Culture, Language and Self-Assessments of Future Health: Anglophones and Francophones in Quebec's Eastern Townships[1]

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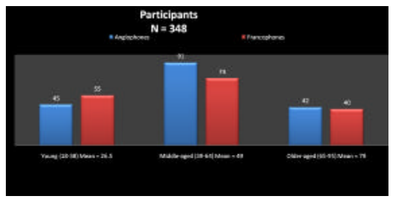
Introduction: Self-ratings of health (SRH) are regarded as sensitive predictors of future health, mortality, and future use of medical services. Yet despite their pragmatic value, SRH are poorly understood. Researchers agree that SRH are multi-dimensional measures, reflecting the effects of age, sex, ethnicity, well-being, and cultural background (Benyamini, et al., 2003; Kaplan & Baron-Epel, 2003; Newbold, 2005; Jylha, M., 2009; Abdulrahim & Baker, 2009). The majority of studies looking at SRH, however, are based on assessments of statistical patterns garnered from population Health Surveys or employ longitudinal designs. Fewer studies attempt interventions that affect SRH among different groups. Our study attempts an intervention that we thought would isolate the effects of context (where one lives) by producing differences in future SRH between Francophones and Angolophones.

Rationale: Current ratings of one's health are determined in part by engaging in temporal assessments. That is, thoughts about our current health are drawn in relation to our past and future health states. The past, having been lived, provides a more concrete experience than the future, which is weightless. Yet it is our health 'today & tomorrow', not 'today & yesterday', that concerns us most. Given the uncertainty of the future, we thought that future SRH were amenable to manipulation (Aspinwall, 2005). If one's experience of living in Quebec has a bearing on SRH, and if this experience is different for Anglophones and Francophones, then it seems possible to parse this difference by manipulating the context into which one projects their future health.

Methods:

Participants

Research participants were sampled from across Quebec's Eastern Townships.



Measures & Procedure:

Self-rating of Health

We asked participants the following health assessment question (with three temporal variations):

"IN COMPARISON WITH OTHERS, ON A SCALE FROM 0 TO 10 WHERE 0 MEANS "THE WORST POSSIBLE YOU CAN IMAGINE" AND 10 MEANS "THE BEST POSSIBLE", HOW WOULD YOU RATE (OR EXPECT TO RATE) YOUR PHYSICAL HEALTH: THESE DAYS, 10 YEARS AGO, 10 YEARS INTO THE FUTURE, AND IN 10 YEARS IF YOU STAY IN QUEBEC?"

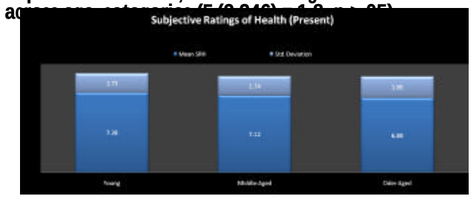
COVARIATE

WE ASKED PARTICIPANTS TO RATE THEIR DEGREE OF BILINGUALISM (FRENCH & ENGLISH) ON A SCALE FROM 1 TO 7 WHERE '1' MEANS "NOT AT ALL" AND '7' MEANS

Hypothesis 1:

Consistent with other studies, we do not expect to find differences in current SRH among different age groups (Bailis, Segall & Chipperfield, 2003)

Results: A One-Way ANOVA using 'Present SRH' as the dependent measure, revealed no significant differences ac

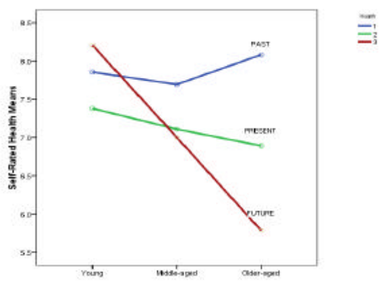


Implications: It is common to think that when we get old, our self-assessments of health will drop. Yet, when older people are asked about their health, they rate it on average about the same as younger people. This suggests that we need to re-think the future and envision it as being, more or less, a moving image of the present. The best way of ensuring a positive future health would be by ensuring positive present health.

Hypothesis 2:

For Francophones & Anglophones, across all age groups, the temporal trends will be the same: Past SRH > Present SRH > Future SRH.

Results: As Anglophones and Francophones showed no differences in SRH across Age & Time, we conducted a 3(age) X 3 (time: past, present, future) ANOVA with repeated measures across time. We found a significant Time X Age interaction, ($F_{(2,680)}$ = 18.99, p. = .000).



Implications: Looking at the graph, we see:

a)That regardless of age, our past is seen as better than present health - a younger body is deemed to be a healthier body. Yet, longitudinal studies show that SRH are stable over 2, 5 and 9 year periods. This suggests that when looking back at past health, we see it as better than it was, suggesting a kind of nostalgia.

b) Surprisingly, the Young age category actually rated their health '10 years from now' to be significantly better than their present state of health. An older body is seen to be not just as healthy as today's body, but in better health.

c) What both these findings indicate is that SRH are complex constructs informed by judgments that are not reducible to a simple accounting of physical states of health.

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All photos are of 'Le Grand Rassemblement' by Maurice Gagnon in St. Flavie, Québec.

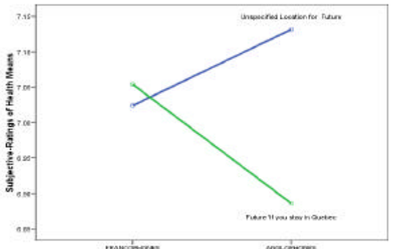
Hypothesis 3:

As SRH are sensitive to culture and language:

1) we did not expect to find differences between Anglophones and Francophones when asked to rate their future health (unspecified as to location);

2) we expected to find differences when they were primed to consider location: rate your future health 'if you stay in Quebec' : Anglophone SRH < Francophone SRH.

Results: A 2 (mother tongue) X 2 (future: unspecified or 'in Quebec') ANOVA with repeated measures on future revealed a significant interaction between mother tongue and future on SRH ($F_{(1, 340)}$ = 7.14, p. = .008).



rated their future health 'in Quebec' lower than when the future location was unspecified,

conditions

ophones are concerned that their access to English services is limited. When asked to think Anglophones are not only concerned about having to cope with health problems, but with

ded by the added stress that they generate, might translate into lowered projections of

Hypothesis 3A:

If language is the most salient factor in leading to the drop in Anglophones' SRH future ('in Quebec') scores, then controlling for bilingualism should remove the Language by Future interaction.

Results: A 2 (future: unspecified/Quebec) X 2 (mother tongue) ANCOVA (using bilingualism as a covariate), did not remove the interaction between future and mother tongue ($F_{(1,326)}$ = 6.96, p. = .009).

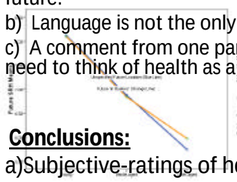
Francophones Anglophones

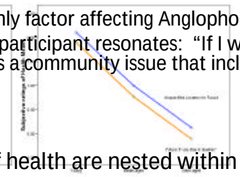
Implications:

a) Anglophones, regardless of their level of bilingualism, still rate their future health lower 'if they stay in Quebec' than they do for an unspecified future.

b) Language is not the only factor affecting Anglophone's future SRH.

c) A comment from one participant resonates: "If I were to get sick, I couldn't stay so far from my kids, who live in Ontario." This suggests that we need to think of health as a community issue that includes more than issues of language appropriate access to services.





Conclusions:

a)Subjective-ratings of health are nested within broader social and cultural contexts.

b) These results reveal patterns suggesting that more is involved in the determination of SRH than a simple spontaneous summing up of the physical indicators of one's current health state.

c) Our research supports recent initiatives to view health through a community oriented perspective. Health is less about illness and more about the weave of interconnections making up the fabric of a community's health experience.

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