

**16<sup>th</sup> Annual Canadian Conference on International Health**  
**Health Equity: Our Global Responsibility**  
**Sunday, October 25 to Wednesday, October 28, 2009**  
**Crowne Plaza Ottawa Hotel**  
**101 Lyon St. N., Ottawa, ON, Canada**

The 2009 Canadian Conference on International Health (CCIH) focused on inequities of health status as well as how the environmental changes, be due to climate, technology, the economy or threats to human security, impact the health of marginalized and vulnerable populations. Therefore, many speakers from different countries were present to raise awareness both on what has been done and what is still to be done in such places. The Conference, however, didn't center only upon developing countries, but was a great opportunity for developed countries to inform how they have been helping others AND themselves in regards to all these changes mentioned above.

Due to budget and time constraints, I was able to register only for one day of conference, which was the third day, October 27<sup>th</sup>, on which the main topic was global health diplomacy. Hence, opening the day, we had a very interesting plenary session with two great speakers: Alex Ross, from WHO, and Willie Littlechild, a first nations Chief. Mr. Ross presented the perspectives on global health from WHO perspective, such as current projects, main barriers and facilitators, etc. Chief Littlechild approached that same topic but in the viewpoint of first nations in Canada.

Besides politics, academic research was also on the agenda. Many university representatives attended a few small meetings with the objective of starting better communication, transparency, and partnerships among themselves and their work. Much research has been done, but the lack of communication between faculty members and universities leads to a scattered presence in developing countries. On the other hand, if they were more aware of what other researchers are doing in a certain country, a partnership could mean a much larger and deeper research, which will also be helpful to the community being researched.

In the symposia sessions, I attended one on the role of academia in global health diplomacy, which had two speakers from McGill University. This symposium opened my eyes to how much the academia can influence global diplomacy; research conducted by academic institutions guide politicians, government, and program planners in decision making and

priorities. Furthermore, research can build capacity for those involved, especially when it is done in a developing country whose financial and human resources are important limiting factors.

The afternoon was for concurrent sessions; I attended the one on Health Reform. Because a few foreign speakers couldn't be present, the session informed a great deal on what Canada is doing in regards to public health policies and equity. Out of the four topics, two were particularly interesting to me: the *Community Health Impact Assessment (CHIA)* tool to foster community participation, and the use of core competencies for public health in Canada. The first one reminded me of when I worked with a local community institution that tried to foster such participation, hence, empowering their members. The second was of particular interest to me because Patricia O'Hagan explained the principles of a course being taught at Douglas College, in Vancouver, BC, where their main focus is to "level out" health professionals. The course is a great opportunity for immigrants who won't get their diploma recognized due to bureaucracy issues or other personal reasons. I wish such programs reached national level. Canada has so many physicians, physiotherapists, dietitians, psychologists, etc. who came from another country and became a waste of great specialized labour force due to both the lack of knowledge on how their studies were done in their home countries (what are the core competencies taught? e.g.) and, consequently, the extensive bureaucracy they have to go through to have their profession recognized. This one really caught my attention and interest because my husband and I are among those wasted specialized labour force, unfortunately...

The posters session was also very good; we had works from all around world. Posters were getting lots of visits and interest. Although I was presenting mine as well, I had a few brief opportunities to walk around and see what others are doing. I noticed several posters from research conducted in developing countries, mainly Central Africa and America Latina. Canada has been funding many of these projects, showing the commitment of the country in global health equity, empowerment, and capacity building.

## **Data from an effective local school meal program in Canada: Nationwide database can lead to improved evaluations**

**Introduction:** In Canada, the nutritional content of meals in school programs is rarely evaluated due to the lack of national standards. A comprehensive database that centralizes this information would enable administrators to better evaluate such programs. However, such a database does not exist. Here, our purpose is to begin the data collection by providing nutritional data from one meal program at school in Canada.

**Methods:** Throughout 10 years (1997-2007), 159 lunches, 90 breakfasts, and 19 snacks were collected from elementary schools participating in the CHEP Good Food Inc's school nutrition program, in Saskatoon, SK. After gathering all data, we entered menus' content and their standard portion size into a nutritional software. We then compared the nutritional output against standards for children aged 4-8 and 9-13, based on the Dietary Recommended Intakes: one-third of the recommendations in lunches, and one-fourth in breakfasts and in snacks.

**Results:** Overall, lunches and breakfasts had a good nutrient profile and met the standards for many analyzed nutrients. Although energy was persistently low, particularly for children aged 9-13, vitamin and mineral content was often above the standards; vitamin E and potassium were some of the exceptions. Snacks were below the nutrient standards, but offered healthy foods.

**Discussion:** We found that at this school meal program, breakfasts and lunches tend to be low in energy but high in vitamin and mineral content. Combined with further information on other programs, our data could help schools both implement programs for nutritious meals and evaluate them. The more information that enters the database, the more helpful it will become. This, in turn, could lead to effective nationwide school meal programs.