

CHSSN Exchange Conference 2013

Québec, February 12 and 13, 2013

Anglophones socioeconomic and health status in Quebec: a Summary of the Acquired Knowledge

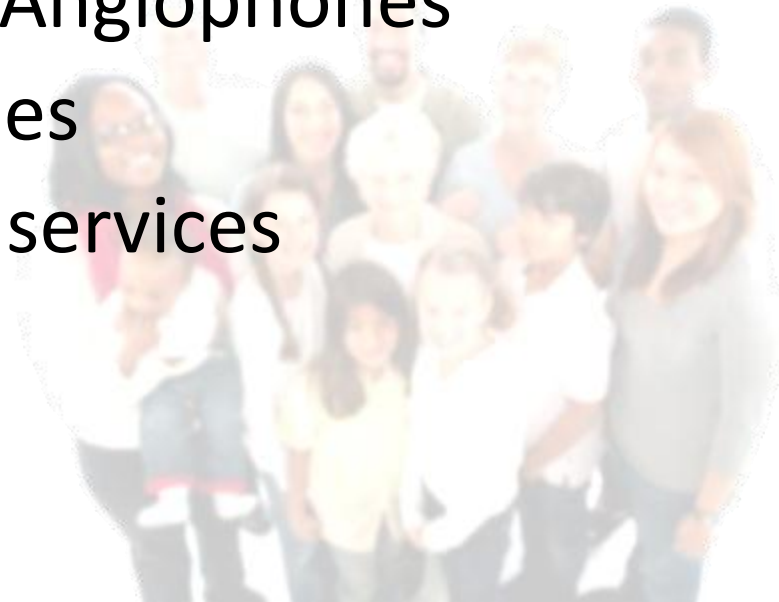


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February 13, 2013



Content

- What is the project about?
- How to define Anglophones?
- Language as a determinant of health status
- A socioeconomic profile of Anglophones
- Health status of Anglophones
- Access to health and social services
- Conclusion




The project

The project is realized in collaboration with the CHSSN and the Ministry of Health and Social Services of Quebec, financed by Health Canada.

It has 3 components:

1. Improve knowledge of the health status of the English-speaking minority in Quebec.
2. Analyse and evaluate services provided to Anglophones.
3. Contribute to the development and vitality of English speaking communities in Québec.



This aspect has been addressed by Mary Richardson, yesterday afternoon.



- About
- Communities involved
- Doing a community portrait
- Finalized community portraits
- Good sites
- Notes on readings
- Resource documents
- Tools for you

NOVEMBER 2, 2012

Public Health Conference: Nov. 26-28, 2012



The **Journées annuelles de santé publique** are coming up soon! This important public health conference will be held in Montreal this year. Check out the program at <http://jasp.inspq.qc.ca/programmes.aspx> Note that there are special rates for community organizations and NGOs!

OCTOBER 17, 2012

A series of guides on safety and crime prevention

The **Quebec Safety Promotion and Crime Prevention Resource Centre** has published a series of guides that have a lot in common with community development initiatives. They are meant for local communities to use to develop a "diagnosis" of their environment and then to put action plans in place. They include guides on doing surveys, holding focus groups, conducting interviews, and doing direct observation in the community.

If you are interested in checking them out, here is the link: http://www.crpspc.qc.ca/default_an.asp?fichier=outils_diagnostic_an.htm

Communities

- Bonne Esperance consultations
- Laval
- New Carlisle
- Saint-Leonard
- Sept-Iles
- Sutton
- Uncategorized

Pictures

Popular Demand

Bonne Esperance
consultations
getting

Follow

↓ Afficher tous les téléchargements... ✕

QC communitydev...htm

Mary's blog

<http://qccommunitydevelopment.wordpress.com/>

Who are the Anglophones in Quebec?

Based on 2006 Census

- English as mother tongue: 600 000
- English as language spoken at home: 800 000
- First official language spoken: 1 000 000

Our first choice when the information is available

An option based on data availability

Data only available in the census

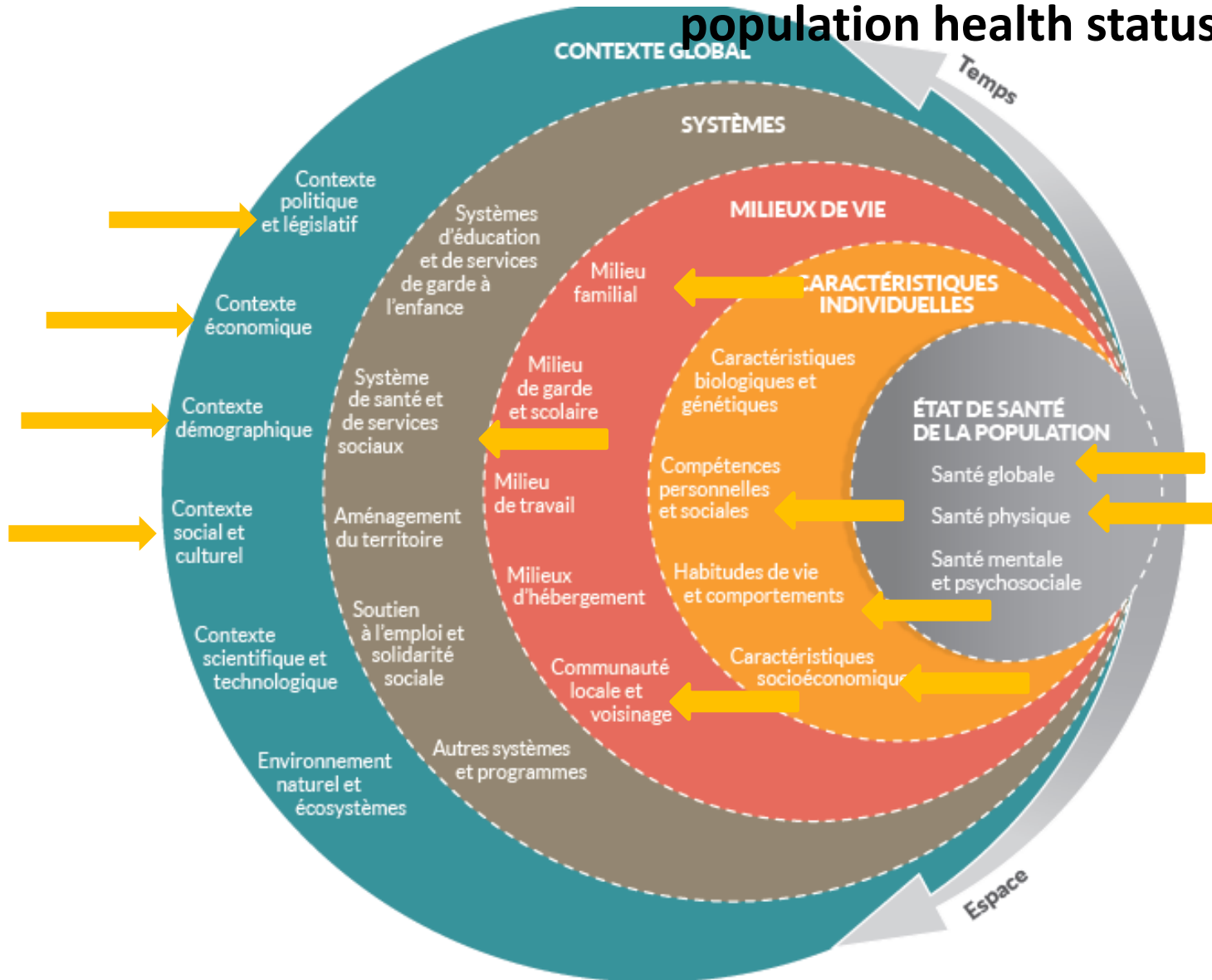


Who are the Anglophones in Quebec?

There are ethical and methodological issues associated with this question.

- **Generally, immigrants feature a better health profile than the rest of Quebec's population. By including those who adopted the English language, one can overestimate the quality of the health status.**
- The « healthy migrant effect »**
- **Part of aboriginal and Inuit populations register English as their spoken language. Given that they generally have an unfavorable health profile, one can underestimate of the health status of anglophones particularly in small towns and rural areas.**

Multiple elements influencing the population health status

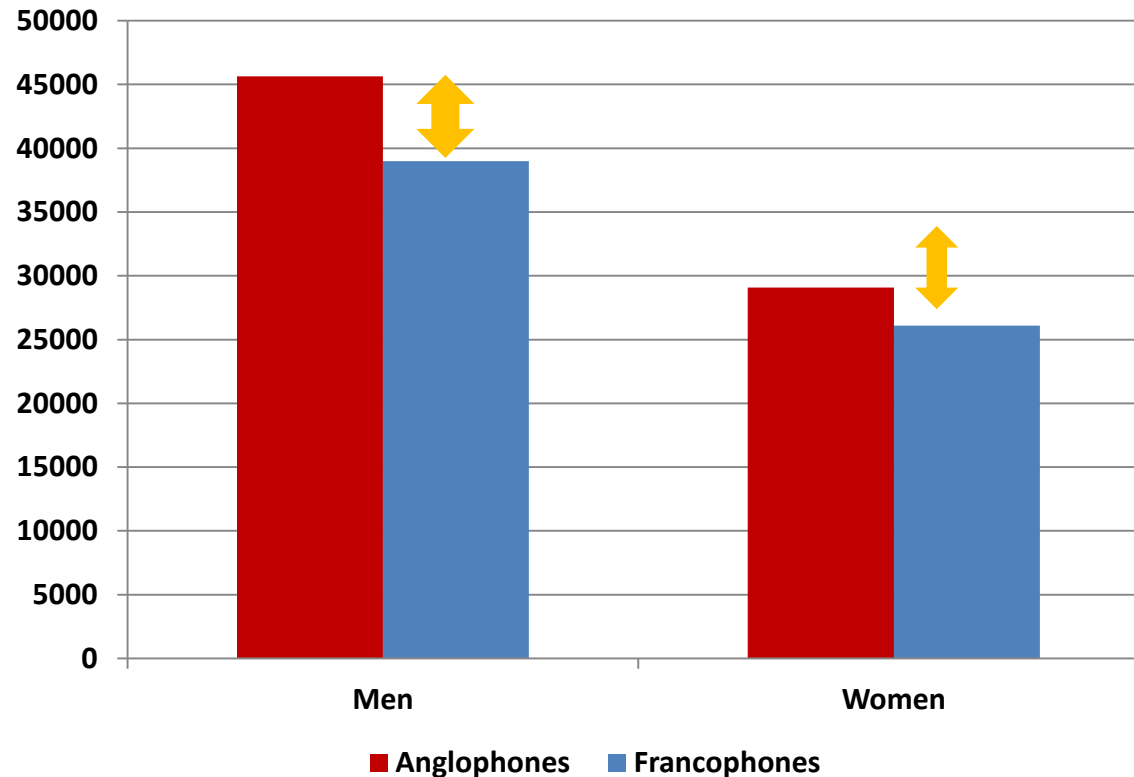


Socioeconomic profile of Anglophones

Socioeconomic Highlights

Income

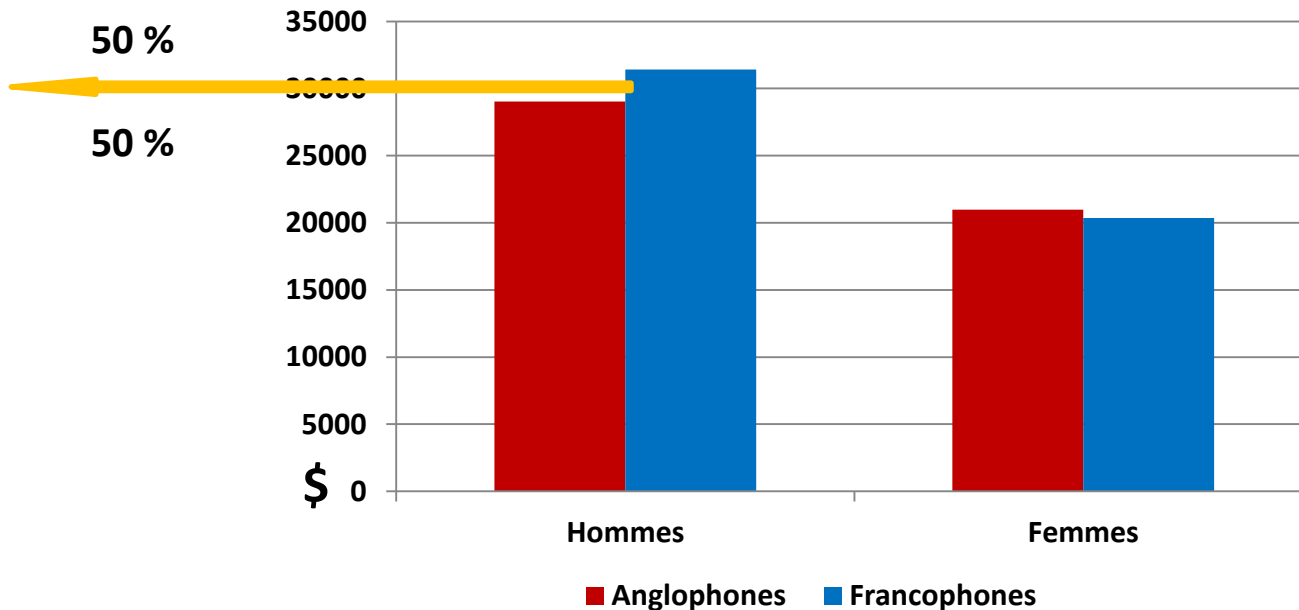
The average income is higher among Anglophones



Average income by mother tongue and sex, Québec, 2006

Median income

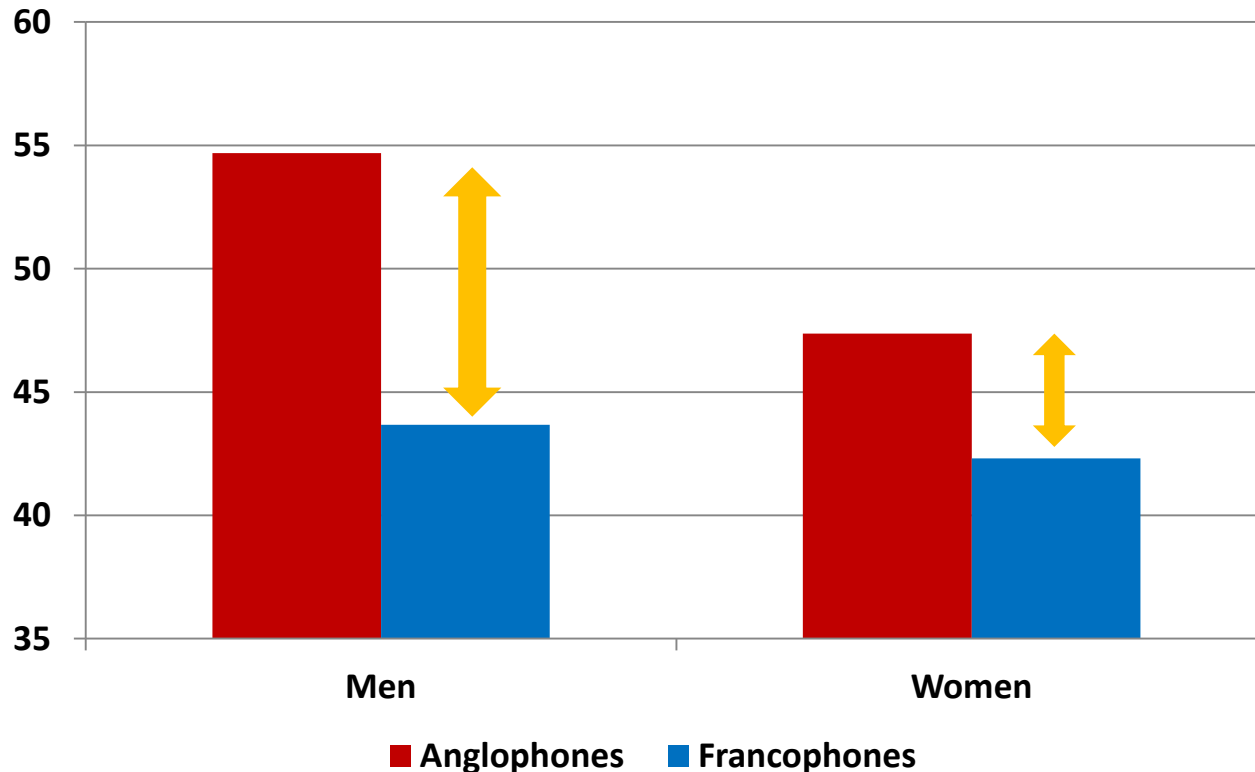
We have a different perspective of the wealth of Anglophones and Francophones when looking at the median income



Median income by mother tongue and sex,
Québec, 2006

Income inequality

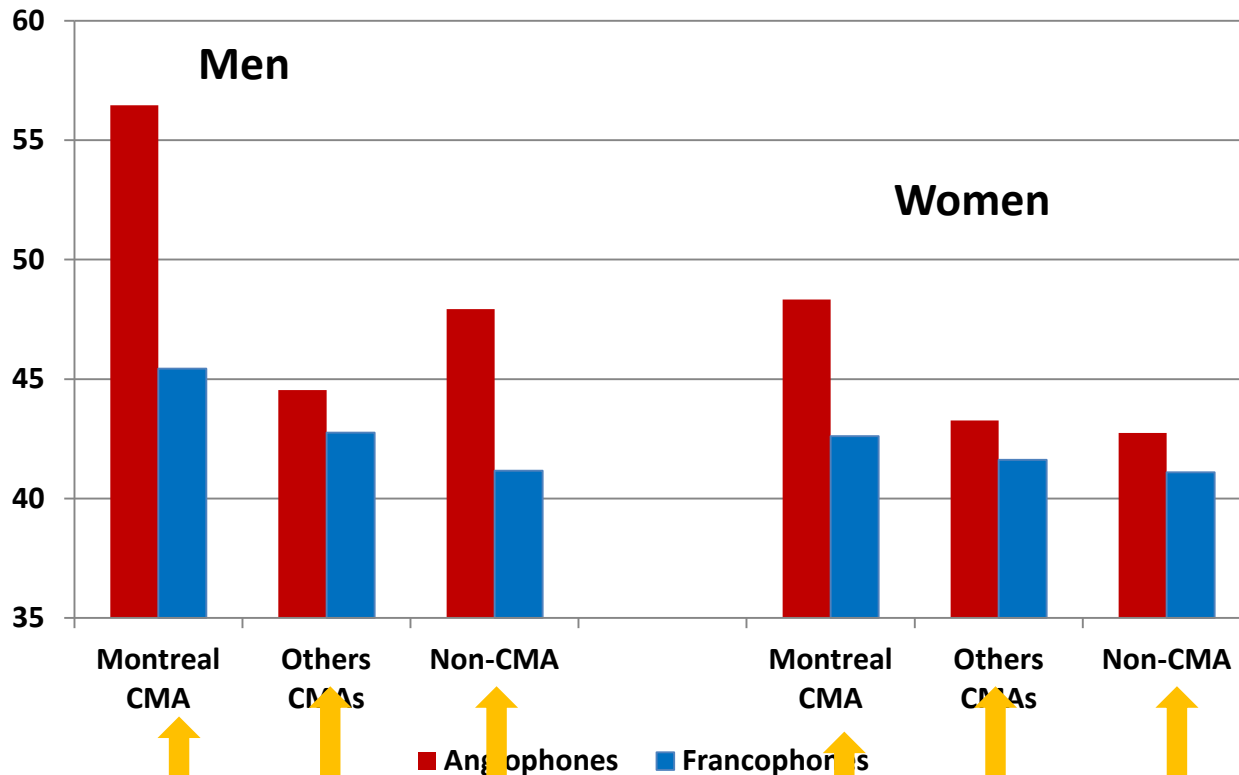
The Gini Coefficient (a measure of inequality) is much higher among Anglophones



Gini Coefficient , Quebec, 2006

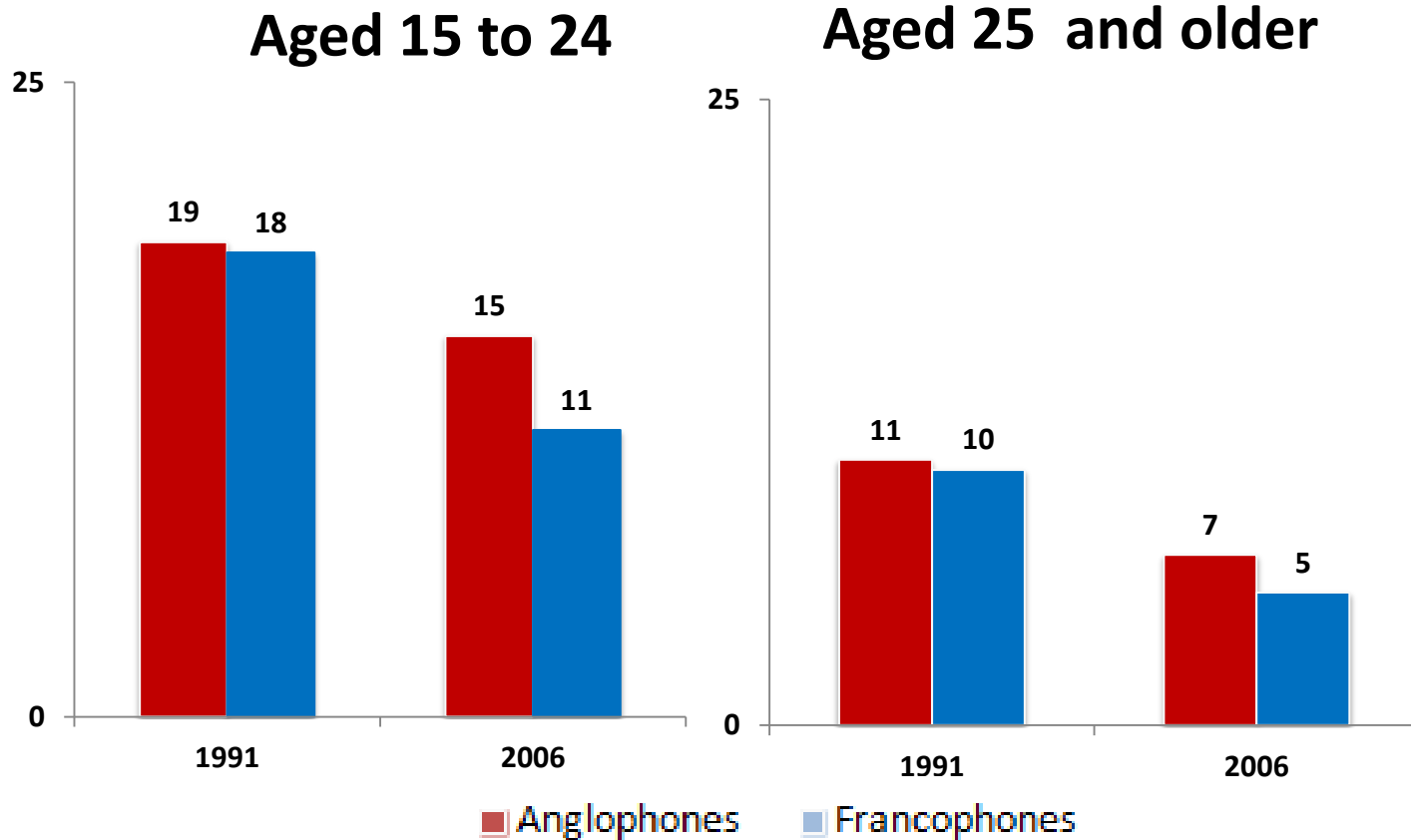
Income inequality

Gini Coefficient shows greater income inequality all across the province among Anglophones



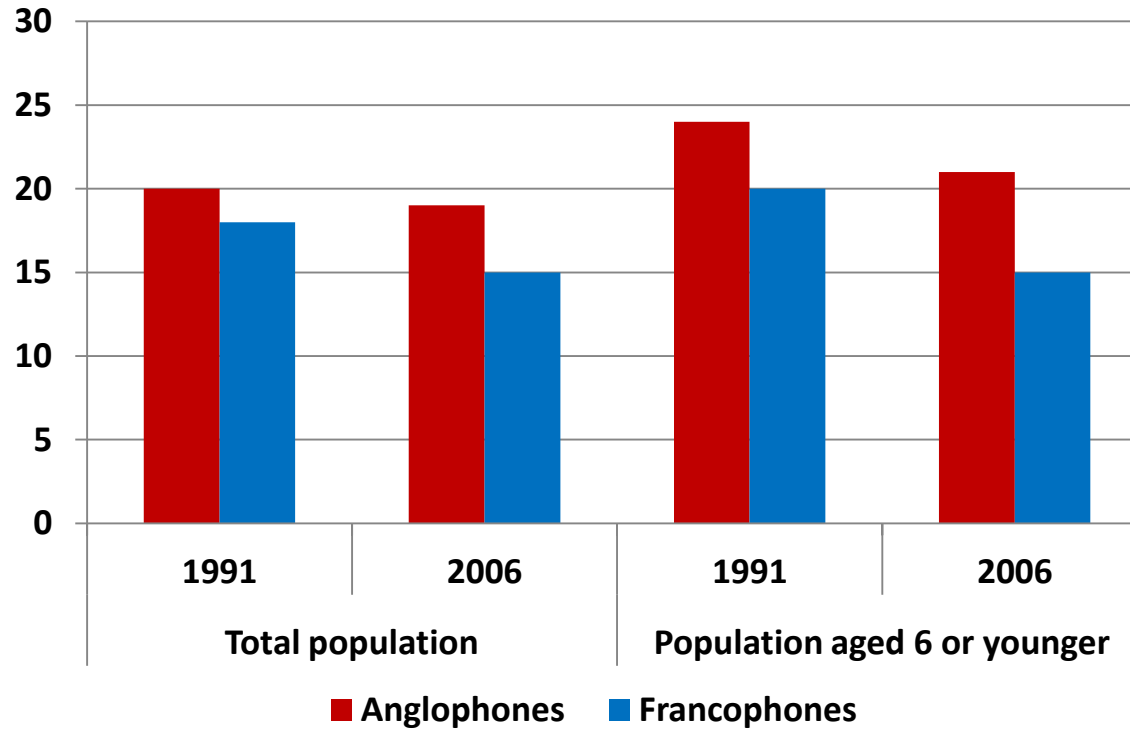
Gini Coefficient of Anglophones et Francophones by place of residence and sex, 2006

Unemployment rate is greater for anglophones



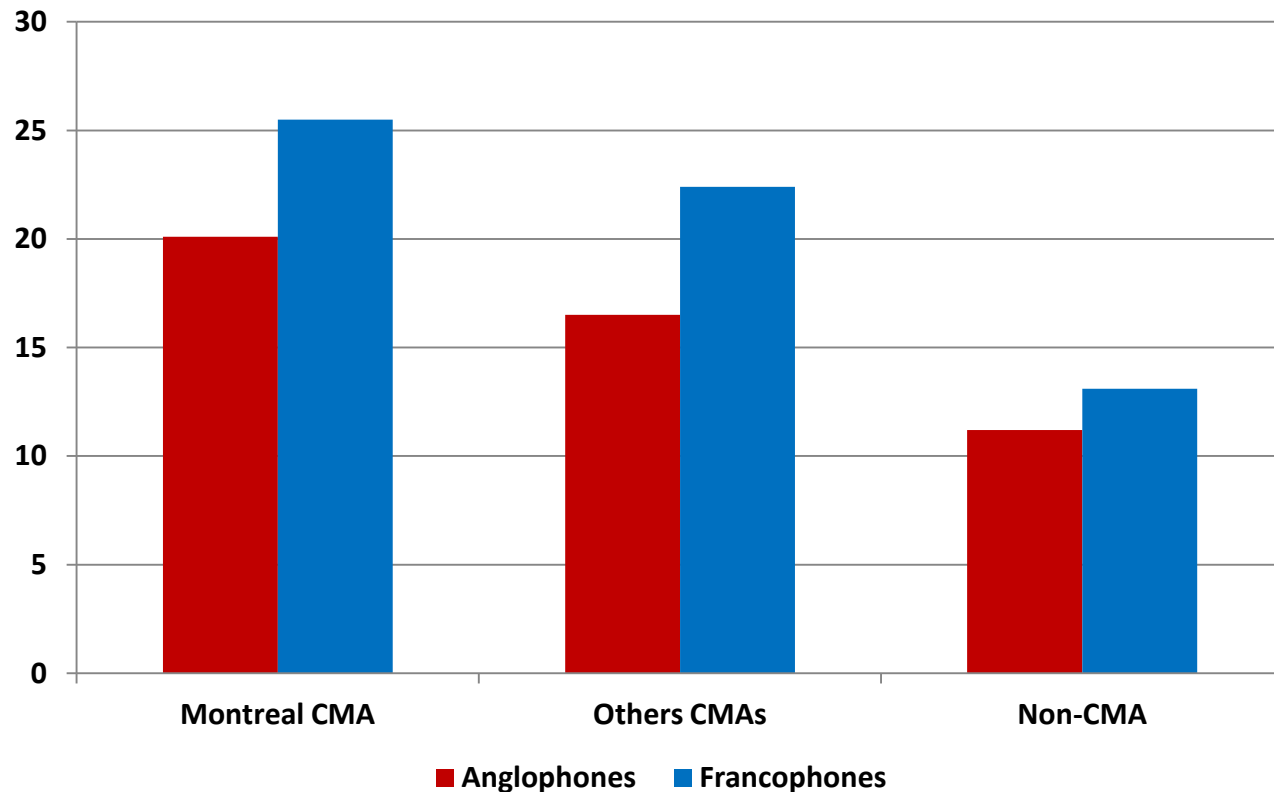
Unemployment rate in 1991 and 2006

A higher proportion of Anglophones live below the low income cut-off



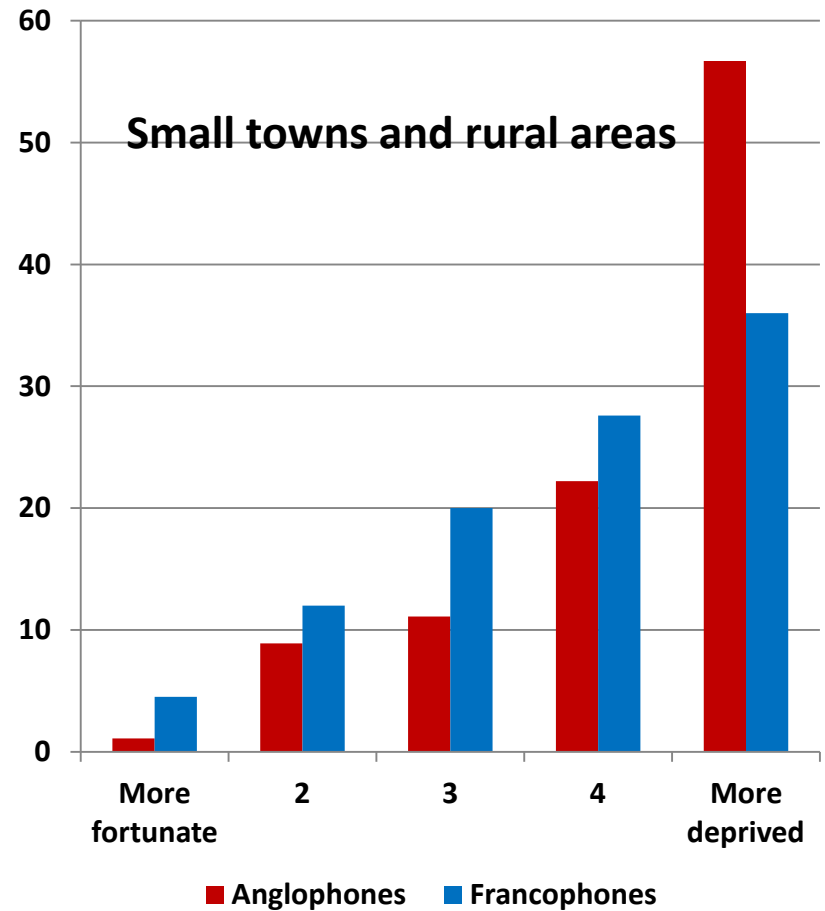
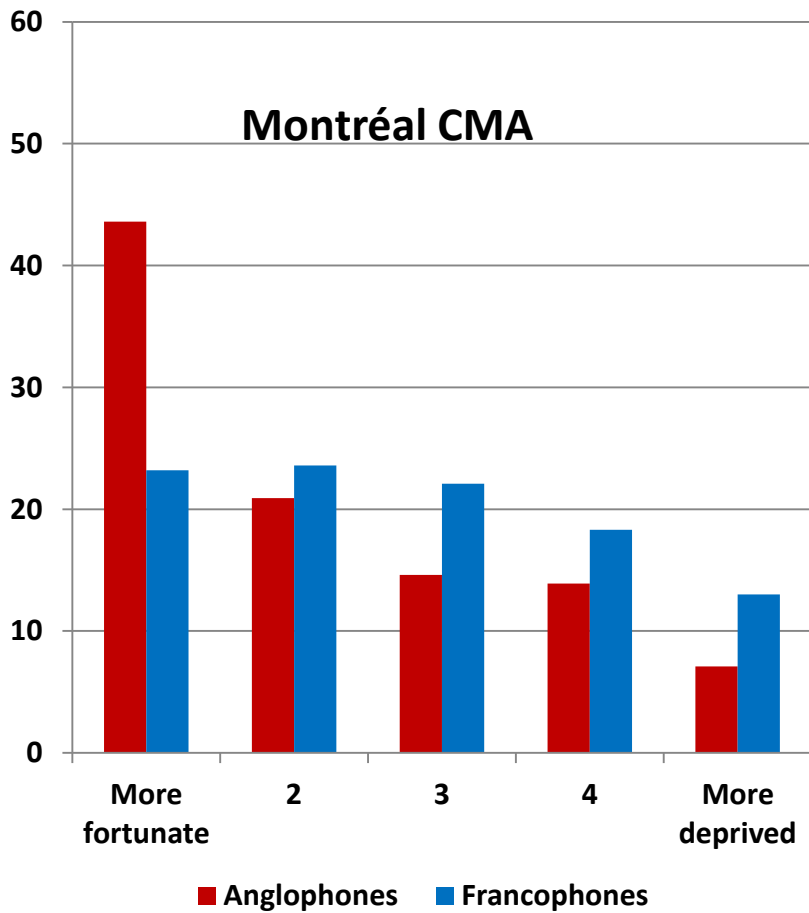
Proportion of population living below the low income cut-off, 1991 and 2006

Senior Anglophones (65+) are less poor than senior Francophones

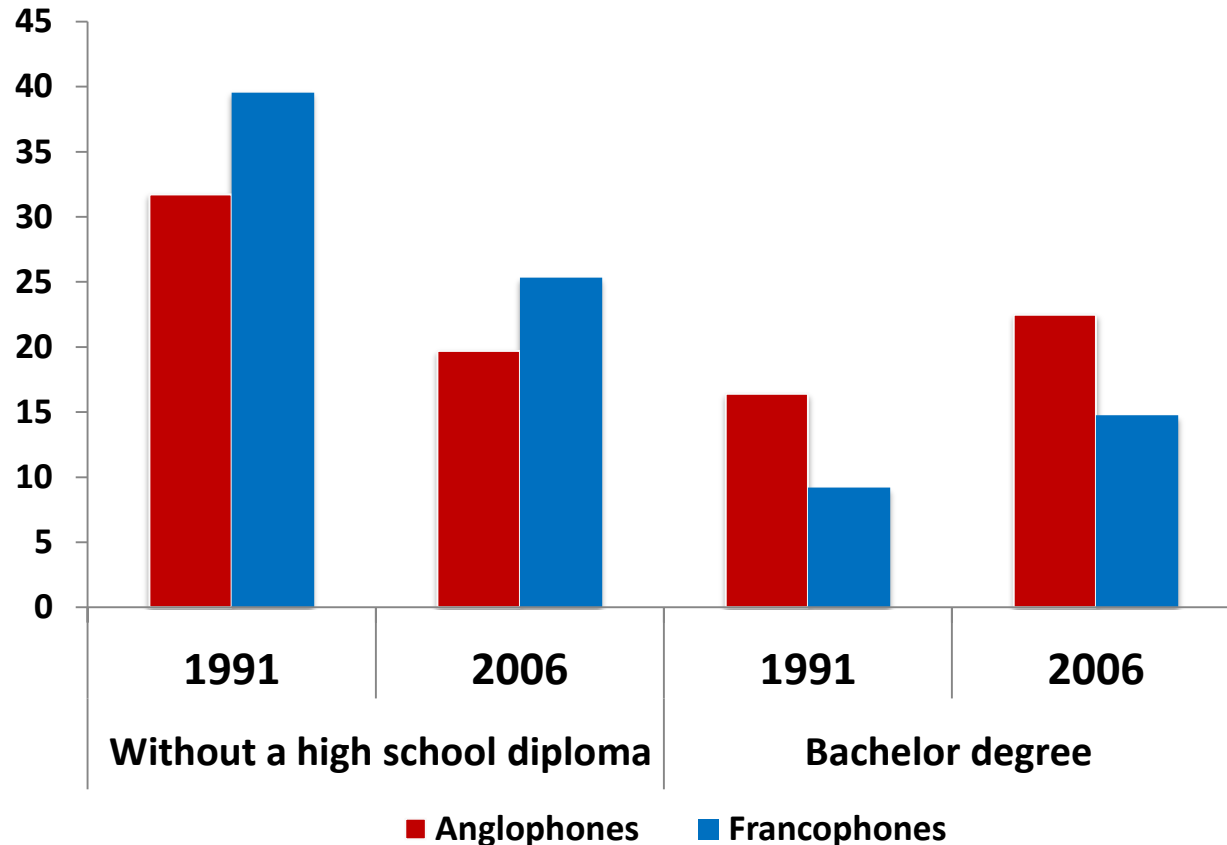


Proportion of the population 65 and over living under the low income cut off, Québec and regions, 2006

Material Deprivation Index

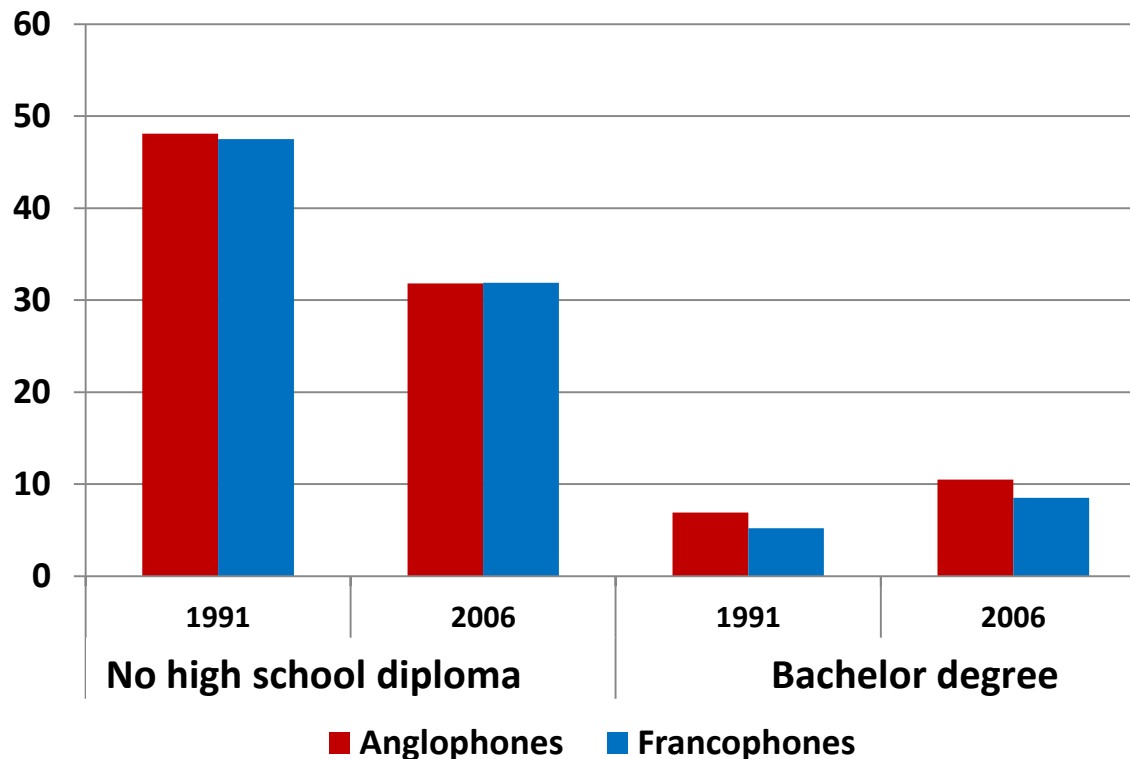


Anglophones are generally more educated than Francophones



Proportion of the population by education level and mother tongue, Québec, 1991 et 2006

Anglophones and Francophones in small towns and rural areas are equally educated



**Anglophone and Francophone in Non-CMA
without a high school diploma (DES) or holding a Bachelor's degree
1991 et 2006**

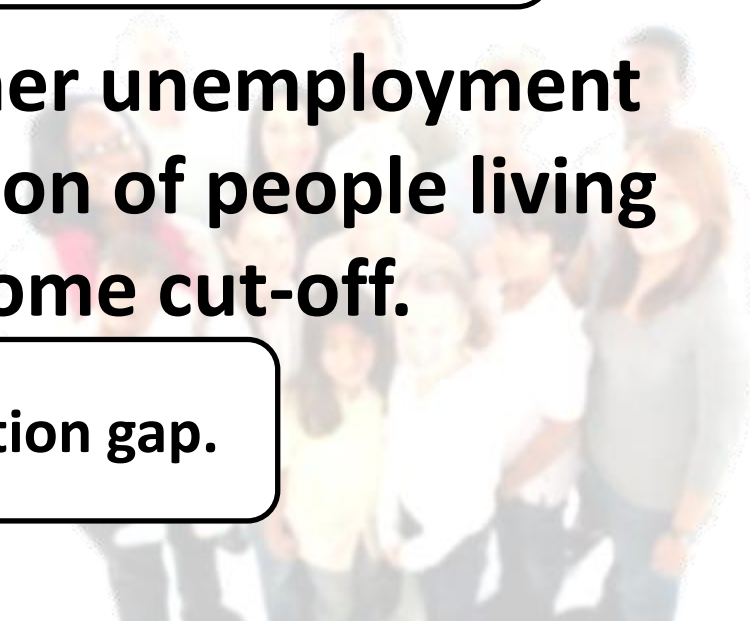
Key messages

There is a widening gap between the rich and the poor Anglophones, and this gap has been increasing between 1991 and 2006.

2011 Census data will be very interesting to follow up this trend.

Anglophones feature a higher unemployment rate and a higher proportion of people living below the low income cut-off.

This may be a generation gap.



Health Status

- **Mortality**
- **Natality**
- **Lifestyle and health behaviours**



Mortality – Highlights

- Mortality rate decreases and life expectancy increases for Anglophones.
 - Francophone population is rapidly catching up.
- Emerging issues for Anglophone women in rural regions and small towns:
 - Mortality rate and life expectancy are steady.
 - Tobacco-related diseases (lung cancer and chronic lower respiratory diseases) could be accounted for.

Anglophone women appear most favoured when compared to Francophone women.

Analysis of birth data

It is useful for two complementary reasons;

- To draw a sociodemographic portrait of Anglophone mothers.**
- To generate an epidemiologic profile of the babies**

This aspect of our work is interesting because socioeconomic changes can potentially influence Quebec's Anglophone community health - social determinants of health - and these changes affect birth outcomes faster than mortality outcomes.

Sociodemographic profile of Anglophones mothers in Quebec

- Anglophone mothers have their kids later in life than francophones.
- Anglophone mothers have more children than francophones but the anglophone population as a whole has less .
- Anglophone mothers are more educated than francophone mothers.
- The proportion of more deprived anglophone mothers is increasing everywhere in the province.
- In small town and rural areas, Anglophone mothers are poorer and less educated when compared to Francophone mothers.

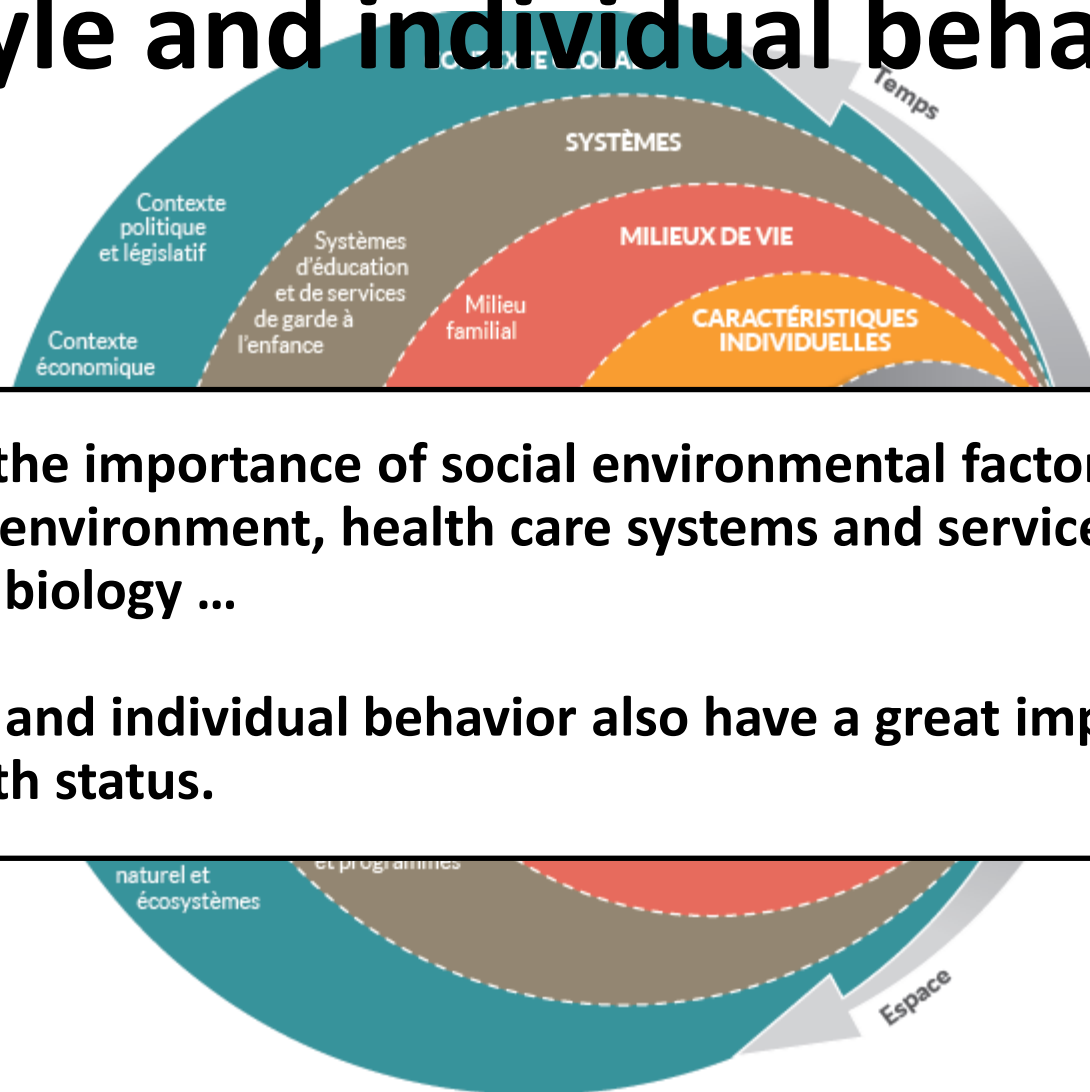
Epidemiologic profile

Health status is similar between babies born to anglophone and francophone mothers for the last period,

EXCEPT

for small-for-gestational-age in the Montreal region and macrosomia (over 4 kilos) across the province, with both having a higher prevalence among Anglophones.

Lifestyle and individual behaviour



Despite the importance of social environmental factors, physical environment, health care systems and services and genetics biology ...

Lifestyle and individual behavior also have a great impact on the health status.

Lifestyle and individual behaviour

Our investigation of the Community Health Survey (CHS) showed little significant differences between Anglophones and Francophones in Quebec.

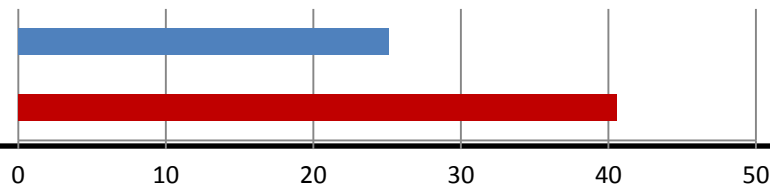
-Anglophones consume less fruits and vegetables than Francophones.

-The proportion of overweight Anglophones is higher.

A recent survey conducted in high schools also showed that youth attending English schools consume less fruits and vegetables than those attending French schools.

Anglophones are less sedentary than Francophones

Finally, a statistic that retained our attention is the high smoking rate observed among Anglophones living in small towns and rural areas.



Lifestyle and individual behaviour

Our analysis of the survey showed no significant differences between Anglophones and Francophones **EXCEPT** for

The sense of belonging to a community which is stronger for Anglophones

The limitation in daily activities which is higher among Anglophones in other metropolitan areas and in small towns and rural areas.

Age effect may partly explain this

Access to healthcare for English speakers

- Professional staff speaking English in the health network

A reassuring information?

- Avoidable deaths

A measure of the availability and quality of health services for primary, secondary and tertiary prevention

- Avoidable hospitalisations

A measure of access and quality of inpatient and outpatient services

- The satisfaction of the users of health and social services

Information pertaining to the access and quality of services that is collected through a survey

Professional staff speaking English often or regularly in the health network

- According to 2006 census:

- One doctor out of two would use English most often or regularly while working.

70 % in Montreal
68 % in Outaouais and Abitibi
58 % in Eastern township and the South of Quebec
27 % in Eastern Quebec
15 % in Quebec and surroundings
29 % in the rest of the province

- In Quebec, more than 1 health professional out of 3 uses English often or regularly.

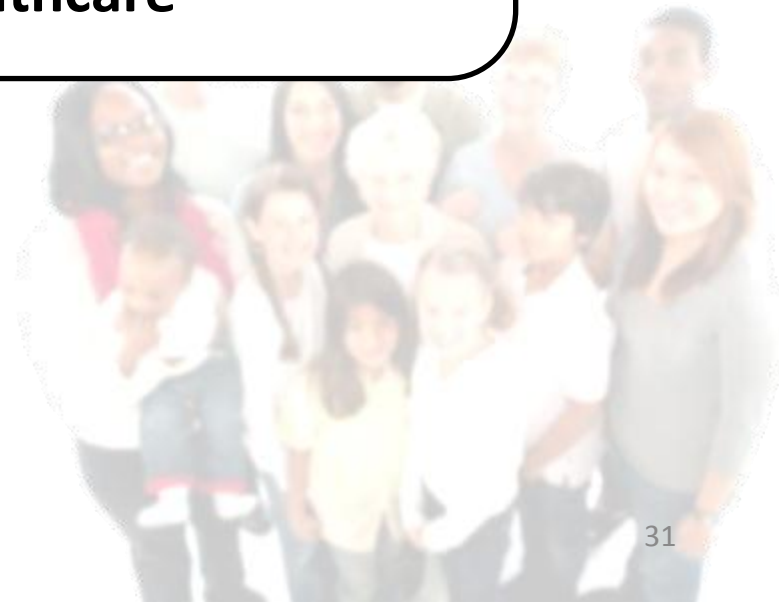
55 % in Montreal and 9 % in Quebec

- Social workers and psychologists use English a little less(29%) than other health professionals.

44 % in Montreal and 5 % in Quebec

Professional staff speaking English in the health network

**Anne-Marie Ouimet will present this afternoon
a literature review that emphasizes the
importance of using the patient's language in
the context of healthcare**



Avoidable Deaths : Highlights

Also called avoidable mortality

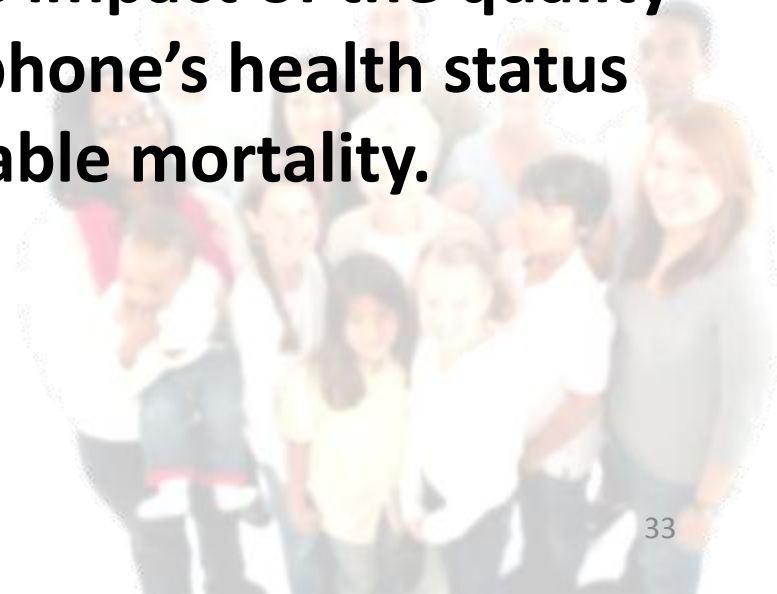
**We analysed the mortality occurring before
75 years old**

**This can be used to assess the quality of
public health interventions and healthcare
services**

Avoidable Deaths : Highlights

Generalised decrease in the rate of avoidable deaths among both Anglophones and Francophones, Quebec from 1990 to 2007.

We do not observe a negative impact of the quality of health services on Anglophone's health status measured with avoidable mortality.



Avoidable Deaths

As seen earlier for the general mortality, lung cancer remains an issue especially for women:

- No reduction in mortality from lung cancer among Anglophone women in Montreal region.
- Lung cancer mortality appears to be increasing in small towns and rural areas. Primary prevention interventions can help reduce mortality from lung cancer.

The situation remains more alarming among Francophone women

Lung cancer mortality

There is a need for primary prevention for

Reducing tobacco consumption

Avoidable deaths

Colorectal cancer mortality rate may be problematic.

–We observe a significant decrease among Francophone men and women.

–But, no decrease in colorectal cancer is observed for Anglophones

Mortality rates for colorectal cancers remain lower for Anglophones than for Francophones

Colorectal cancer mortality rate can be reduced mainly by primary (40%) and secondary (50%) interventions.

Les hospitalisations évitables

Also called « Ambulatory care sensitive conditions ». (ACSC)

We usually define Ambulatory care sensitive conditions (ACSC) like conditions that could be prevented, or their number reduced, with appropriate ambulatory care.

Differences in hospitalisation rate between Anglophones and Francophones could mean that some elements of their environment are favorable or unfavorable to Anglophones and Francophones.

Examples of avoidable hospitalizations are asthma, diabetes or hypertension. Intervention alternatives to hospitalization can reduce the number of hospitalizations for these causes.

If for linguistic reasons these interventions were less accessible to the Anglophone minority, hospitalization rates could be higher for these causes.

One should still keep in mind that a lower prevalence of such diseases in a linguistic community could also explain lower hospitalization rates.

Avoidable hospitalization– Highlights

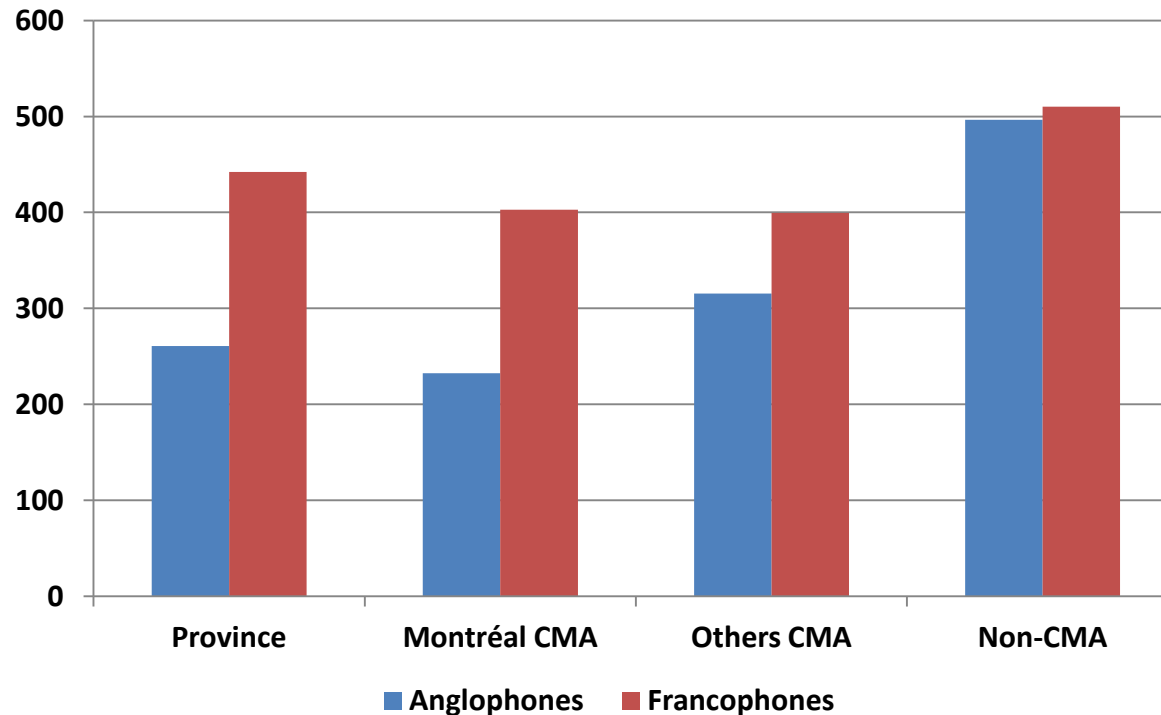
In Quebec, the Anglophone population has much lower rates of avoidable hospitalization when compared to Francophones.

It is particularly apparent in Montreal,

Much less so in other metropolitan regions.

And, this difference practically disappears in small towns and rural areas.

Avoidable hospitalization – Highlights



Average rate of avoidable hospitalization, 2006-2009

We can suppose that the different living conditions explain the differences in the rates of hospitalisation observed between Montreal and small towns and rural areas.

La satisfaction des usagers du réseau de la santé et des services sociaux

(Enquête québécoise de satisfaction, 2007)

Anglophones and Francophones use equally the services offered by hospitals, CLSCs and medical clinics.

The frequency of use of the different types of institutions is also similar.

Overall satisfaction with the services received in these three types of institutions is similar. A specific analysis conducted only for the Montreal region gave the same result.

The overall opinion concerning the health system was that it worked fairly well, according to both Francophones and Anglophones. Francophones, however, were more likely to say that changes must be made.

Conclusion

The periodic assessment of the socioeconomic situation is important.

The prevailing socioeconomic conditions will eventually impact mortality which will also need to be analyzed frequently.

Maternal health is associated with these socioeconomic conditions.

Conclusion

The health status of Anglophones living in small towns and rural areas is not as good as the health status of the ones living in bigger cities.

Different analysis methods need to be sought to better account for the small numbers encountered in those communities.

Conclusion

Improving the quality of the language variable is essential to getting better and more precise analyses.

Looking into Canadian comparisons could help further the knowledge of language and health.

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Conclusion

Our studies on the health of linguistic communities should start taking into consideration First nations and immigrant communities.

Access and quality of services rendered to linguistic minorities needs to be measured more accurately, given the importance of communication in the delivery of social and health services.

Thank you

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