



Ethically Speaking...

A Publication of the Canadian Catholic Bioethics Institute
at Assumption University

Summer 2020

Ethically Speaking...

provides news and information from the Canadian Catholic Bioethics Institute at Assumption University



Contact Us:

We welcome comments and feedback, please contact us at:

The Canadian Catholic
Bioethics Institute
Assumption University
400 Huron Church Road,
Windsor, ON N9B 3P4

Phone:
519.973.7033 Ext. "0"

Email:
CCBI-A@assumptionu.ca

Spotlight on Public Health

By Maria Giannotti B.A., B.E.d., M.A., MSBioethics

Recently I had the pleasure of presenting a workshop to a group of new Canadians. One of the participants wanted to know "what exactly does the public health unit do?", as he had heard it mentioned repeatedly in the news. The pandemic has brought public health front and centre in the media and to the forefront of the national conversation. Prior to the crisis, the work of public health was unfamiliar to most Canadians, but it is important to ensure that our community understands the role it plays and appreciates the critical service it provides.

If you look up "public health" on-line or in the dictionary you will most likely find very wordy, flowery definitions. The simplest way to define it is this: public health is the science of protecting and improving health at a population level. Simple as that. But what does that mean exactly?

While a doctor treats an individual, who is sick or injured, public health looks at the community in which you live. The community can be at different levels- it could be the local community, the province, the country, or the world. The work of public health is to prevent people from getting sick or injured in the first place. It promotes healthy lifestyles, is responsible for researching disease and injury prevention, as well as detecting, preventing and responding to infectious diseases such as Covid-19, Sars, or Tuberculosis. ¹

Public health works in partnership with government and health care, to prevent illness and improve health by providing the scientific evidence and expert guidance to shape policies and practices for a healthier community. If you or your family have ever had a vaccine, attended a smoking cessation, diabetes education or prenatal class, you can thank public health. Our clean drinking water, school nutrition programs to ensure kids have access to health food, the laws around workplace safety, the use of seatbelts and airbags in our vehicles and are all a result of public health programs and services.

In addition to tracking disease outbreaks and preventing injuries public health works to shed light on *why* some of us are more likely to suffer from poor health than others. The foundation of all public health is based on the concepts of social justice and health equity, which relate to the social determinants of health. 2

Social Determinants and Health Equity

Social determinants of health are those factors in addition to our individual genetics and lifestyle choices that have an important influence on our health. They relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are also important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians. 3

The main social determinants of health include:

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments
6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetic endowment
10. Gender
11. Culture
12. Race / Racism

Our health is shaped by where we live, learn, work, and play. Some people in our community experience lower levels of health as compared to the general. These differences are called health inequities when they are caused by unfair and avoidable social, political, and economic conditions.

Health equity is the idea that all people should have fair opportunities to reach their full health potential and not be disadvantaged by certain barriers. This does not mean that everyone should have equal health, rather health equity means creating opportunities for those facing barriers to reaching better levels of health. 4



Windsor Essex County Health Unit is one of 35 health units across Ontario. The following are examples of the health inequities the WECHU is working to address in our community:

- Children living in low-income households are at higher risk to experience physical and mental health challenges. Because of this, they are often less ready to perform their best at school. The latest census data shows that 24% of children in Windsor and Essex County live in a low income household. ^{5 6}



- Those working in skilled trades and manufacturing are more likely to be exposed to second-hand smoke putting them at higher risk of developing heart disease, diabetes, cancer, and COPD. ⁷



- Rates of emergency room visits related to self-harm between 2007 and 2017, in Windsor and Essex County was 53.1% higher for women as compared to men. ⁸



These are but a few of the inequalities our very own community faces. Our health is

shaped by a complex set of interconnected and dynamic social factors, the circumstances in which people live, grow, work, and age. By addressing these social conditions, we can improve people's health and well-being. When everyone has the chance to live their healthiest life, we all benefit.



"...public health promotes and protects the health of people and the communities where they live, learn, work, and play."

References and Resources

1. <https://www.apha.org/what-is-public-health>
2. <https://www.apha.org/what-is-public-health>
3. <https://www.cpha.ca/public-health-conceptual-framework>
4. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
5. Statistics Canada. 2017. Census in Brief: Children living in low-income households. Statistics Catalogue no 98-200-X. Ottawa, Ontario. September 2017
6. Ruiz, J., Quackenboss, J.J., & Tulve, N.S. (2016). Contributions of a child's build, natural, and social environments to their general cognitive ability: a systematic scoping review. Public Library of Science One, 11(2), e0147741. doi: 10.1371/journal.pone.0147741
7. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017.
8. Windsor-Essex County Health Unit. (2018). Intentional Self-Harm 2007-2017 Report. Windsor, Ontario.

<https://www.wechu.org/about-us>

Op Ed: Single Malt

By Fr. Leo Walsh CSB, STL STD

Some thoughts while savoring a dram of single malt – two unfinished thoughts.

First, if you want to get on the bandwagon, recognize the phrase, “From maintenance to mission”. Bishops, religious authors, even the Vatican, push it in our faces.

What they are dealing with is the dwindling number of Catholics who attend Mass and the sacraments. And that has to be addressed. But is their way the right way?

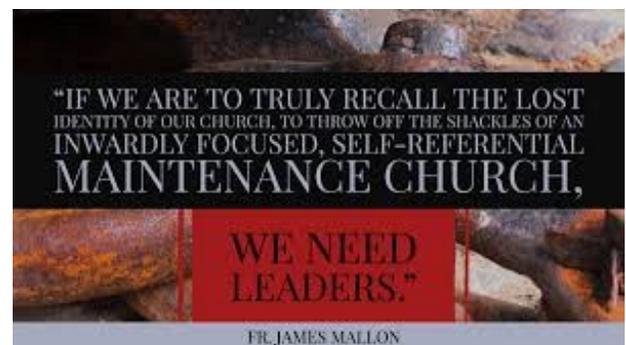
The phrase can be taken in two ways. The first is how those presenting the “new way” mean it. They claim that there is an old-fashioned way of being a parish and we have to move from that notion to the notion of evangelizing the world. The other way is this, and the one that I accept, that we first deal with the matter of maintenance, how to stop the bleeding of numbers, and when we have that under control, we move to spreading the Word.

A bright priest friend of mine said, on reading the above, “This is just a matter of words. Both sides are saying the same thing.” But I think that he has that wrong. What I’m saying is summed up in the Latin phrase, “*Nemo dat quod non habet.*” No-one gives what he/she does not have.

We can’t make other followers of Christ Jesus if we are not followers ourselves.

What was/is wrong with our parishes, both their leaders and the congregations, is that they became over time influenced by our secular culture, where God is sidelined, is totally ignored. People get on with their lives without thinking about God. Our practicing Catholics don’t ignore God totally, but many think in terms of God-slots, like attendance at Mass and occasional prayers. In other words, they have God in a box, to be opened when the occasion demands it. In a world of instant viral communication and chatter, such religion doesn’t hold appeal, is not at all riveting.

That situation calls for a remedy, and that remedy is the one that Jesus tells the lawyer is the first and greatest commandment, where commandment here is really instruction. “You shall love the Lord, your God, with all your heart and mind and soul.” In how many of our parishes is it evident that this is their lifeblood? We have to reveal secularization as the enemy it is. Like Covid-19 at the moment, secularization is affecting more and more people; unlike the virus, its work is stealthier.



Second, when we are somewhat underway on our journey of conversion, it is maybe time to look at the second greatest commandment, to love our neighbor as ourselves, including sharing with them our gift of faith – which is evangelization. Our “maintenance to mission leaders don’t really deal with the “how-to” of making other disciples. Some of the ways of other religions are not our ways.

As Church, we preach the Word, and offer spiritual help. We do have some organizations dedicated to bringing help to the needy, like the St. Vincent de Paul Society, the Knights of Columbus, Assumption Cares and so on. And we are not anxious to interfere with the work of trained professionals (like psychiatrists). But the second greatest commandment calls us beyond where we now are, and precisely as Church.

It seems to me that our way of evangelizing should be getting involved as Church in the grave social justice issues of our time in our area. There are, of course, countless Catholics, professionals, and volunteers, who are indeed involved in aiding those in need. Fr example, I met a young Catholic teacher recently who spends a fair bit of her salary helping out recently arrived Muslim families. But it would seem that we are not distinguished as Church, as a community with a mission, in dealing with such matters.

Time for another dram? “Could not this bottle have been sold and the money given to the poor?” Oh, now I remember – it was Judas who asked that question!



Ethically Speaking ...

provides news, articles and information from the Canadian Catholic Bioethics Institute at Assumption University in Windsor, Ontario.

We welcome comments and feedback as well as suggestions for future articles or inserts, please contact us at : CCBI-A@assumptionu.ca

CCBI-A Staff:

Rev. Leo Walsh, CSB, STL, STD

Executive Director, VP Academics

Maria Giannotti, BA, BEd, MA, MSB

Ethics Consultant