

Overview of the differences in health status between Anglophones and Francophones living in Quebec

Mai Thanh Tu, Nathalie Auger, Ernest Lo, Marie-Hélène Lussier, Christine Blaser, Jérôme Martinez

February 27th, 2017

www.inspq.qc.ca

Since the 1st Colloquium in 2009...

Governance committee:

- Institut national de santé publique du Québec
- Community Health and Social Services Network (CHSSN)
- Ministère de la Santé et des Services sociaux du Québec
(funding from Health Canada)

Objective: to improve knowledge regarding health in linguistic communities in Quebec.

A program: enriched, thanks to its collaborators and their work

- **Collaborators:** Jérôme Martinez, Normand Trempe, Ernest Lo, Marie-Hélène Lussier, Mary Richardson, Michèle Boileau-Falardeau, Laurie Paquette, Carolynne Alix, Sylvie Martel, Karine Garneau, Marie-Claude Boivin, Nathalie Gravel, Mai Thanh Tu, Christine Blaser, Khaly Mbodji, Nathalie Auger, Stéphanie Burrows, Marianne Bilodeau-Bertrand
- **Publications:**
 - Approximately 15 reports (French and English) and articles in peer-reviewed journals (English)
 - Other

Expertise in many areas

- Demography
- Statistics
- Medicine
- Sociology
- Linguistics
- Public health
- Geography
- Epidemiology

Use of different sources of data

Definition of the language variable:
mother tongue, spoken at home,
first official language spoken ...

Administrative
registries: birth,
death, hospital
records



Census

Population health
surveys

Health status and its determinants within linguistic communities

Figure 1 CADRE CONCEPTUEL DE LA SANTÉ ET DE SES DÉTERMINANTS

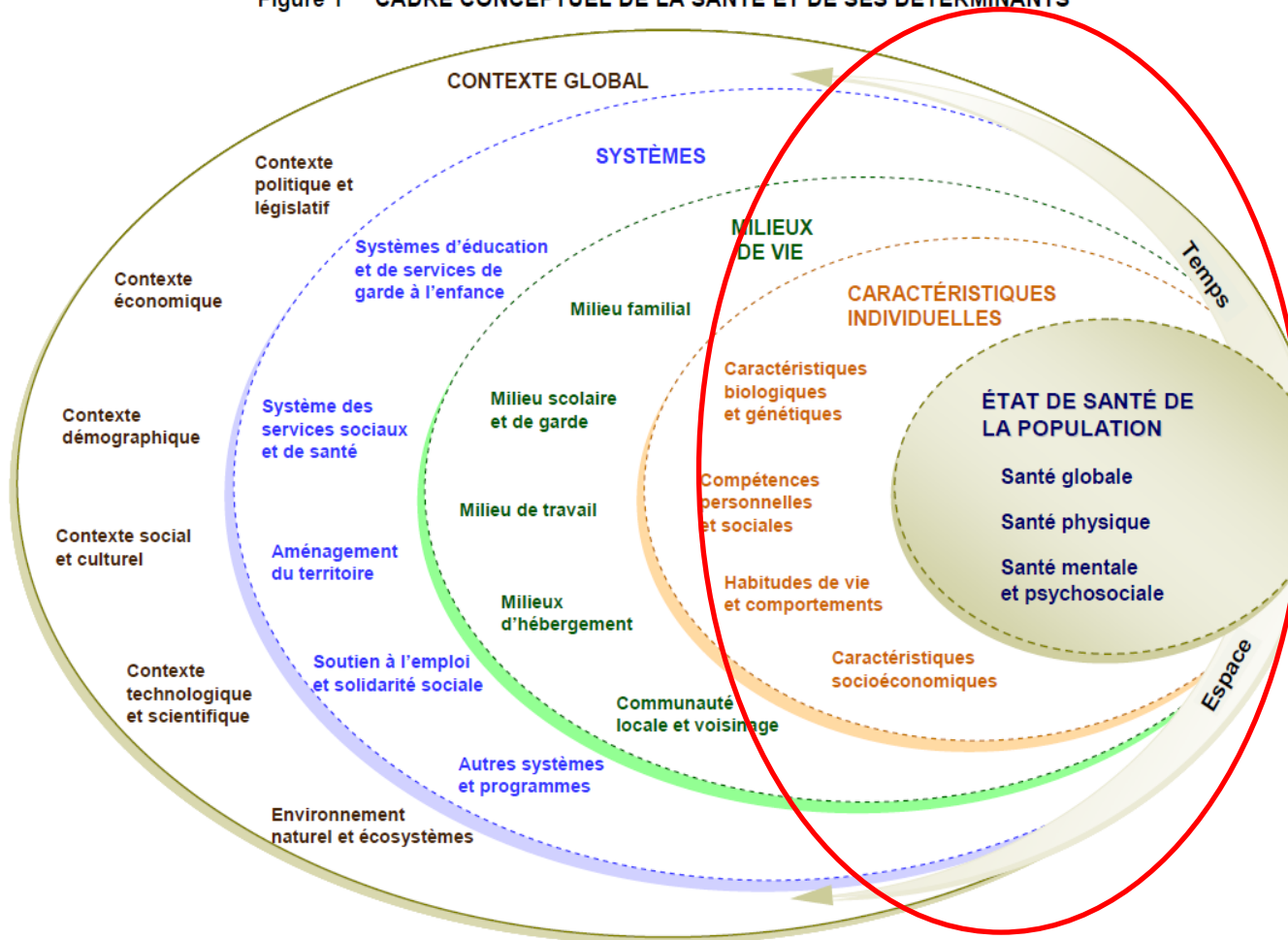


Figure taken from Émond, A., Gosselin, J.-C., Dunnigan, L., & Ministère de la santé et des services sociaux. (2010).

Health status (1): Birth

	Study 1	Study 2
Prematurity	1989-2007	2008-2010
Small for gestational age	1989-2007	2008-2010
Stillbirth	1981-1990, 1991-2000	2001-2010
Infant mortality	1989-2012	
Fertility	1989-2008	

**Evolving
over time!!**

Green = favorable for Anglophones

Red = unfavorable for Anglophones

Grey = no difference between Anglophones and Francophones

Health status (2): Body weight and mortality

	Study 1	Study 2
Overweight, obesity	2009-2010 (overweight + obese)	2011-2014 (obesity)
Life expectancy	1989-1993, 2002-2006	
Avoidable mortality	1990 à 2007	
Mortality (general + by cause)	2004-2008	2009-2013p
Suicide mortality	1989-2007	
Non-intentional injury mortality	1989-2008	

Green = favorable for Anglophones

Red = unfavorable for Anglophones

Grey = no difference between Anglophones and Francophones

Health behaviors

	Study 1 (2003, 2007-2008, 2009-2010)	Study 2 (2011-2014)
Excess alcohol consumption	Grey	White
Fruit and vegetable consumption	Red	Grey
Smoking	Grey	White
Sedentarity during leisure time	Green	White
And many more	White	White

Green = favorable for Anglophones

Red = unfavorable for Anglophones

Grey = no difference between Anglophones and Francophones

Socioeconomic characteristics

	Study 1 (2006)	Study 2 (2011)	Study 3 (2016 forthcoming)
Education			
Unemployment			
Employment			Rural vs. Urban, regional
Children living below the low income cut-off			
Mean income			
Median income	(men)	(men)	
Income inequalities			

Green = favorable for Anglophones

Red = unfavorable for Anglophones

Grey = no difference between Anglophones and Francophones

Conclusion

- Differences in health are present that are often, but not always, in favour of Anglophones.
- It is important to monitor health in linguistic communities while keeping in mind:
 - It may be evolving over time
 - We need to investigate language in concert with other variables (e.g. immigrant status, rural vs. urban, etc..)
- Emphasis on the production, dissemination and use of data at a geographical levels that are smaller (e.g. regional) and closer to that of communities, to better inform organizations in charge of population health.

Upcoming work

- Immigrant status
- Location of residence: rural vs. urban.
- Contribution of socioeconomic status
- To apply innovative methods to measure health in communities at small geographical scales

E.g. immigrant status

Premature birth	2008-2010	Non-immigrants
		Immigrants
General mortality	2004-2008	Non-immigrants
		Immigrants

List of publications

- AUGER, N., M. BILODEAU-BERTRAND et A. COSTOPOULOS (2016). « Language and infant mortality in a large Canadian province », *Public Health*, vol. 139, p. 154-160.
- AUGER, N., M. DANIEL, L. MORTENSEN, C. TOA-LOU et A. COSTOPOULOS (2015). « Stillbirth in an Anglophone minority of Canada. », *International journal of public health*, vol. 60, n° 3, p. 353-362.
- AUGER, N., S. HARPER et A. D. BARRY (2013). « Diverging socioeconomic inequality in life expectancy of Francophones and Anglophones in Montréal, Québec: tobacco to blame? », *Journal of Public Health*, vol. 21, n° 4, p. 317-324.
- AUGER, N., S. HARPER, A. D. BARRY, N. TREMPE et M. DANIEL (2012). « Life expectancy gap between the Francophone majority and Anglophone minority of a Canadian population. », *European journal of epidemiology*, vol. 27, n° 1.
- BURROWS, S., N. AUGER et E. LO (2016). « Language and unintentional injury mortality in Quebec, Canada », *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, vol. 22, n° 1, p. 72-75.
- BURROWS, S., N. AUGER, L. TAMAMBANG et A. D. BARRY (2013). « Suicide mortality gap between Francophones and Anglophones of Quebec, Canada. », *Social psychiatry and psychiatric epidemiology*, vol. 48, n° 7, p. 1125-1132.
- LUSSIER, M. H., et N. TREMPE (2013). *Quelques habitudes de vie et indicateurs de santé des anglophones du Québec*. Institut national de santé publique du Québec.
- LUSSIER, M.-H., N. TREMPE (2012). *La situation socioéconomique des anglophones du Québec*. Institut national de santé publique du Québec.
- OUIMET, A.-M., N. TREMPE, B. VISSANDJÉE, I. HEMLIN (2013). *Adaptation linguistiques des soins et des services de santé: enjeux et stratégies*. Institut national de santé publique du Québec.
- TREMPE, N., A. D. BARRY, M.-H. LUSSIER et E. LO (2013). *La mortalité évitable des deux principales communautés linguistiques du Québec*. Institut national de santé publique du Québec.
- TREMPE, N., M.-C. BOIVIN, E. LO et A. D. BARRY (2012). *Assessment of validity for the « language spoken at home » variable in Québec death records: summary*. Institut national de santé publique du Québec.
- TREMPE, N., et M.-H. LUSSIER (2011). *La connaissance et l'utilisation de la langue anglaise par les professionnels de la santé et des services sociaux au Québec*. Institut national de santé publique du Québec.

Contact:

thanh-mai.tu@inspq.qc.ca

jerome.martinez@inspq.qc.ca

Pour contact le Bureau d'information et d'études en santé des populations

Site Web : www.inspq.qc.ca/biesp

Courriel : biesp@inspq.qc.ca

Téléphone : 418 654-3033

www.inspq.qc.ca

Funding by Health Canada, managed by CHSSN



Institut national
de santé publique
Québec 