

# Looking Back, Thinking Ahead

(acting now?)

ACEWH Conference March 2009

Andrea Chircop, RN, MN, PhD(c)

School of Nursing

Dalhousie University

# Gendered Environmental Health Inequities

- Why complicate environmental health research with gender and inequity?
- From what we know about health distribution in Canada to how it is experienced by low-income mothers in low-income urban environments

# We know that...

- ...the majority of Canadians live in urban areas. This makes the urban environment the “natural environment” (Hancock, 2002)
- ...there is an unequal distribution of health within urban areas according to SES (CIHI, 2006)
- ...the majority of people living in poverty are single parenting women and their children (Colman, 2003)

# Recognizing that...

- ...the environment is experienced differently along axes including identity, class, race, and gender.
- ...we are always exposed to both the natural and social environments at the same time.

# Purpose and Design

- To explore how low-income mothers experience and negotiate their own and their families health in urban low-income neighborhoods.
- Ecofeminist framework
- Urban ethnography with photovoice, repeated individual interviews, participant observation, and document analysis

# Findings

- Absence of regulated childcare services in the neighborhood
- Negotiating urban infrastructures:
  - affordable housing
  - ghettoization and residential isolation
  - neighborhood esthetics
  - services (SPC, Cpt. Spry, Mall)
  - insufficient educational opportunities
  - playgrounds and parks
  - transportation (missing sidewalks, street connectivity)
- Negotiating nutrition
- Mothers' assets for negotiating health

# Greystone Public Housing (provincial/municipal)



# Captain William Spry Community Centre (municipal)





# Single Parent Centre (private, not for profit)



# Playground (municipal/provincial)



# Document Analysis

- Regulated Childcare

# Putting Low-Income Mothers at a Disadvantage

The physical and social structures surrounding mothers and their families in their daily lives do not always support healthy choices, even with the mothers' best intentions and knowledge about healthy living.

Due to their SES mothers are more dependant on their neighborhood than people who can afford to obtain services outside their immediate neighborhood

# Implications for Policymakers

- Province to take responsibility for the delivery of regulated childcare services
- Providing additional services for young families to minimize health inequities (social justice/care sensitive ethics)
- Situating public health professionals back into the community
- Ongoing research and policy (all levels) adjustment to maximize physical and social environments

Thank you

