

**COMMUNITY HEALTH AND SOCIAL SERVICES DATA MODEL**

**HEALTH DETERMINANTS: A PORTRAIT OF QUEBEC AND ITS ENGLISH-SPEAKING COMMUNITIES**

**INDEX OF TABLES**

**Derived from the Quebec Social and Health Survey 1998**

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## **Introduction**

The Community Health and Social Services Network (CHSSN) is a network of organizations across Quebec dedicated to supporting English-speaking communities in their efforts improve access to health and social services in the English language.

The CHSSN promotes knowledge-based community development as a means for communities to enhance their vitality and improve the health and well being of their members. To support this goal, the CHSSN established the Data Model, a comprehensive information resource for communities that includes demographic information, survey results and other data on factors determining the health status of English-speaking communities and the Quebec population as a whole. The current project, “Health Determinants: A Portrait of Quebec and its English-speaking Communities”, completes the third phase of the CHSSN Data Model initiative. The database of 269 tables on health determinants, indexed in the current document, is a companion resource to the CHSSN “Community Guide to the Population Health Approach”. The index will assist community organizations in establishing a framework for mapping the health determinants of their communities. It will guide users into the rich content of selected data from the Quebec Social and Health Survey completed in 1998.<sup>1</sup>

Population health is an approach that aims to improve the health of an entire population by taking into account a broad range of factors that have a strong influence on health. The Quebec survey is based on a model that is closely aligned with the population health approach. The 269 tables are organized into themes encompassing the health determinants that are recognized as key factors influencing the health status of individuals and communities. The aim is to assist organizations in identifying effective strategies to attain the best possible health outcomes for their communities.

## **An ecological model**

The groups of health determinants in the Quebec are presented in a systemic or ecological model of assessing health and well-being.<sup>2</sup> It is a dynamic and multi-dimensional approach that organizes the treatment of different health themes into five levels. These include the characteristics of the individual, the immediate milieu, social networks, social conditions and the physical environment and the dominant norms and values. The first level reflects the key pillar of recent reforms of the health and social services system; namely, that the individual is at the heart of the system. The other levels reflect Quebec’s policy which suggests that the health and well-being results from a constant interaction between the individual and his or her milieu and is based on a balanced sharing of responsibilities between individuals, families, their milieus, public authorities and the other areas of collective life.

## **Structure of table presentation**

The tables are organized according to the five identified levels which follow a first section describing some key population characteristics of English-speaking communities.

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<sup>1</sup> Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

<sup>2</sup> Ibid. p. 53.

### *Section 1: Population Characteristics*

Several demographic features are presented including age, civil status, income level and education. The tables present new data on English-speaking communities by region with respect to income sufficiency. This portrait is crucial for understanding the health status of particular communities where income is key factor affecting health outcomes.

### *Section 2: Characteristics of the individual*

The series of tables describes lifestyle habits and preventative behaviours covering the range of themes and health issues including tobacco, alcohol and drug consumption, eating habits, sexual behaviour, and particular health issues of women. A second set of themes deals with the presence of health problems, accidents and physical limitations, psychological distress and suicidal ideas. A third theme deals with recourse to the health and social services system, consumption of medication and vaccination.

### *Section 3: Immediate milieu*

The tables focus on the family and household arrangements, particularly those involving minor children.

### *Section 4: Networks*

The tables describe characteristics of the social milieu, support environments and interpersonal relations. The work milieu is addressed with respect to psychological and physical risks to health and well-being.

### *Section 5: Social conditions*

The tables focus specifically on access to private insurance to offset health care costs.

### *Section 6: Norms and values*

The tables describe the role of spirituality and religious practice in the maintenance of good health.

### **Terms and definitions**

The table titles provide adequate descriptions of table contents. Users wishing more information on terms and definitions can refer directly to the *Enquête Sociale et de Santé 1998* which can be accessed on the website of the Institut de la statistique du Québec.

[http://www.stat.gouv.qc.ca/publications/sante/e\\_soc-sante98.htm](http://www.stat.gouv.qc.ca/publications/sante/e_soc-sante98.htm)

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## CHSSN Data Model

### Health Determinants: A Portrait of Quebec and its English-speaking communities

#### Derived from the Quebec Social and Health Survey 1998

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