Characteristics and Determinants of Self-rated Health of Minority Francophone Seniors living in Canada and their Access to Health Services in French

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Abstract

The purpose of this study is to describe the factors associated with health services access and utilization by francophone seniors living in Canada outside the province of Quebec, and understand how this influences self-rated health.

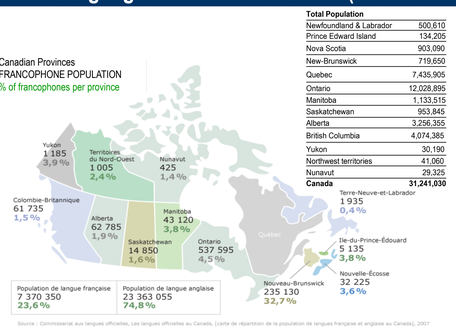
The 2006 post-census Survey on the Vitality of Official-Language Minorities (SVOLM) carried out by Statistics Canada will be used as well as the 2007 Canadian Community Health Survey (CCHS). The SVOLM will help assess factors associated with the self-rated health of minority Francophones. The CCHS will complement the SVOLM and allow for comparability with the general population.

The results of the quantitative analyses will help engage dialogue with the community, educators, policy makers, health practitioners, and the healthcare system in order to help inform and shape policy with regards to health services access and utilization in the province of Saskatchewan, particularly in the Saskatoon Health Region.

Engaging the Francophone community in the research process will facilitate knowledge translation as well as improve the quality of findings. A variety of formats including key informant interviews, town hall meetings, briefing notes, and focus groups will be used to engage key stakeholder groups including the Fransaskois community, the government of Saskatchewan, the Saskatoon health Region, health professionals associations and unions, and the Colleges of nursing and medicine at the University of Saskatchewan.

It is anticipated that this study will contribute to our understanding of the factors that affect access and use of health services by Francophone seniors living in the English Canada and how this affects the perception of their health. This research project will potentially affect health at the individual, community, population and policy levels.

Official Language Minorities in Canada (Source RISF)



Total Population	
Newfoundland & Labrador	500,610
Prince Edward Island	134,205
Nova Scotia	903,090
New-Brunswick	719,650
Quebec	7,435,905
Ontario	12,028,895
Manitoba	1,133,515
Saskatchewan	953,845
Alberta	3,256,355
British Columbia	4,074,385
Yukon	30,190
Northwest territories	41,060
Nunavut	29,325
Canada	**31,241,030**

Source : Commissariat aux langues officielles, Les langues officielles au Canada, [carte de répartition de la population de langues française et anglaise au Canada], 2007

Research Objectives

- #1: Identify, describe and characterize access to and use of health services in French by seniors in Canada outside the province of Quebec.
- #2: Determine the factors associated with the self-rated health of francophone seniors in a minority situation using the 2006 post-census Survey on the Vitality of Official Language Minorities (SVOLM) and compare these factors with those of the Anglophone minority population in the province of Quebec.
- #3: Compare the self-rated health of official-language minority seniors with the general population of seniors using the 2007 Canadian Community Health Survey (CCHS).
- #4: Use the results of the quantitative analysis to engage dialogue with the community, policy makers, health practitioners, the healthcare system, and educators in Saskatchewan in order to help inform and shape policy.

Background & Rationale

Language Barriers

- Language barriers have been shown to be a deterrent to seeking health services that may be preventive.
- Language barriers can increase consultation time, the number of diagnostic tests and the probability of diagnostic and treatment errors.
- Language barriers affect the quality of services, reduce the probability of treatment compliance and increase frustration and dissatisfaction with the healthcare system.
- Unlike in the U.S., research on the health status of linguistic minorities is new in Canada: Need for more research!
- Studies emphasize the importance of speaking one's own language with regards to health issues
- Effective communication with health professionals is essential in the delivery of health services

Francophones

- Over one million people (over 3% of the general population) in Canada outside of Quebec speak French as their first language.
- Seniors represent 13% of the Canadian Population, over 4.3 million and a significant proportion of Francophones outside the province of Quebec.
- Francophones (and Anglophones) in a minority situation have a poorer access and use of health services than the rest of the population.
- This may have an adverse effect on their health status

Seniors

- Seniors are a vulnerable population. Health issues include: chronic and acute diseases, injuries, mental and psychological issues, loss of autonomy, and impairment.
- The population of seniors is increasing at a fast pace (12% increase from 2001-2006.
- 45% of seniors do not have access to a primary health care team.
- The health status of seniors decrease over time.
- Francophone seniors may have an ever poorer health status.

Andersen Model of Access to Health Services

Andersen's socio-behavioural model has been widely used for issues related to access to health services. It emphasizes three key influences that affect access to health services:

- Predisposing characteristics (Gender, Age, minority status, geography, beliefs, culture, etc.)
- Enabling factors (SES, Social support, family, etc.)
- Need (actual or perceived illness, need for care)

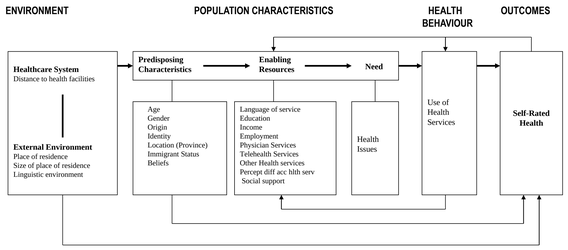


Fig 1. Andersen Model of Access to Health Services

Methods

Objective # 1

An in-depth descriptive analysis will be carried out. Patterns of use as well as reasons for use and other factors will be examined, described and analyzed. Statistics such as counts, means, ranges, and frequencies among others will be computed and used to understand the characteristics of each variable. Outputs of tables and graphs such as histograms, scatter plots, and box plots will be used to further identify issues of interest.

Instrument & Sample Size

The 2006 post-census Survey on the Vitality of Official Language Minorities (SVOLM) and the 2007 Canadian Community Health Survey (CCHS) are used. They were administered by telephone and covered the same 12-month period from 2006 to 2007. The table below gives an overview of survey coverage and sample sizes.

Region / Province	Sample Size			
	SVOLM		CCHS	
Maritimes	4,648	12,376	8,675	53,696
Ontario	4,315		21,967	
Western Canada	3,246		21,426	
Territories	167		1,628	
Quebec	6,969		12,250	
Canada	**19,345**		**65,946**	

Table 1. SVOLM & CCHS coverage & Sample Sizes

Objective # 2

A univariate analysis, multivariable analyses, and logistic regression for the main model will be performed to investigate the relationship between the various environment, population characteristics and health behaviours variables (exposure) and their individual and collective impact on self-rated health (outcome). A particular focus will be placed on how language of service affects self-rated health. A proxy for Institutional Completeness (IT) will be determined, assessed and tested to determine whether IT is a strong predictor of self-rated health and how this varies per province or geographic area. A secondary model with health services use as the dependent variable will be tested to examine the determinants of health services utilization and understand how self-rated health can be mediated by health services use.

Variables in the Andersen Model

Independent variables				Dependent Variable
Environment	Population Characteristics		Health Behaviour	Outcome
Healthcare System Distance to health facilities **External Environment** Place of residence Size of place of residence Linguistic environment Institutional completeness	**Predisposing Characteristics** Age Gender Origin Location Immigrant Status Identity Beliefs **Need** Reason for using health services	**Enabling Resources** Language of service SES Education Income Employment Health services Physician Telehealth Health facilities Perception of diff. access. hlth. services Social support	**Use of Health Services** Use of physician services Use of telehealth Use of health facilities	Self-rated health

Table 2. Variables in the Andersen Model

Objective # 3

The CCHS offers the opportunity to assess the self-rated health of the general Canadian population which will be compared to that of the official language minorities in order to determine whether there is a disparity.

Since both the SVOLM and the CCHS surveys cover the same twelve-month period, there is assumption of no or little change in the population over that period of time. In order to maximize accuracy of generalizability, efforts will be made to ensure that the variables are the same.

Multivariable and logistic regression analyses will be performed for the purposes of fitting a model for Quebec Anglophones that will allow for comparisons with Francophones outside of Quebec. Comparisons will focus primarily on factors associated with self-rated health and secondarily on factors associated with use of health services. Table 1. shows how the variables from both the SVOLM and the CCHS will be entered in the model side by side for comparison purposes.

Objective # 4

The results of the quantitative analysis will be synthesized and presented in appropriate formats for each of the five key stakeholder groups. The following dissemination formats will be used: pamphlets, briefing notes, posters and power point presentations. These dissemination opportunities will take place in the form of town hall meetings as a forum of dialogue with community groups, interviews of key informants from the government, the Saskatoon Health Region, and from some community groups, focus groups with health professionals. A content analysis of key documents, a careful analysis of records of various meetings, interviews and correspondences and a reflection will be carried out.

Key Stakeholders in the WHO "partnership Pentagon" model

In partnership with the Réseau de Santé en Français en Saskatchewan (RSFS) which provides the framework for dialogue and the Assemblée Communautaire Fransaskoise (ACF), a community-based organization, a social marketing approach will be used to engage the following key stakeholders in dialogue according to the WHO Partnership Pentagon model in order to improve access to health services based on people's needs.

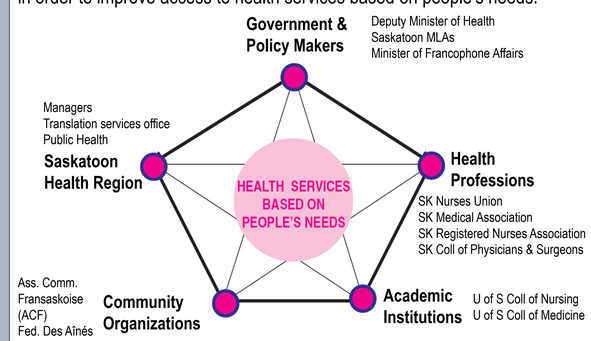


Fig 2. Research Partners in the Partnership Pentagon model

Next Steps

- Contact key stakeholder groups for partnership purposes
- Finalize research proposal
- Use Statistics Canada data centre at the University of Saskatchewan (SKYRDC) to access, and analyze data.

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