

TAKING CHARGE TO IMPROVE ENVIRONMENTAL HEALTH

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Purpose and Objectives

- To share findings from an urban ethnography, exploring how low-income mothers negotiate health in a low-income neighborhood
- Participants will appreciate the complexities in which gender, class and the physical as well as the social environments are interconnected to mediate health.
- Participants will be able to recognize urban ethnography as a valuable tool to gain a deeper understanding of community health issues; and a valuable tactic to influence nursing practice and public policy.

Canadian Institute of Health Information (2006)

- Unequal distribution of health within urban areas
- Depending on determinants of health (income, education)
- ✓ Poverty #1 determinant of ill health
- ✓ Gender is a strong mediator of health
- Where do these low-income women live?

Nova Scotia

- www.Communitycounts.ns.ca
- The majority of low-income single mothering parents live in a low-income urban neighborhood of Halifax (Spryfield)
- How does their urban environment affect their health negotiations?

Research Methodology

- Ecofeminist framework
- Urban-Institutional Ethnography
- Prolonged engagement (19 months)
- Individual interviews (11 participants)
 - Participant observation
 - Photovoice
 - 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' balancing act for negotiating health

- ❖ *The Day Care Act*
 - *neoliberal, patriarchal assumptions*

Key Messages

This research is an example of how physical and social structures surrounding mothers and their families in their daily lives place them at a disadvantage in negotiating health.

Neo-liberal, policy- created conditions, such as the lack of regulated child care, do not support healthy choices(including environmentally healthy choices), but maintain oppressive conceptual frameworks that reinforce health inequities.

1. Province to take responsibility for the delivery of regulated childcare services (Universal Childcare)
2. Providing additional services for young families to minimize health inequities (social justice/care sensitive ethics)
3. Situating public health nurses back into the community to enable ongoing research and policy (all levels) adjustment to maximize physical and social environments for healthy choices.

Thank You

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