



Renewing the Community Narrative in Health

*The Case of Quebec's English-speaking
Minority Communities*

Joanne Pocock, Carleton University
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Today...

- Population Health Model
 - Social determinants of health
 - Comparative, inter-generational and geographical mapping
 - Inter-sectionality

- Defining Characteristics of Quebec's English-speaking Communities

- The Position of Quebec's English-speaking Minority with respect to Selected Determinants of Health
 - Income/employment
 - Education
 - Health and social service access
 - Social support networks and Gender

- Renewal of Minority Community Narrative
 - Contribution of model in addressing health inequalities

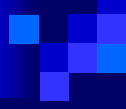


Population Health Model



Determinants of Health (Health Canada, 1998)

1. Income and social status
2. Social support networks
3. Education
4. Employment and working conditions
5. Health and social services
6. Gender
7. Culture
8. Social environments
9. Physical environments
10. Biology and genetic endowment
11. Personal health practices and coping skills
12. Healthy child development



For research to set the basis for effective disease prevention policies, it must address the structural determinants of health, not simply factors labeled as 'lifestyle choices'. Continuing to merely catalog individual risk factors from an amorphous 'web of causation' no longer can suffice. If our goal is to alter the web rather than merely break its strands, it is time to look for the spider.

- Krieger et al., American Journal of Preventative Medicine



Tools for Mapping Position of Community

- Relative indices (mmi, rgi, gender index, temporal index)
- Inter-generational trends
- Geographic levels (prov/region/CSSS, urban/rural)



Inter-sectionality: Enhancing the Focus

- The intersection of social determinants
- Clarifying the situation of vulnerable sub-groups
- “Spider tactics”



Defining Characteristics of Quebec's English-speaking Communities

- Size and regional diversity
- Age structure
- Diversity: religious affiliation, visible minorities, immigrants
- Mobility patterns
- Growing gap between rich and poor

Retention Rates – Linguistic Communities – 1971-2001

Language Group	Retention Rate				
	Year	1971	1981	1991	2001
Francophone - minority		85%	85%	84%	84%
Francophone - majority		96%	96%	96%	96%
Anglophone - minority		69%	58%	52%	50%
Anglophone - majority		98%	99%	98%	99%

Source: Floch & Pocock, 2008, based on data from the Census of Canada, Statistics Canada



The Position of Quebec's English-speaking Communities with respect to Selected Health Determinants

Income and Employment

- When compared Anglophone Quebecers are 38% more likely to have incomes below the low income cut-off (LICO) than Francophone Quebecers
- The English-speaking population in 10 of the 16 health regions have more than 10%
- 74% of the Anglophone population with incomes below LICO live on the Island of Montreal

Income and Employment Con't

- In 2006, the unemployment rate of English-speaking Quebecers was higher than their French-speaking neighbours in every health region across the province
- The unemployment rate is much higher for the younger generation (15-24 and 25-44 age groups) than for the older generation when each group is compared to their Francophone counterpart.

Unemployment Rate of Anglophone Regional Communities

Shown as a Minority-Majority-Index

by Age Group, for Administrative Regions, Quebec, 2001

Region	Pop 15+	15- 24	25- 44	45- 64	65+
Gaspésie - Iles-de-la-Madeleine	1.34	1.17	1.55	1.24	0.00
Bas-Saint-Laurent	1.51	0.99	1.78	1.17	0.00
Capitale-Nationale	1.00	1.26	0.99	1.02	0.72
Chaudière - Appalaches	1.18	2.49	0.87	0.63	2.57
Estrie	1.19	1.40	1.09	1.27	0.60
Centre-du-Québec	0.85	1.45	0.88	0.43	15.06
Montérégie	1.29	1.30	1.52	1.08	0.70
Montréal	1.06	1.14	1.08	1.06	0.57
Laval	1.38	0.97	1.54	1.72	0.81
Lanaudière	1.29	1.65	1.56	0.83	2.33
Laurentides	1.35	1.53	1.46	1.16	0.53
Outaouais	1.33	1.36	1.46	1.10	1.32
Abitibi - Témiscamingue	1.08	1.33	0.91	1.31	0.00
Mauricie	1.10	0.88	1.73	0.66	0.00
Saguenay - Lac-Saint-Jean	1.25	0.98	1.38	1.71	0.00
Côte-Nord	2.09	1.56	2.48	2.04	3.46
Nord-du-Québec	1.23	1.31	1.34	0.73	#DIV/0!
Quebec	1.17	1.15	1.30	1.06	0.61

Source: Official Languages Support Programs Branch, Canadian Heritage, based on data from the 2001 Census of Canada, 20% sample.

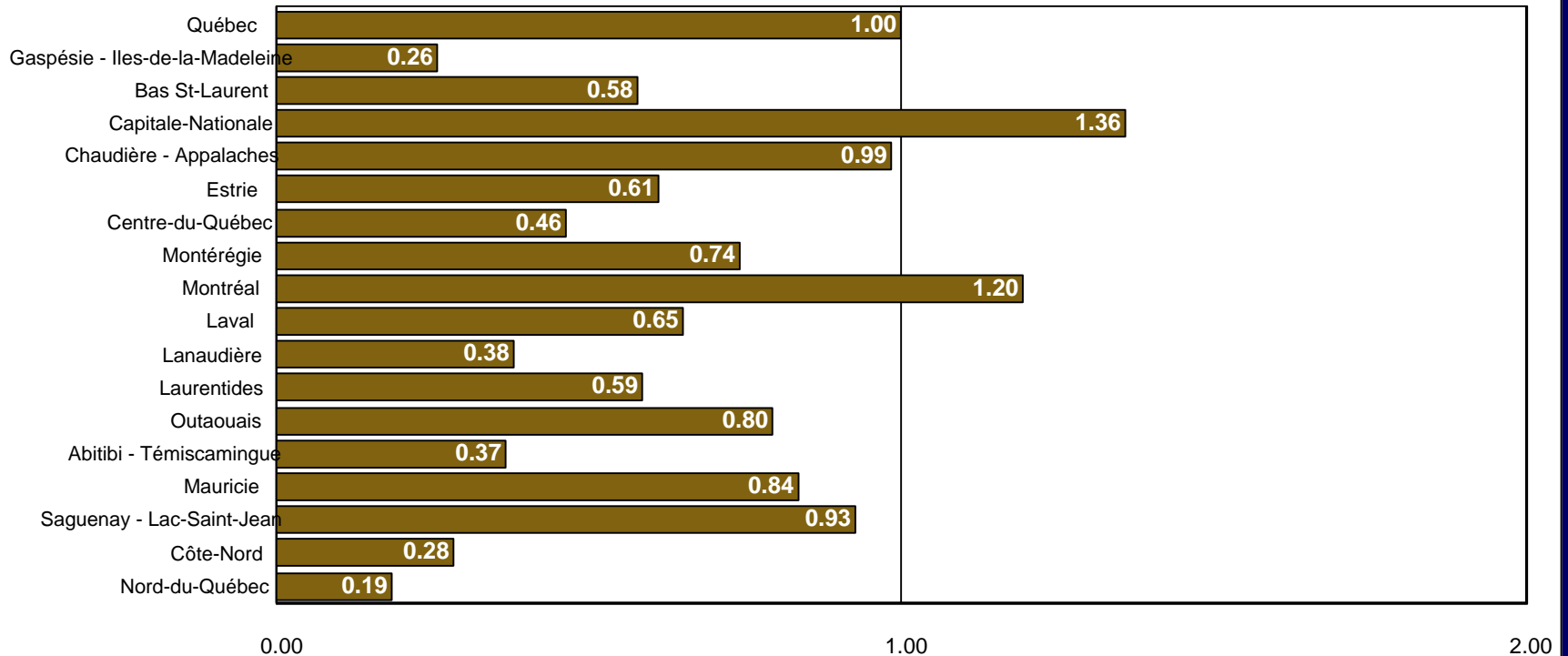
Notes: Language definition is first official language spoken (fols) which is derived from three questions on the Census of Canada.

Education

- On a provincial basis, Quebec Anglophones are more likely than Francophones to achieve high levels of schooling. On a regional basis, there is significant variation in presence of this characteristic.
- While Quebec Anglophones show the tendency to attain higher education, they are unlikely to retain their university graduates within their provincial population.
- The tendency of those with the highest levels of schooling to leave the province has become more pronounced in recent decades.

Population (15+) With University Degree in the OLMC in the Region Relative to the OLMC in the Province by Administrative Region, Quebec, 2001

■ Relative Geographic Index (RGI-OLMC in province)



Source: Official Languages Support Programs Branch, Canadian Heritage, February 2004, based on 2001 Census of Canada, Statistics Canada, 20% sample, pop. 15+.

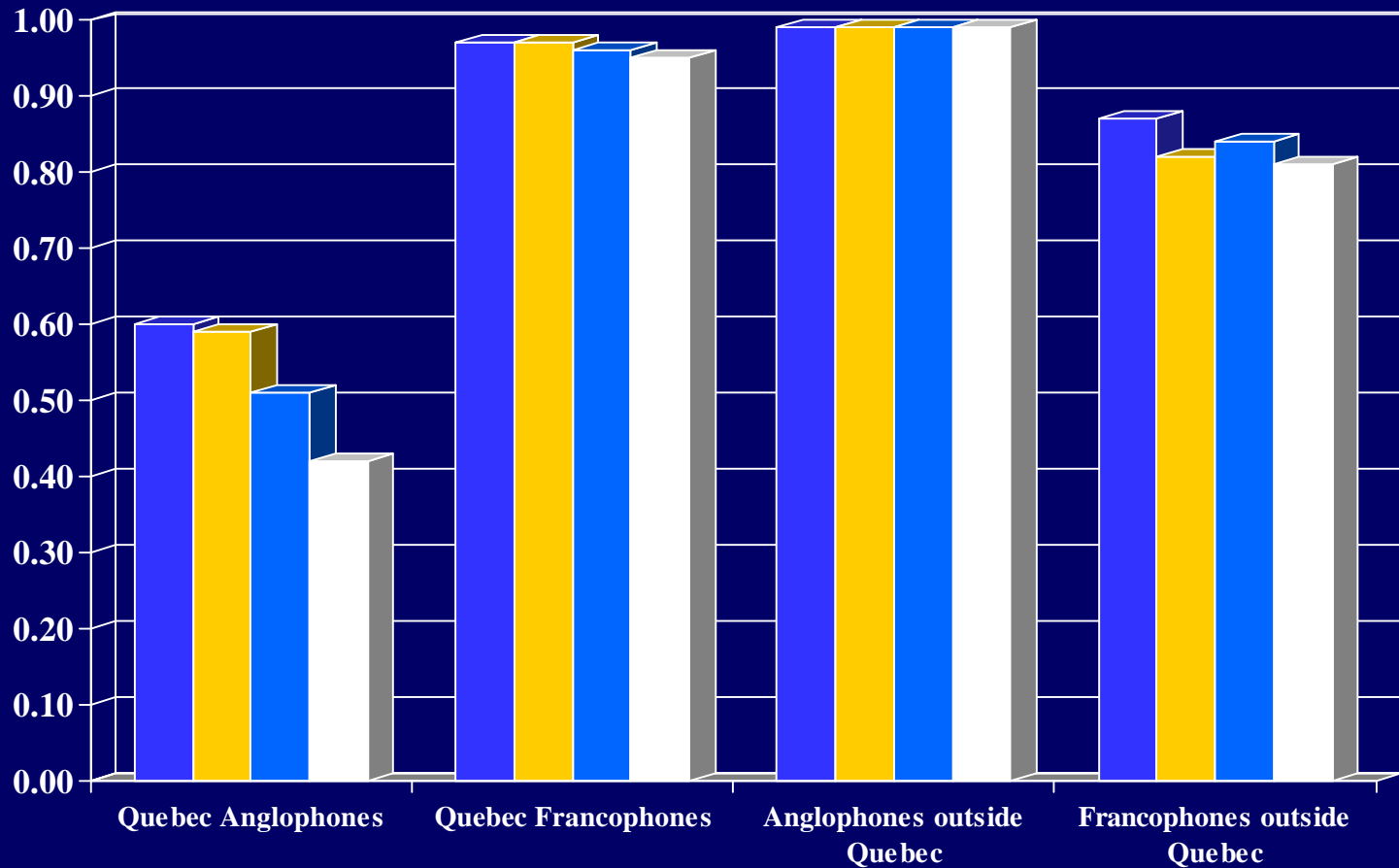
The relative geographic index compares the value for the local OLMC to the OLMC in the province.

First Official Language Spoken (FOLS) is a derived variable based on the responses to language questions in the Census of Canada.

Official Languages Groups in Canada

Retention Rate

by Highest Level of Schooling, 2001



■ no secondary certificate
 ■ with secondary certificate
 ■ post-secondary, without degree
 ■ post-secondary, with degree



Health and Social Service Access

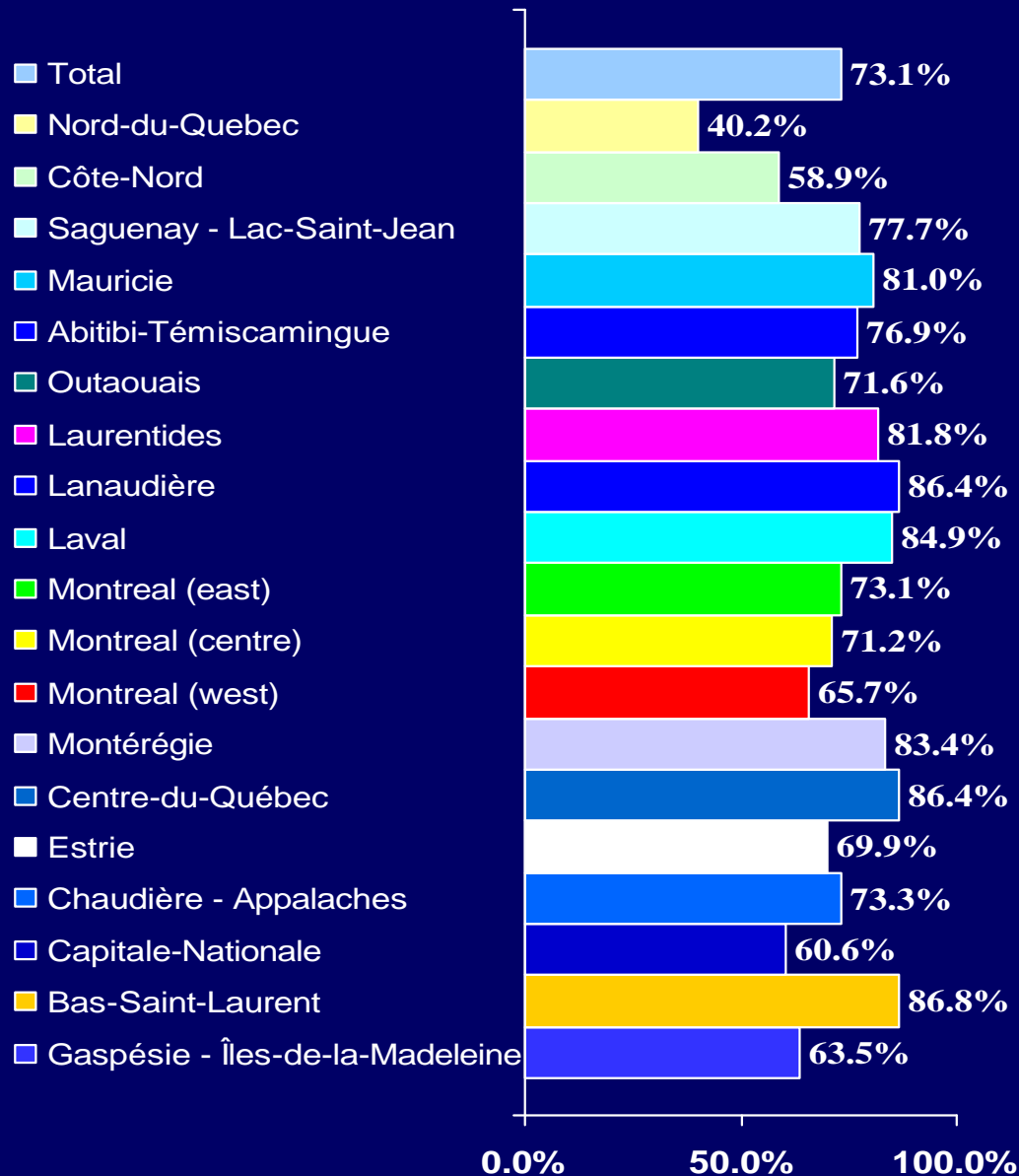
- Disproportionately low numbers of English-speaking health professionals
- Language barriers, geographic distance and low demographic weight contribute to reduced access
- Low levels of health literacy
- Paucity of health research addressing Quebec's English-speaking communities

Use of Health Services

Compared with the three other official languages groups (Francophone Quebecers, and Anglophones and Francophones living outside Quebec), English-speaking Quebecers have the **lowest** rates in terms of:

- ❑ **Having a regular doctor**
- ❑ **Satisfied health needs**
- ❑ **Satisfaction with regard to care received**
- ❑ **Utilisation of hospital services**
- ❑ **Utilisation of a doctor's services**
- ❑ **Ease in accessing specialists**
- ❑ **Quality of care by a doctor**
- ❑ **Satisfaction regarding care given by community services**
- ❑ **Ease in obtaining tests**
- ❑ **Ease in accessing health information**
- ❑ **Ease in getting immediate care**

Health information and promotion (CHSSN / CROP survey 2005)



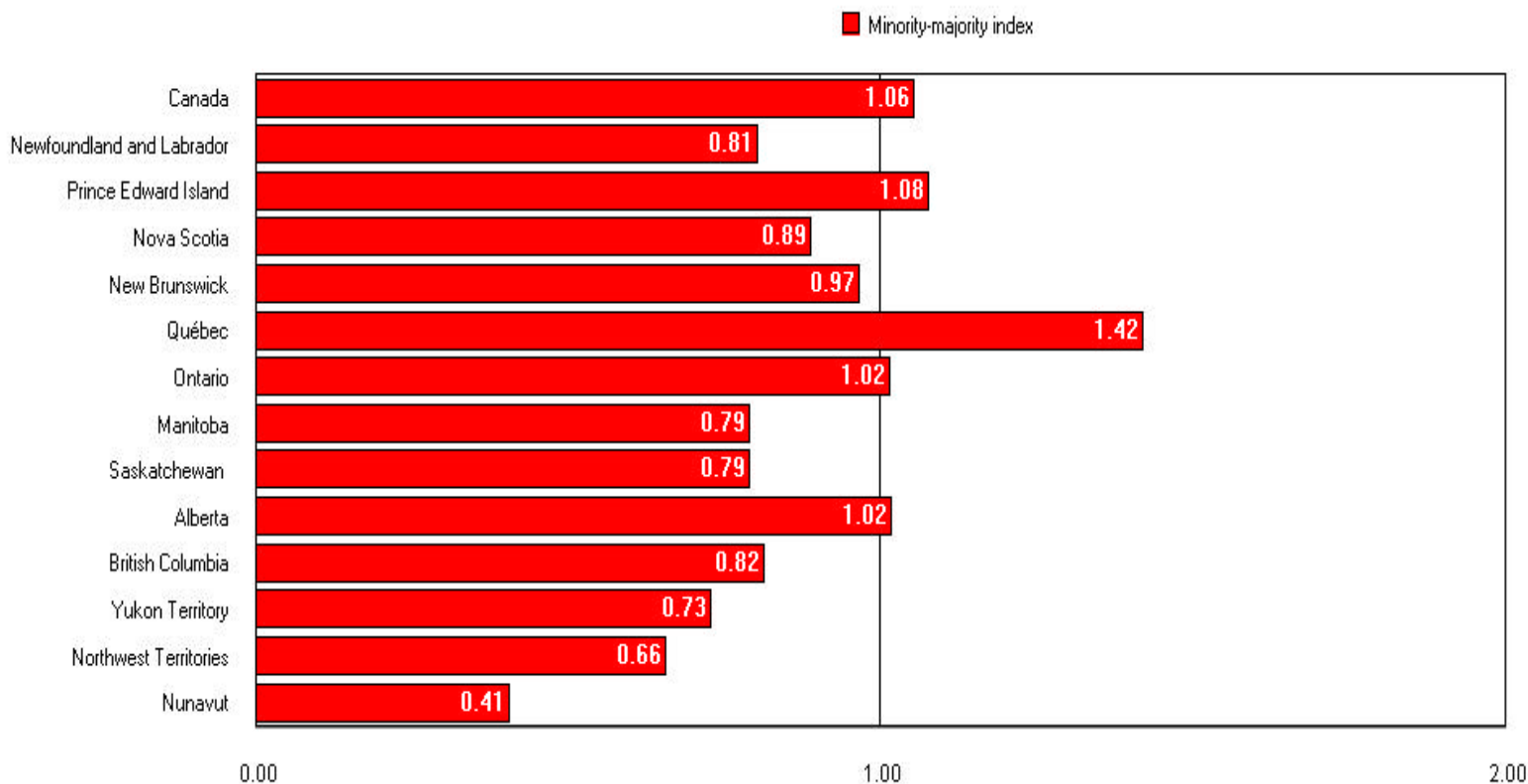
■ **73% report having received NO information from public health and social service institutions concerning access to services in English in the course of the two years preceding the survey**

■ **This rate reaches close to 90% in some regions**

Social Support Networks and Gender

- A higher reliance on family and friends with fewer family households in geographical proximity than majority (CHSSN/CROP survey 2005)
- Need for home-based care by aging minority not met by public resources
- Networks reflect weakening voluntary core and low ratio of minority community health professionals (GMCDI, 2007)
- A large portion of English-speaking families are vulnerable to ill effects of excessive levels of “high-intensity care” (Pocock,2009)
- Gender-related caregiver health risks are strongly linked to overall health status of the population

**Total population (15+) with 10 or more hours weekly of unpaid care or assistance to seniors
in Official-Language Minority Communities Relative to their Majority Population
by Province/Territory, Canada, 2001**

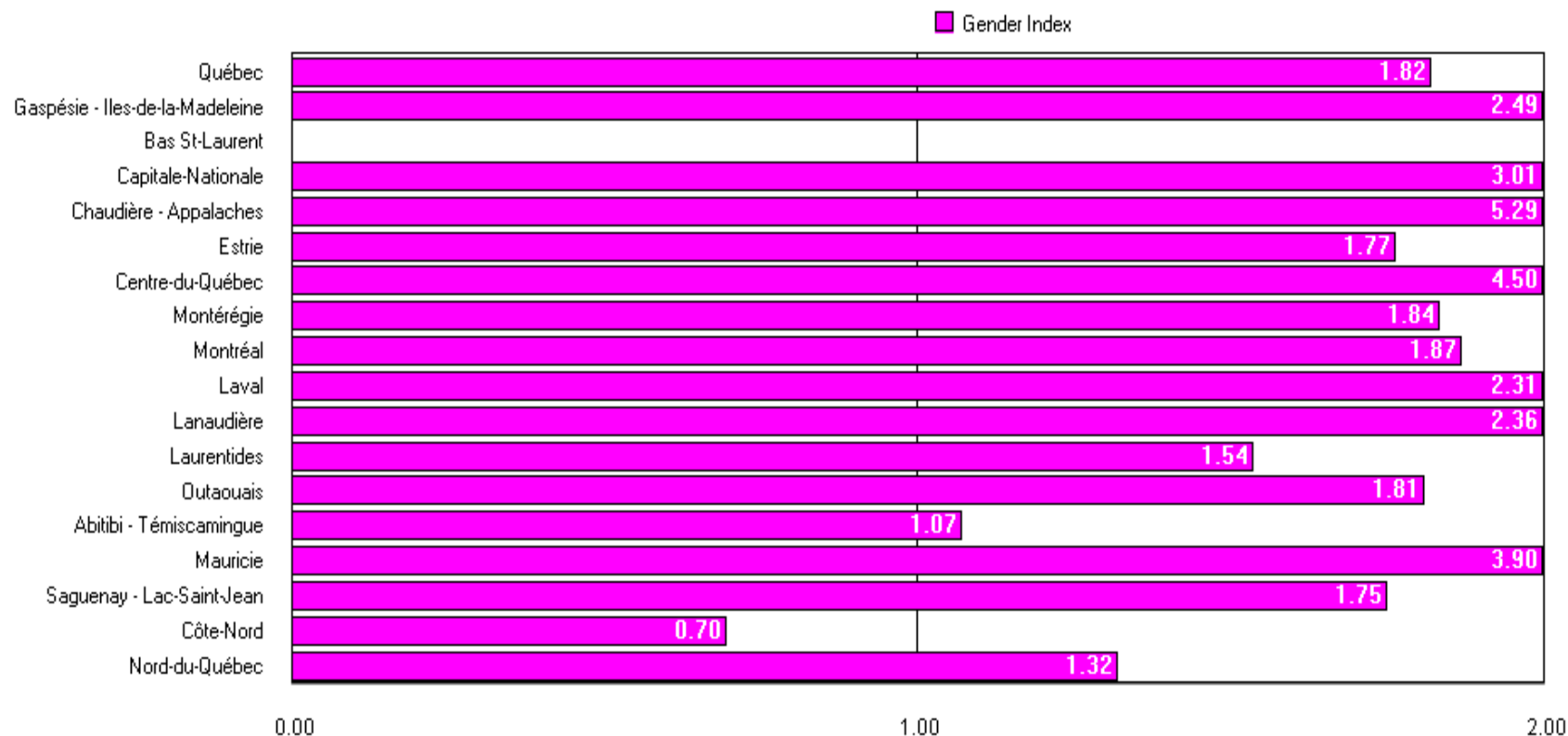


Source: Official Languages Support Programs Branch, Canadian Heritage, February 2004, based on 2001 Census of Canada, Statistics Canada, 20% sample.

The minority-majority index (MMI) compares the value for the minority community with that of the majority community.

First Official Language Spoken (FOLS) is a derived variable based on the responses to language questions in the Census of Canada.

**Total population (15+) with 10 or more hours weekly of unpaid care or assistance to seniors
Among OL Minority Women Relative to OL Minority Men
by Administrative Region, Quebec, 2001**



Source: Official Languages Support Programs Branch, Canadian Heritage, February 2004, based on 2001 Census of Canada, Statistics Canada, 20% sample.

The Gender Index compares a socio-demographic characteristic for the female population relative to the characteristic for the male population.

First Official Language Spoken (FOLS) is a derived variable based on the responses to language questions in the Census of Canada.

Sandwiched Family Caregivers (Williams, 2004, Statistics Canada)

- Distinction drawn between **low-intensity care** (8 hours or less monthly on elder care) and **high-intensity care** (more than 8 hours monthly on elder care).
- **High-intensity care** associated with health effects (such as increased psychological stress), work-related problems (such as reduction of work hours) and curtailment of social activities.
- Example: In the rural Estrie region, primary family caregivers of English-speaking households are doing, on the average, 20 hours of unpaid elder care monthly or more. They are 50% more likely than the caregivers of French-speaking households in the same region to engage in these high levels. (Pocock, 2009)



Renewal of Minority Community Narrative

Finding the Right Words

■ Identifying “*our story*” in Health

- Speaking from a minority point of view
- New words for a new stage in the collective lifespan
- Our story - many voices

Contribution to evidence-based community action

- Enhanced focus: Don't mistake the fly for the spider!
- Engagement and inclusion: Bridging the policy world and community reality
- Sustainability: Taking the long view

Conclusion

“...men, in naming the world, transform it...”

- Paulo Freire, Pedagogy of the Oppressed

References

- Freire, P. (1992). *The Pedagogy of the Oppressed*, Continuum, New York
- Kreiger, N., Rowley, D., Herman, A., Avery, B., & Phillips, M.T. (1993). "Racism, sexism, and social class: Implications for studies of health, disease and well-being." In D. Rowler & H. Tosteson (Eds.) *Racial Differences in preterm delivery: Developing a new research Paradigm. American Journal of Preventative Medicine*, 6 (Suppl.9), 82-122
- Pocock, J. (2009) *Language, Gender and Generation: The Social Economy Approach to Health and the Case of Estrie's English-speaking Communities*. Unpublished dissertation, Department of Sociology, Carleton University, Ottawa
- Williams, C. (2004). "The Sandwiched Generation", *Perspectives*, Vol.5, No.9, pp.5-12. Statistics Canada Catalogue No. 75-001-XIE
- Health Canada, (1998). "Taking action on population health: A position paper for health promotion and program's branch staff" (Health and Welfare Canada). Online at www.hc-sc.gc.ca/hppb/phdd/pdf/tad_e.pdf