# New Frontiers in Health Behaviour:
# Understanding Place and Space

**7:00 pm       Thursday, April 27, 2006, UBC Robson Square Theatre**

7:00 pm       Welcome & Background to NEXUS, Introduction to Moderator (Aleck Ostry, NEXUS Lead Investigator and Assistant Professor, Dept. of Health Care and Epidemiology, University of British Columbia)

7:10 pm                Moderator: Seth Klein, (Director, Canadian Centre for Policy Alternatives) Introduction to Speaker

7:15 pm – 8:00 pm     Speaker:  Mark Rosenberg, Professor, Dept. of Geography, Queen's University, **Presentation Title: "Connecting Globalization, Health and the Environment:  Accounting for Place and Space"**

8:00 – 8:20                Moderated Questions and Answers Period

8:20 – 8:30                Closing and Thanks (Jean Shoveller, NEXUS Lead Investigator, University of British Columbia)

**Friday, April 28th, 2006**

8:00 AM       Registration

8:30-8:45       Welcome and introduction of keynote – Pamela Ratner, NEXUS Director and Professor, School of Nursing, University of British Columbia

8:45-9:30       Keynote address – Jim Dunn, Director of the Neigbourhoods and Health Research Interest Group at the Centre for Urban Health Initiatives and Assistant Professor, Dept. of Geography, University of Toronto

**Presentation Title: "A Critical Geography of 'Neighbourhood Effects' on Health and Human Development"**

9:30-9:45       Questions

9:45-10:15       Coffee break

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10:15-11:15　　**Panel 1:　Intersections of Gender, Diversity and Place**
Moderator:　Rick Sawatzky, Doctoral candidate, School of Nursing, University of British
Columbia

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**Presentation Title**: Coming (out) to Canada: migration narratives of Queer Lesbian Gay
Bisexual Transgendered (QLGB) women
**Presenter**: Sharalyn Jordan, Doctoral student, Department of Educational and Counselling
Psychology and Special Education, University of British Columbia

**Presentation Title**: Mothers' safeguarding work: An analysis of gendered divisions in labor
and contextual aspects related to the use of and control over household space
**Presenter:** Lise Olsen, Doctoral candidate**,** Individual Interdisciplinary Studies Graduate
Program, University of British Columbia

**Presentation Title**: Fatherhood and Smoking: An Analysis of Gendered Spaces and Places
**Presenter:** John Oliffe, Assistant Professor, School of Nursing, University of British
Columbia

11:15-12:00　　Introduction of NEXUS Keynote Presentation: Zim Okoli, NEXUS Post
Doctoral Fellow, University of British Columbia

**Presentation Title**: Spatial Times: Characterising the Inter-Relationships Amongst Space,
Place and Time
**Presenter**: Jean Shoveller, NEXUS Lead Investigator and Associate Professor, Department
of Health Care & Epidemiology, University of British Columbia

**12:00-1:00　　Lunch**

1:00-2:00　　Welcome & Introduction of Afternoon Keynote – Bonita Long, NEXUS
Lead Investigator and Professor, Department of Educational and Counselling Psychology
and Special Education, University of British Columbia

Keynote address – Mark Rosenberg, Professor, Dept. of Geography, Queen's University
***Presentation Title: Accessing Health and Social Services: Space and Place –
Challenging some of our Assumptions***

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2:00-3:00　　Panel 2:　Place & Access to Health Services
Moderator: Cecilia Kalaw, Social Science Researcher with the Nursing and Health Behaviour
Research Unit, and NEXUS Research Coordinator

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**Presentation Title**: Geographical Perspectives on Primary Health Care in B.C.
**Presenter**: Sandra Regan, Doctoral Student, School of Nursing, University of British
Columbia

**Presentation Title**: Double Jeopardy: How social location and geography influence access
to health care in a remote First Nations community

**Presenter:** Denise Tarlier, Assistant Professor, School of Nursing, Thompson Rivers University

**Presentation title:** Dimensions of access to home care and home support among British Columbia's senior population
**Presenter:** Zena Sharman, Doctoral student, Individual Interdisciplinary Studies Graduate Program, University of British Columbia

3:00-3:15      Coffee break

3:15-4:15      Panel 3: Location, Location, Location
Moderator: Joy Johnson, NEXUS Director and Professor, School of Nursing, University of British Columbia

**Presentation Title:** Access to Primary Care for Aboriginal People in an Urban Centre: The Influence of Place and Space
**Presenter:** Annette Browne, Associate Professor, School of Nursing, University of British Columbia

**Presentation Title**: The School Food Environment: How Do Food Sales and Nutrition Policies Affect Students' Diets?
**Presenter:** Karen Rideout, Doctoral student, Department of Health Care and Epidemiology, University of British Columbia

**Presentation Title**: The Moral Geography of Treatment Seeking in the Emergency Department (ED)
**Presenter:** Sheila Turris, Doctoral candidate, School of Nursing, University of British Columbia

4:15-4:30      Wrap up and Thanks (Joan Bottorff, NEXUS Director and Professor, Faculty of Health and Social Development, University of British Columbia Okanagan)

Mark Rosenberg, "**Connecting Globalization, Health and the Environment: Accounting for Place and Space**"

As people become more *connected* and *disconnected* through the social, economic and political processes that characterize globalization, the challenges to health and health care where people live (*place*) and at various geographic scales (*space*) need to be taken into account. After discussing the key issues that inform the debates on globalization, four themes are used to illustrate how place and space mediate these connections: health and the physical environment; the movement of people and the spread of disease; the movement of economic activities and its impacts on people's health; and health and health care as global industries. While individual researchers, a concerned citizenry and policy-makers may not be able to incorporate all of the issues raised by the connections among globalization, health and the environment taking into account the places and spaces at which the processes described operate, situating our research, our local concerns and public policy into frameworks of place and space will be critical to improving our health and health care systems as we move forward in the coming decades.

Jim Dunn, **"A Critical Geography of 'Neighbourhood Effects' on Health and Human Development"**

In a number of disciplines, there is an increasing interest in the 'effect' that attributes of collective social organization and the local built environment at neighborhood scale have on a variety of social outcomes, including health, health behaviors, early child development, youth delinquency, crime and deviance, political behavior, employment outcomes and other economic opportunities. A unifying feature of this kind of research is that it seeks to understand how, why and to what extent features of the local social environment, or neighborhood, shape individual outcomes over and above the effect of individual-level factors. Despite rapid advances in statistical methodology and the sophistication of empirical analyses, this body of research lacks a well-developed geographical sensibility, often treating neighborhoods as mere 'containers' of human activity, for example. This presentation identifies some of the promise and pitfalls of neighborhood effects research, with emphasis on specific pathways between socio-economic dimensions of neighborhoods and both health and child development. Drawing on seminal works in epidemiology and sociology, it proposes an alternative theoretical approach to such questions, 'scaling social facts', in order to clarify pathways, overcome some of the pitfalls and restore the promise of this type of research.

Jean Shoveller, **Spatial Times: Characterising the Inter-Relationships Amongst Space, Place and Time**

Listening to young mothers' stories of their everyday lives stimulates theoretical questions about the inter-relationships amongst space, place and time that also provide insights into practical implications regarding their housing, educational, parenting and employment opportunities. Drawing on interviews with 25 young mothers (ages 15-25 years) as well as observations gathered through fieldwork in Prince George, BC, the presenter describes the ways in which environmental features (e.g., housing conditions) and evocations of place (e.g.,

the meaning of home) play out in the lives of young mothers and their children. How does space operate in their lives? How do they construct notions of place? In addition, because the presenter wants to resist creating the illusion that space and place are static – trapped within a closed system – she also attempts to show how young mothers' lives are being transformed (and how their worlds are transforming) through time, using the data to show how space, place and time interact to create disorder and disruptions in young mothers' lives. For example, when a young mother "ages out" (i.e., she no longer qualifies for specialised services because she has reached the age of majority), her abilities to comply with State requirements related to her life and those of her children (e.g., obtaining and maintaining "good" housing; completing her education; finding a job) are severely compromised. When young mothers "age out", current policies dictate that they have become "old enough" to manage on their own, while other aspects of their physical, social and emotional geographies continue to reinforce the inequalities experienced by those who bear their children at "too early an age." Based on the notion that space, place and time are inextricably linked, the presenter suggests promising ways forward that may reshape in healthful ways young mothers' life "stories-so-far."

Mark Rosenberg, **Accessing Health and Social Services: Space and Place – Challenging some of our Assumptions**

Accessibility has long been a topic of fundamental interest to health researchers and a critical issue for health activists. In Canada, accessibility along with universality and comprehensiveness represents arguably three of the key principles that define our health and social service systems. After 1984 and the passage of the Canada Health Act, health researchers to a large extent believed that the combination of universality and comprehensiveness had all but reduced the issue of accessibility to a question of geography. What is meant by accessibility is revisited. The role of place is then critically examined. Finally, a new agenda for research on accessibility is proposed that takes into account both space and place.

Sharalyn Jordan, **Coming (out) to Canada: migration narratives of Queer Lesbian Gay Bisexual Transgendered (QLGB) women**

Abstract: In their accounts of migration and settlement experiences, QLGB women narrated the discursive and interpersonal tactics they used to negotiate relations of belonging/unbelonging, and (re)construct social networks in their new locale. The presenter describes her interviews with women who made applications to settle in Canada based on a same-sex relationship and the process of involving them in a collaborative analysis of the interview transcripts. Researcher and participants explored participants' engagement with discourses around gender, sexuality, race/ethnicity, class, and "immigrants" as they occurred in recounted interactions with immigration officials and individuals and communities in their new locales. The accounts provided a view of participants' co-constitution of identities and place. This presentation highlights sociocultural processes and material conditions at work, and interpretation of the interviews as polyphonic texts. The presenter will discuss the implications for health researchers with reference to sociocultural and performative understandings of self, identity, and belonging, the collaborative narrative method, and the research findings.

Lise Olsen, **Mothers' safeguarding work: An analysis of gendered divisions in labor and contextual aspects related to the use of and control over household space**

Abstract: Unintentional home injuries pose a serious health issue for young children in Canada and those living in low-income conditions suffer greater numbers of injuries than average. The presenter describes her exploration of the ways in which low-income mothers' efforts to safeguard young children in the home environment reflected gendered roles and divisions of labor. The analysis was guided by a social constructionist perspective on gender and motherhood and also made use of a gender based analysis and planning conceptual framework for assessing household labor and resource use. Mothers who were the primary caregiver of a child 1-5 years and lived on a low-income were included in the study. Data collection methods included: 1) In-home interviews with mothers and 2) Observations of safety actions and physical features of the home environment. The presenter examines the different ways that mothers' safeguarding activities were gendered and linked to the use of, and control over, both physical and social household space. Lastly the presenter will discuss mothers' power and authority over the use of domestic space and its role in the gendered divisions of labor for keeping young children safe in the home environment.

John Oliffe, Fatherhood and Smoking: An Analysis of Gendered Spaces and Places

Abstract: As part of an ongoing study examining the gendered social context of persistent smoking among men during their partner's pregnancy and the postpartum period, the presenter examines how fathers create social, psychological, and relational space (both private and public) for continued smoking during their partner's pregnancy and the postpartum period. Conducting observations of tobacco use in participants' natural environments (e.g., their homes, workplaces, car) poses significant barriers. In this presentation, the presenter will describe researchers' experiences of using visual ethnographic methods and share some preliminary findings about the influence of gender, space and place on men's tobacco use. Examples of participant photographs and narratives will be used to demonstrate the usefulness of the approach in developing empirical insights

and understandings about how everyday experiences of place influence the ways fathers create space for smoking.

Sabrina Wong, **Geographical Perspectives on Primary Health Care in B.C**.

Abstract:  The organization and delivery of primary health care services in rural and remote settings can lead to specific challenges to individuals accessing and obtaining continuous, comprehensive primary health care services. The purpose of this study was to identify important dimensions of primary health care (PHC) from the perspective of British Columbians living in rural and urban areas.  Qualitative methods using focus groups were used to collect data from all BC health authorities. Compared to those living in urban settings, participants living in rural and remote locations of the province identified challenges and perceived inequities related to: access to their choice of PHC providers; decreased continuity in care due to provider turnover; lack of available services such as diagnostic tests and specialist care in their home community; and costs and safety concerns associated with travel to services.  Participants proposed a number of strategies to address these challenges. Findings add new knowledge in understanding public perspectives on access to PHC system in relation to geographical location.

Denise Tarlier, Double Jeopardy: How social location and geography influence access to health care in a remote First Nations community

Abstract:  In this ethnographic study, the presenter explores nurses' practice and issues that influenced continuity of care and health outcomes in a remote First Nations community through the window of maternal-infant health outcomes. Quantitative health outcomes data were contextualized by data collected through observations, patient chart review, and interviews with nurses and other professional / para-professional health workers. Four over-arching themes emerged from analysis and interpretation of the data: (a) nurses' work, influenced by a broader context of inequity and marginalization, occurred at the margins of mainstream nursing practice, (b) health outcomes and continuity of care were characterized by fragmentation, (c) nurse-patient encounters were suggestive of relational disengagement and (d) dissonance existed between perceptions of health care and demonstrated health outcomes. The broader context of inequity and marginalization was influenced by the geographically remote location of the community and the overall socio-political and historical context of aboriginal health services in Canada. A process of "othering", based in perceived differences related to the social locations of nurses and First Nations patients, influenced nurse-patient relationships. Inequity, marginalization, and nurses' relational disengagement with patients influenced patients' access and use of health services, which in turn, influenced continuity of care and health outcomes.

Zena Sharman, Dimensions of access to home care and home support among British Columbia's senior population

Abstract: This presentation examines access to publicly funded home care and home support among British Columbia's senior (65+) population. It is based on analysis of provincial health service utilization data over the period 1997-2004. Access to these services is conceptualized in terms of Wilson and Rosenberg's (2002) three dimensions of access to health care: geographic accessibility, economic accessibility, and availability of care. This framework is used to describe a trend of declining service provision to the province's seniors: access varies *geographically*, in that there is a pattern of regional variation in service delivery. It varies *economically*, in that low-income seniors are the predominant users of publicly funded home care and home support. Finally, access is mediated by *availability of care*, in that high-acuity clients appear to be squeezing low-acuity clients out of the system. This

paper concludes that the provincial home care and home support system has effectively become an adjunct of the acute care system, diminishing its capacity to deliver preventive care to BC seniors in their homes. The interaction of these dimensions of access leaves the province's seniors vulnerable to shortfalls in care, and may result in increased reliance on private or informally delivered home care and home support.

Annette Browne, **Access to Primary Care for Aboriginal People in an Urban Centre: The Influence of Place and Space**

Abstract: Access to responsive primary care services is critical to achieving overall improvements in health status among Aboriginal populations.  This presentation describes an ongoing study involving Aboriginal and non-Aboriginal researchers exploring access to primary care from the perspective of Aboriginal people seeking services at a busy, urban emergency department (ED). The study's specific focus is on patients who seek care in the ED for health conditions classified as "non-urgent" according to standards set by the ED. The presenter will describe the ethnographic approaches used to explore issues of access, use of Dorothy Smith's *standpoint perspective* in the process of analyzing the data with a view to extending our understanding of the intersecting factors and social contexts that organize peoples' everyday experiences and decisions about where to go for health care. Preliminary findings suggest that peoples' decisions to access the ED for "non-urgent" concerns are influenced by a wide range of intersecting issues related to the ED as a place – issues such as the familiarity and the historical significance of the ED within some Aboriginal communities, and by perceptions of the ED as a public space and a social space. These findings have implications for how primary care services are conceptualized and designed for diverse groups of people.

Karen Rideout, **The School Food Environment: How Do Food Sales and Nutrition Policies Affect Students' Diets?**

Abstract: Canadian children consume an estimated one-third of their diet at school, giving schools an important place in the childhood food environment. The widespread availability and promotion of cheap, unhealthy foods, along with the abandonment of physical education and sports programs, has been implicated in the rising prevalence of obesity among school-aged children. Although many schools feel financial pressure to sell unhealthy foods to their students, schools are being targeted by policy makers as ideal locations for the promotion of health eating. Presenters will describe their comprehensive survey to ascertain the extent of food sales and nutrition policy development and implementation in BC schools and their findings. The study found that the majority of schools sold food to students, although the venues varied by type of school; that in general, "less healthy" foods were widely available to children of all ages; that schools that had a nutrition committee were more likely to have nutrition policies in place, and that these schools were more likely to offer "more" rather than "less healthy" food items. Presenters describe the implications of their findings on approaches to food sales and policy in schools.

Sheila Turris, The Moral Geography of Treatment Seeking in the Emergency Department (ED)

Abstract:  In the past decade, increasing attention has been paid to theorizing about health care and location, in attempts to understand how the material conditions of space, and the work of health care professionals in maintaining the geographies of health-care settings, affect the health of individuals. In this grounded theory study of how women experiencing symptoms of cardiac illness negotiate and interpret experiences of ED care, location has emerged as a factor shaping health behavior in relation to decisions to seek treatment. Using data drawn from the accounts of 20 women who were interviewed about their experiences

of ED care and over 100 hours of naturalistic observation, the presenter shares her discoveries related to the ED as not simply a physical space in which care is provided, but rather a geographical location imbued with particular moral dimensions that are shaped by lay and professional discourses of power, reductionism, libertarianism, scarcity, need, and deservedness. These discourses serve to enforce institutional norms; to provide strong messages about the appropriateness of decisions to seek treatment; and to perpetuate power imbalances between women and health-care professionals. Women in this study showed a keen awareness of the social, emotional, and personal costs of seeking treatment in the ED and this knowledge ultimately influenced the timeliness of visits to this setting.