more diverse, educated, connected and socially engaged than ever before (Statistics Canada 2018a). At the same time, many face health-related challenges, including mental health concerns (10–20%; Canadian Mental Health Association National 2018), substance use problems or high-risk substance use (14–24%; Boak et al. 2017; Health Canada 2018), and increased risk of obesity (45%; Statistics Canada 2018a).

Intervention

The YCRH, a youth-led advisory, was created in 2013. The YCRH's umbrella program, The Sandbox Project, was founded in response to data that showed that Canadian children and youth were not thriving as well as commonly believed (Leitch 2007). One of the report's recommendations was to create a national advisory of youth leaders to participate in decision-making around child and youth health. Thus, the YCRH was created to be Canada's youth voice on health.

The YCRH is a team of youth from across Canada who bring diverse expertise and perspectives to the table. Its objectives have been to lead youth in creating independent initiatives and health policy recommendations; to create opportunities to support and educate Canadian youth around health; to develop new relationships with people and organizations involved in youth health issues; and to generate national awareness of youth health initiatives. The YCRH has done this through collaboration with key stakeholders, including government, researchers, health practitioners and caregivers. YCRH members have spearheaded their own projects and also have participated in external child- and youth-centred projects in which youth input is integral. Members define health differently but describe physical health, mental health and social well-being as falling within the scope of their work. The flexible process for implementing projects, and the inclusive definition of health, are some of the ways the YCRH has worked to integrate equity and inclusivity into its scope.

The YCRH's communication has taken place primarily online and over the phone. The annual Sandbox Summit has been the one regular opportunity for face-to-face engagement with their many working groups. Because the YCRH's work happens across the country, they have worked to bring as many youth perspectives into the conversation as possible. The YCRH has sought to integrate equity and inclusion into the way it implements projects, creates opportunities and allocates resources and services. The YCRH was a roundtable advisory, intended to allow for innovation and creativity. Projects have been wide-ranging and included providing youth perspective on health and well-being initiatives; advocacy for, or in response to, youth health and well-being policy; and multi-partnered advocacy campaigns. With over 30 volunteers participating as a network, the YCRH received administrative support from Sandbox office staff, but has been primarily youth-run and youth-led.

Some examples of YCRH initiatives have included the Health Rights and Responsibilities Project, which produced a detailed report on health rights, access to health care, and gaps in knowledge and future direction on youth health rights (Gibson et al. 2017). It also produced an online platform (youthhealthrights.ca) where youth could advocate for health rights and access province-by-province information about their health rights (e.g., Right to Consent to Treatment). Another project, the Youth Perspectives on Adolescent Health Programming, produced an environmental scan of adolescent health programs in Canada (Rukaj and with the Sandbox Project and the Young Canadians Roundtable on Health 2014). The project evaluated how programs across the country address the needs of youths, and identified barriers to healthy development.

The YCRH has operated in a unique model within the frame of the Sandbox project, but has been still largely independent. For example, the YCRH has had its own governance structure with a youth chair and co-chair who were the primary points of contact for members. The YCRH members have been empowered to create independent initiatives related to child and youth health in areas of injury prevention, mental health, healthy physical development and the environment. They have regularly communicated with Sandbox but had the authority to make decisions and coordinate projects independent of Sandbox approval. This relationship has given the YCRH the freedom to focus on their mandate while Sandbox was well placed to fulfil the legal and administrative obligations of both initiatives.

Because of their focus on preventive health and safety, Sandbox and the YCRH have sought collaboration with public health wherever possible and in a variety of contexts. The Sandbox Project and the YCRH regularly collaborate with public health department staff on project groups, public and professional events, and advisory committees. For example, a public health department's smoking cessation campaign was

among the featured initiatives at a “World’s Largest Sandbox” awareness event hosted by Sandbox and the YCRH. Public health has also been a well-represented stakeholder at the annual Sandbox Summit. As part of Sandbox’s multi-stakeholder work, YCRH youth also join staff from public health departments and associations, as well as other Canadian public health practitioners on project working groups. Recent examples include the *Sandbox Primer on Injury Prevention, Physical Activity, Physical Literacy and Risky Play*; and the Canadian Institute of Child Health’s *Growing Healthy Bodies Module*.

Methods

Youth and adult allies engaged in a participatory research evaluation of the YCRH (Ramey et al. 2017). The evaluation was prompted, in part, by the YCRH’s approaching 5-year anniversary. Our goal for the study was to evaluate the YCRH and to generate promising evidence-based practices for youth-adult partnerships and youth engagement, in the context of health and well-being. The evaluation was also intended to shape the future direction of the YCRH as a working group within The Sandbox Project’s framework. As a primarily formative evaluation (Patton 2015), it was intended to document stakeholders’ perceptions of what had worked well, and outline an optimal way forward for YCRH.

The methodology used in this study was grounded in Action Research and Knowledge in Action knowledge mobilization models. As action research, we focused on examining “organizational issues together with those who experience these issues” (Coghlan and Brannick 2014, p. 6). Based on the knowledge mobilization framework, we also took the position that the closer the consumer is to the generation of knowledge, the more likely the knowledge uptake (Bowen and Graham 2013). In line with these models, a working group of interested YCRH youth and adult allies was struck to work with the research team. The working group partnered with the research team to describe the origins of the project, finalize the evaluation plan, support the implementation of the research study, analyze and interpret data, identify promising practices, and publish results. All YCRH members were also invited to contribute feedback on the draft evaluation report.

Email invitations for interviews were sent to 15 current and past YCRH stakeholders, as identified by Sandbox Project and YCRH members. These included YCRH chairs and co-chairs, external stakeholders (e.g., sponsors, consultants), and administration of the broader Sandbox program. Data were collected during the fall of 2017. The project was approved through Humber’s and Queen’s University’s Research Ethics Boards.

Eight current and former YCRH members, Sandbox staff and executives, and external stakeholders participated in the semi-structured interviews. Interviews were conducted by the

project’s principal investigators and by trained youth research assistants. The interview guide included questions on the perceived accomplishments of the YCRH. Questions also addressed perceived individual benefits, challenges and promising practices. Interviews were approximately an hour long and were audio recorded and transcribed verbatim. Data were coded with QSR NVIVO. We relied on an eclectic combination of coding, including in vivo and pattern coding, to organize interview responses into categories or themes (Saldaña 2014). Transcribers and youth interviewers were also asked to identify key themes that they noticed.

Findings

The YCRH’s way of operating evolved over time and, given the description of YCRH as a “living laboratory,” appears to continue to evolve. The Sandbox Project’s operating method influences this context. Research participants reported that the context provided by Sandbox’s organizational umbrella allowed the YCRH to experiment with different topics and ideas. The YCRH could also rely on support from The Sandbox Project’s network when needed. Having the YCRH situated as a project within the Sandbox structure “really allow[ed] for a lot of flexibility and adaptability for the youth to actually have their own say and their own determination of what’s important and what they want to work on.”

The YCRH as a living laboratory provided *new perspectives on emerging priorities for youth health*. Several adult participants reported gaining new and unexpected perspectives on youth priorities and youth health issues. For example, as one interview participant stated, “I had previously thought that young people were not really concerned about their health” ... that “they often feel fairly invincible”... and “that turns out to be wrong.”

Participants identified gaining *new personal and professional skills for adults*, and new health advocacy and leadership skills for young people. For adult allies, this included patience, active listening skills, conflict resolution skills and improved project management skills. Adult allies also reported shifts in their beliefs about equity, particularly with regard to youth: “I’ve developed some sort of responsiveness, and I guess openness to what they’re thinking.”

Participants also identified the value of *shared projects and events as promoting a sense of achievement* among YCRH youth and adult allies. Some of these initiatives were perceived to extend Sandbox messages and have an impact on youth health. Particular mention was given to the annual Summit and the Youth Health Rights and Responsibilities project. The Youth Health Rights Project produced a discussion paper on youth health rights (Gibson et al. 2017), and YouthHealthRights.ca was created in response to identified

gaps in young people's knowledge about their health rights. At YouthHealthRights.ca, young people could learn more about their health rights, and advocate for their own rights and greater voice in health policy. The project was described as a "huge asset and a benefit to everybody across Canada." Other contributions were also identified. For example, the YCRH provided a youth lens on the Lancet Commission on Adolescent Health and Well-Being (The Sandbox Project 2016) and has issued statements on public policy direction (e.g., Young Canadians Roundtable on Health 2013).

Participants saw the YCRH as an *ongoing platform for youth voice in health in Canada*. Youth's consistent, meaningful engagement in the YCRH and their involvement in other spaces and networks meant that adult allies and members of the health sector were "going to get value, not just bounce some ideas off young people, buy them pizza, ... and then go ahead and do whatever they were going to do anyway."

YCRH participants also identified several challenges. First, in a country as large as Canada, it can be difficult to *coordinate a national roundtable*. Second, *defining shared responsibilities between youth and adults* was also seen as a challenge. Finally, *structure and clarity of roles* was also seen as a challenge due to the ambiguous nature of a living laboratory.

Implications

Based on research findings, the participatory research committee generated evidence-based promising practices for youth engagement in health systems and program planning in the sector. These promising practices were intended to address challenges and build on the identified strengths of the YCRH.

1. *Raise the bar on youth engagement*. Rather than occasionally seeking feedback from youth, work toward providing an ongoing, consistent platform for youth input.
2. *Invest in individual relationships*. Take the time to build mutual understanding among youth and adults. Whenever possible, meet face-to-face. The more adults understand about the interests and ambitions of individual members, the better youth can be connected to relevant internal and external opportunities. The more access youth have to opportunities in other adult-run organizations, the greater their visibility among decision makers.
3. *Appreciate the value of different forms of knowledge and expertise*. Lived experience is expertise that should be valued in the same way as academic knowledge. Regardless of background and experience, mutual respect should be established and clearly understood.
4. *Recognize different ways of communicating*. When engaging in discussions around new topics, it is important

to properly and succinctly translate knowledge so that it is easily understood and applied by youth and professionals of varying experience.

5. *Embrace the unexpected*. Both adults and youth should begin with the expectation of mutual respect for everyone's time and efforts. Establishing generous timeframes and agreeing on deadlines at the outset will help you to embrace the unexpected. Adult allies need to be patient and comfortable with the ambiguity of working with youth.
6. *Continually revisit and renegotiate structure and flexibility*. The structure, accountability, stability and mentorship that adults can provide are tools that help guide projects along. Every person and project is different. Ongoing communication is key to developing the conditions for youth to do their best work toward achieving their goals.

The YCRH also identified gaps in action and new steps forward. They are working to expand membership to have multiple members from each province, and consistently strive to learn about and work with organizations that are trying to fill gaps in child and youth health. The Sandbox Summit provides an opportunity for the YCRH to pinpoint areas that are lacking focus and facilitate the brainstorm and collaboration required to bring these areas to the forefront. The Sandbox Project also consults with the YCRH when they have identified service or program gaps. Currently, the YCRH is working on a sexual health and reproductive rights project, to increase information and awareness and address barriers to healthcare access. Each of these future directions for the YCRH can help strengthen youth's voice and ultimate impact on the health of Canadian children.

Conclusion

Our research and the example of the YCRH program suggest that youth engagement is relevant for youth health and health promotion. We have outlined key learnings, transferable across a variety of public health settings and programs. These include the need for regular, face-to-face engagement, clarifying structure, roles, and responsibilities, and taking time to invest in relationships. Our findings also include the need to develop a consistent platform for youth input, rather than relying on youth for selective consultations. Building systems that engage youth in decision-making and advocacy has the potential to transform models of health, and to create health systems that are responsive to youth's needs (Patton et al. 2016).

Acknowledgements We would like to thank Dr. Linda Rose-Krasnor (Brock University, Centre of Excellence for Youth Engagement) for her invaluable suggestions on both the overall project and this manuscript. We are also grateful to Umayangga Yogalingam, Victoria Moore, Aimee Coles, Parnian Pardis, Timothy Chung and Akosua Bonsu for their thoughtful contributions to the revision.

This project was funded, in part, by the AstraZeneca Canada Young Health Program and by a Social Sciences and Humanities Research Council of Canada grant to Heather Ramey.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

- Aceves-Martins, M., Aleman-Diaz, A. Y., Giralt, M., & Solà, R. (2018). Involving young people in health promotion, research and policy-making: practical recommendations. *International Journal for Quality in Health Care*, 1–7. <https://doi.org/10.1093/intqhc/mzy113>.
- Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2017). *Drug use among Ontario students, 1977–2017: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS) (CAMH Research Document Series No. 46)*. Toronto: Centre for Addiction and Mental Health.
- Bowen, S., & Graham, I. D. (2013). Integrated knowledge translation. In S. E. Straus, J. Tetroe, & I. D. Graham (Eds.), *Knowledge translation in health care: Moving from evidence to practice* (2nd ed., pp. 14–21). London: Wiley Blackwell.
- Canadian Mental Health Association National. (2018). Fast facts about mental illness. Retrieved from <https://cmha.ca/about-cmha/fast-facts-about-mental-illness>.
- Coghlan, D., & Brannick, T. (2014). *Doing action research in your own organization* (4th ed.). London: Sage.
- Dick, B., & Ferguson, B. J. (2015). Health for the world's adolescents: a second chance in the second decade. *Journal of Adolescent Health*, 56, 3–6. <https://doi.org/10.1016/j.jadohealth.2014.10.260>.
- Fletcher, S., & Mullett, J. (2016). Digital stories as a tool for health promotion and youth engagement. *Canadian Journal of Public Health*, 107(2), e183–e187. <https://doi.org/10.17269/cjph.107.5266>.
- Foster-Fishman, P. G., Law, K. M., Lichty, L. F., & Aoun, C. (2010). Youth ReACT for social change: a method for youth participatory action research. *American Journal of Community Psychology*, 46(1–2), 67–83. <https://doi.org/10.1007/s10464-010-9316-y>.
- Gibson, J. L., Petropanagos, A., Chapman, L. A., & Zlotnik-Shaul, R. (2017). *Youth health rights in Canada: Discussion paper*. Toronto: University of Toronto Joint Centre for Bioethics.
- Health Canada. (2018). Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2016–17. Retrieved from: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2016-2017-summary.html>.
- Heffernan, O. S., Herzog, T., Schiralli, J. E., Hawke, L. D., Chaim, G., & Henderson, J. L. (2017). Implementation of a youth-adult partnership model in youth mental health systems research: challenges and successes. *Health Expectations*, 20(6), 1183–1188. <https://doi.org/10.1111/hex.12554>.
- Hingle, M., Nichter, M., Medeiro, M., & Grace, S. (2013). Texting for health: the use of participatory methods to develop healthy lifestyle messages for teens. *Journal of Nutrition Education and Behavior*, 45(1), 12–19.
- Jackson, C. A., Henderson, M., Frank, J., W., & Haw, S. J. (2012). An overview of prevention of multiple risk behavior in adolescence and young adulthood. *Journal of Public Health*, 34(suppl 1), i31–i40. <https://doi.org/10.1093/pubmed/fdr113>.
- Leitch, K. K. (2007). *Reaching for the top: A report by the advisor on healthy children & youth*. Ottawa: Health Canada.
- Millstein, R. A., & Sallis, J. F. (2011). Youth advocacy for obesity prevention: the next wave of social change for health. *Translational Behavioral Medicine*, 1, 497–505. <https://doi.org/10.1007/s13142-011-0060-0>.
- Ontario Public Health Association. (2009). A research report and recommendations for OPHA to support public health staff to enhance protective factors, increase resiliency and reduce illicit drug use with students in grades 6–8 in Ontario. Retrieved from <http://www.youthengagement.ca/research-report>.
- Pancer, S. M., Rose-Krasnor, L., & Loiselle, L. (2002). Youth conferences as a context for engagement. *New Directions for Youth Development*, 96, 47–64.
- Patton, M. Q. (2015). State of the art and practice of developmental evaluation. In M. Q. Patton, K. McKegg, & N. Wehipaihana (Eds.), *Developmental evaluation exemplars: Principles in practice* (pp. 1–24). New York: The Guilford Press.
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Affifi, R., Allen, N. B., et al. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *Lancet*, 387, 2423–2478. [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1).
- Pederson, A., Rootman, I., Frohlich, K. L., Dupere, S., & O'Neill, M. (2017). The continuing evolution of health promotion in Canada. In I. Rootman, A. Pederson, K. L. Frohlich, & S. Dupere (Eds.), *Health promotion in Canada: New perspectives on theory, practice, policy, and research* (4th ed., pp. 3–19). Toronto: Canadian Scholars Press.
- Potvin, L. (2014). Canadian public health under siege [Editorial]. *Canadian Journal of Public Health*, 105(6), e401–e403. <https://doi.org/10.17269/cjph.105.4960>.
- Public Health Agency of Canada. (2017). Call for proposals—Preventing gender-based violence: The health perspective—Teen/youth dating violence prevention. Retrieved from www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/call-proposals-preventing-addressing-gender-based-violence-health-perspective-teen-youth-dating-violence-prevention.html.
- Ramey, H. L., & Rose-Krasnor, L. (2015). The New Mentality: youth-adult partnerships in a community mental health promotion program. *Children and Youth Services Review*, 50, 28–37. <https://doi.org/10.1016/j.childyouth.2015.01.006>.
- Ramey, H. L., Mahdy, S. S., Lanctot, J., Katan, Z., Lu, Y. L., Campbell, M., Rayner, M.-E., Valenzuela, E., Miller, J., Lawford, H. L., & Rose-Krasnor, L. (2017). *Young Canadians Roundtable on Health (YCRH) promising practices report*. Toronto: The Students Commission/Centre of Excellence for Youth Engagement Retrieved from <http://sandboxproject.ca/ycrh-ebook/>.
- Rukaj, E., & with the Sandbox Project and the Young Canadians Roundtable on Health. (2014). *Youth perspectives on adolescent health programming in Canada: A Young Canadians Roundtable on Health project*. Toronto: AstraZeneca and the Sandbox Project.
- Sahay, T. B., Rempel, B., & Lodge, J. (2014). Equipping public health professionals for youth engagement: lessons learned from a 2-year pilot study. *Health Promotion Practice*, 15, 28–34. <https://doi.org/10.1177/1524839912468885>.
- Saldaña, J. (2014). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks: SAGE.
- Springett, J., & Masuda, J. (2017). Participatory practice and health promotion in Canada, pp. 390–407. In I. Rootman, A. Pederson, K. L. Frohlich, & S. Dupere (Eds.), *Health promotion in Canada: New perspectives on theory, practice, policy, and research* (4th ed., pp. 3–19). Toronto: Canadian Scholars Press.

- Statistics Canada. (2018a). A portrait of Canadian youth. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2018001-eng.htm>.
- Statistics Canada. (2018b). Population estimates on July 1st, by age and sex (Table 17-10-0005-01). Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>.
- The Sandbox Project. (2016). Youth lens on the Lancet commission on adolescent health and well being. Retrieved from <http://sandboxproject.ca/news/2016/6/16/youth-lens-on-the-lancet-commission-on-adolescent-health-and-wellbeing?rq=lancet>.
- Tsui, E., Bylander, K., Cho, M., Maybank, A., & Freudenberg, N. (2012). Engaging youth in food activism in New York City: lessons learned from a youth organization, health department, and university partnership. *Journal of Urban Health*, 89, 809–827. <https://doi.org/10.1007/s11524-012-9684-8>.
- Whiteside, M., Tsey, K., Crouch, A., & Fagan, P. (2012). Youth and relationship networks (YARNS): mobilising communities for sexual health. *Health Promotion Journal of Australia*, 23(3), 226–230.
- Young Canadians Roundtable on Health. (2013). Young Canadians Roundtable on Health endorse joint statement on physical punishment of children and youth. Retrieved from <https://static1.squarespace.com/static/575c7d10044262e4c49720f7/t/57d9b3eee4fcb549d9885784/1473885166795/ycrh-cheo-statement-physical-punishment-of-children-youth.pdf>.
- Zinck, E., Ungar, M., Whitman, S., Exenberger, S., LeVert-Chaisson, I., Liebenberg, L., Ung, J., & Forshner, A. (2013). *Working with children and youth in challenging contexts to promote youth engagement*. Halifax: CYCC Network Retrieved from: <http://cycnetwork.org/engagement>.

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