

Serious about equity - thinking and working differently

Children's Health, Equity, and the Environment – Creating Action

New Brunswick Children's Environmental Health Collaborative
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Jeff Masuda

Canada Research Chair in Environmental Health Equity

Associate Professor, School of Kinesiology and Health Studies

Queen's University

CE **the centre for**
HE **Environmental Health Equity**

More
neoliberalism
please?



Oliver Twist, 1948

Consider that...

Inequity

is

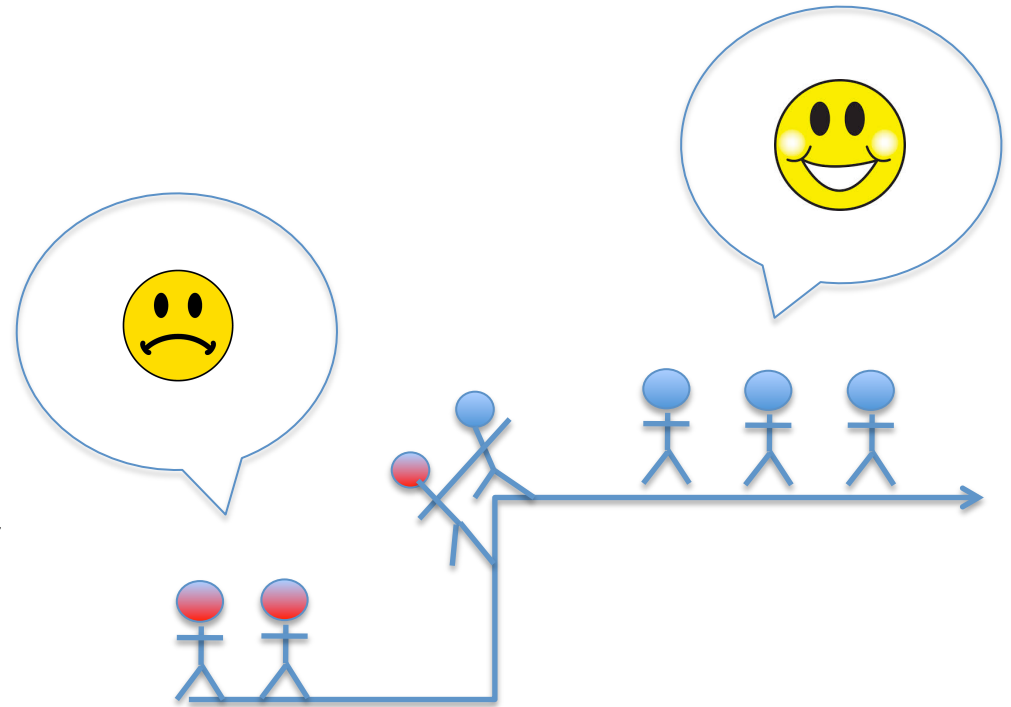
“difference that is unjust” (WHO, 2008)

so, instead of *minimizing difference*, let's focus on

seeking justice.

Theory 1: Minimize Difference

- Charitable mentality
 - “Let’s lend a helping hand”
 - “I encourage you”
- “Deficit fix” intervention
 - “Fixed” on “fixing” the poor/ destitute/underprivileged
- A free pass to the rest of us?
 - “You become like me”



A deficit model of inequity

Populations With Lower Rates of Breastfeeding

Background Information

Revised July 2014



Benefits of Breastfeeding

Breastfeeding is the natural way to feed a baby, providing a wide range of benefits to the mother and baby. Breastfeeding protects babies from infectious diseases and promotes healthy growth and development. There is also evidence that it protects babies from obesity later in life. According to the *No Time to Wait* report, each additional month that an infant is breastfed, up to eight months of age, reduces the risk of being obese later in life by four per cent.

Exclusive breastfeeding is important for the first six months of life - breastmilk is the healthiest and only food needed at this time. WHO recommends exclusive breastfeeding for six months, followed by breastfeeding with additional foods for up to two years and beyond.

Barriers to Breastfeeding

Despite the well-known health benefits of breastfeeding over formula feeding, and the convenience and lower cost of breastfeeding, breastfeeding rates are low in many sub-populations such as women with lower incomes.

Most mothers plan to breastfeed, however, for a range of individual, family and societal reasons, a small proportion do not initiate breastfeeding. For some mothers breastfeeding comes easily, and others find it difficult to start and maintain breastfeeding. While about 9 out of 10 mothers start breastfeeding, only 1 in 3 is successful in exclusively breastfeeding for the recommended 6 months.

Just the Basics

In diabetes, your body has a hard time using and storing food energy. The food energy that your body needs is a kind of sugar called glucose. Glucose comes from healthy foods such as fruit, milk, starchy foods (bread, rice, and noodles) plus sugar-sweetened foods and drinks. After eating, your blood glucose goes up.

Aboriginal version

Take care of your whole body,
mind and spirit. Being well helps you,
your family and community.



When to eat

- Eat meals with your family.

Why: Eating together is important. This makes mealtimes enjoyable and sets a good example for your children. It is a way to show respect and thanksgiving for the gifts of life and food that you have been given.

- Eat three meals a day. Space them no more than 6 hours apart.

Why: Eating the right amount at the right time helps keep your blood glucose in balance. This is the way that the Creator made the body to work.

- If not at home when it is time to eat, bring healthy foods with you.

Why: This helps you have healthy choices wherever you go (pack a sandwich, carry some vegetables or fruit).

Physical activity and healthy eating are ways to live well with diabetes.



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AUDIO | Low-income housing tenants dig in to community gardening

Sudbury community garden evidence of co-operation, hard work and problem-solving among tenants

CBC News Posted: Aug 18, 2014 2:52 PM ET | Last Updated: Aug 18, 2014 2:52 PM ET



Lynn Simard-McMurray said she is proud of the efforts she and her fellow tenants have made to grow a community garden. The garden is located near the low-income housing units where they live in Sudbury. (Kate Rutherford/CBC)

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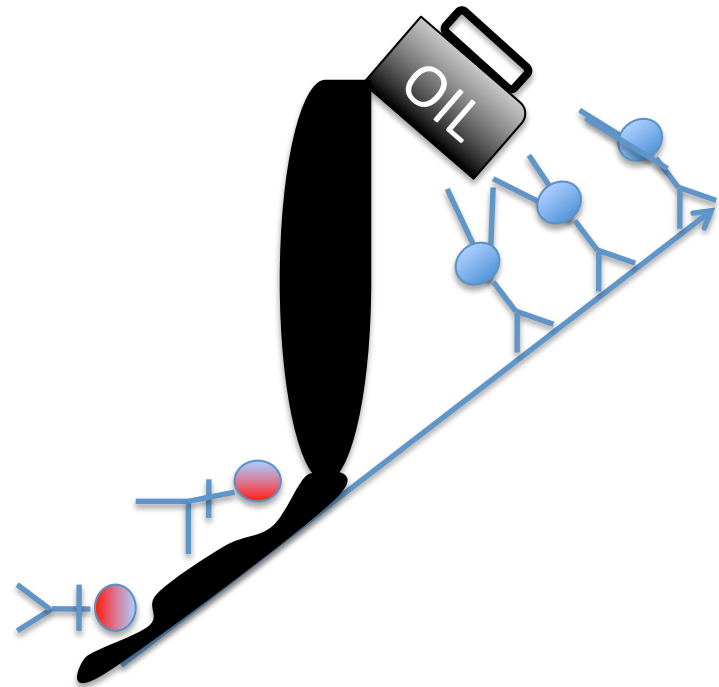
MICHAEL WEKERLE

"FINANCE PHENOM"

SEE MORE

Theory 2: Seek justice

- Critical mentality
 - “Let’s realize we are all complicit in injustice”
- “Seeking justice” intervention
 - Where there is poverty there is privilege that needs “unfixing”
- No one escapes scrutiny
 - **“We all need to change”**



A relational model of inequity



Addressing Health Inequities for Racialized Communities

A Resource Guide



IGNITE!

AN ANTI-RACIST
TOOLKIT.



English

Implications for practice: Should we work “within” or “against” our present (neoliberal) social contract?

- Theory 1: Deficit focused public health succumbs to neoliberalism

1. **Austerity:** “Not enough funding, we’ll do what we can”
2. **Atomization:** “The problem is health, not political, environmental, therefore our job is to change behaviour”
3. **Responsibilization:** “Work! Exercise! Eat! Do Not Eat! Breastfeed! Get Tested!”

- Theory 2: Justice focused public health confronts neoliberalism

1. **Anti-Austerity:** Evidence based advocacy for progressive taxation, national housing strategy, guaranteed income policy, etc.
2. **Collectivization:** Leading/ supporting social movements for collective rights to food, to housing, to a healthy environment, etc.
3. **Transformation:** Seeking justice begins with work on oneself

Discouragement



PETER SHAWN TAYLOR

Public health officers should focus on disease, not politics

PETER SHAWN TAYLOR

Special to The Globe and Mail

Published Monday, Nov. 17 2014, 9:12 AM EST

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It is not the job of public health to have an opinion on taxes, economic policy, free trade or corporate control. Neither should it be their business to interfere in the freely-made choices of adults.

Public health ought to stick to their needles, and leave the economy alone.

Encouragement



John Snow, 1854



Idle No More Leaders, 2012

*What is necessary to promote governmental receptivity to the social determinants of health concept is the building of social and political **movements** in support of health.*

Dennis Raphael, Ann Curry-Stevens, and Toba Bryant
Health Policy, 88, (2008)

Setting new health “targets”

In this era of global environmental crises, we desperately need to be able to identify culprits and name names, so that the global community will understand who the guilty parties are and how we should respond to them.

Laura Pulido

White supremacy vs white privilege
in environmental racism research.
Progress in Human Geography (2015)

Some perspectives on a justice driven approach

- Conceptual/Practical
 - Masuda, J. R., Zupancic, T., Crighton, E., Muhajarine, N., & Phipps, E. (2014). **Equity-focused knowledge translation: a framework for “reasonable action” on health inequities.** *International journal of public health*, 59, 3, 1-8.
 - Masuda, J.R., Poland, B., & Baxter, J. (2010). **Reaching for environmental health justice through health promotion.** *Health Promotion International*, 25(4), 453-463.
- Empirical
 - Masuda, J.R., Teelucksingh, C., Haber, R., Skinner, E., Zupancic, T., Crabtree, A., Poland, B., Frankish, J., & Fridell, M. (2012). **Out of our inner city backyards: Re-scaling urban health inequity assessment.** *Social Science and Medicine*, 75, 7, 1244-1253.
 - Masuda, J.R., & Crabtree, A. (2010). **Environmental justice in the therapeutic inner city.** *Health and Place*, 16, 656-665.

Available (SOON) on ResearchGate, or email me at jeff.masuda@queensu.ca