



# **Second Report on the Health of Francophones in Ontario**

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Under the direction of

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# Summary

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The first *Report on the Health of Francophones in Ontario*, which was published in 2000 by the Public Health Research, Education and Development Program, recommended that follow-up reports be undertaken. This *Second Report on the Health of Francophones in Ontario* provides an update, using the same format and adopting the same parameters as the first report. It defines “francophone” in terms of mother tongue. It uses a determinants of health approach and analyses the same variables, except where questions from the 1996-1997 survey do not appear in the 2000-2001 survey and where issues related to the availability of resources required that the team and the advisory committee assign less importance to certain variables. In contrast to the first report, however, several authors collaborated to produce this report.

The second report is based primarily on the 2000-2001 Canadian Community Health Survey, in combination with data from the 2001 Census. The technical team, under the direction of the same epidemiologist as the first report, used the same methodology refined by experience gained from the first report. In order to make comparisons between the different groups, the team compiled information for the general Ontario population, for sociolinguistic groups (francophone, anglophone, allophone), for the regions and for regional subdivisions within the province.

The sociodemographic profile reveals significant changes: aging population, increased levels of education and literacy. Those with French as the mother tongue represent 4.7% of Ontario’s population, but the percentage is smaller (3.9%) in census metropolitan areas. The francophone population is found in increasing numbers in the central part of the province and in the Toronto metropolitan area and is

increasingly multicultural, although Quebec remains the primary place of origin for new arrivals. Northeastern Ontario is still the region having the greatest proportion of francophones, while the largest number is found in the eastern part of the province.

In Ontario, the francophone population identifying French as their mother tongue is, on average, older than the general population, and includes a larger proportion of elderly women than the general Ontario population. The level of education is lower, a factor related to the average age: it is the elderly who are less educated, whereas the younger generations are at a level comparable to that of their age group in the general Ontario population. The occupational structure of francophones is quite similar to that of the general population. Average income is comparable to that of the general population; however, it is lower than that of the anglophone population, while the average income of francophone women is higher than that of the general population of women in Ontario.

The profile that emerges from the data collected in the 2000-2001 Survey, supported by the data from the 2001 Census, indicates that certain disparities persist in the health status of the francophone population of Ontario but that progress has also been made.

Francophones rate their health lower than does the general Ontario population. They indicate that they need assistance with at least one activity in their daily life more often than the provincial population. However, they are proactive to the same extent as Anglophones and to a greater extent than Allophones: more than 50% of francophones state that they have done something to improve their health, in the last twelve months specifically exercise, sports

and physical activity. The 2000-2001 survey also introduced a new variable that impacts on health, the sense of community belonging. The francophone and allophone population report a lower sense of community belonging than the anglophones.

Overall, there is no significant difference between francophones and the general Ontario population with regard to chronic diseases (emphysema, chronic bronchitis, asthma, high blood pressure, diabetes, heart disease) and serious injuries. These rates usually increase with age and decrease as income rises in both the francophone and general Ontario populations. In contrast to the 1996-1997 survey, the prevalence of asthma in 2000-2001 is no greater among francophones than in the general population. The rate of heart disease increased in the years between the two surveys and this pattern is the same for francophones as for the general population; however, francophones have a higher rate of heart disease than the anglophone population. The rate of injury has increased since the first report in both the francophone and the general Ontario population.

Since the first report, there appear to be improvements in the area of mental health for the francophone population, although this was not observed in the other sociolinguistic groups. As a result, there is now little difference between francophones and the general Ontario population based on the variables analyzed: similar rate of professional consultations, similar increasing rate of depression and higher rates of stress on the job. The results also illustrate that women consult mental health professionals more often, have a higher rate of depression, and indicate a higher level of stress on the job. However, unlike the general Ontario population, women in the francophone population report the same job decision latitude as men.

There are significant differences in health behaviours between francophones and

other sociolinguistic groups. Among francophones, particularly in the Northeast, there is a considerably higher proportion of daily smokers than in other groups, and a proportionately higher number of francophone non-smokers are exposed to second-hand smoke. With respect to habitual or excessive alcohol consumption, there is little difference between francophones and anglophones, but the rate is lower among allophones.

In the area of sexual health, francophones are less likely to abstain from sexual activity. However, there is no difference between francophones and anglophones with regard to the proportion of respondents who had two or more sexual partners in the 12 months prior to the survey. In contrast to the findings of the first report, the rate of sexual activity among francophone adolescents is no different from that among non-francophones.

The use of alternative approaches to health has increased over the last decade and is as widespread among francophones as in the general population. Francophones are less likely to visit the dentist than the other sociolinguistic groups. Three-quarters of elderly francophones (aged 65 and over) have had a flu shot, a rate comparable to that of the general Ontario population. Among francophones, the same proportion of women as in the general population has had a Pap test and a clinical breast exam; however, the rate for mammograms is higher among francophone women than in the general population, although it is the same as the rate for anglophone women. The same proportion of francophone men as men in the general population has undergone prostate screening using the prostate-specific antigen (PSA) test.

Regional differences should be noted, and they are particularly indicative of issues in the Northeast. A generally greater number of francophones in this region report unhealthy lifestyle behaviours including tobacco and alcohol use and a lower intake

of fruits and vegetables. They report less job decision latitude. Although the Northeast has the smallest proportion of francophones reporting a poor sense of community belonging, it is in this region that francophones are least likely to rate their health as “very good” or “excellent.” In comparison to the East, women in the Northeast are less likely to have a clinical breast exam to screen for breast cancer.

Differences are noted in other regions as well. In the East, specifically the area of Champlain East, a larger proportion of francophones has consulted a mental health professional. The Southeast has the highest percentage of adult francophones who currently consume alcohol. Francophones in this region are also less likely to visit a dentist.

The project team hopes that this profile, which is descriptive by nature, will serve as a basis for further research on various aspects of francophone health. This second report confirms that the francophone population has its own unique characteristics. These differences must be recognized in the planning of health-related policies and services. Finally, this report not only repeats certain recommendations from the first report but also puts forward additional recommendations, all with the purpose of improving the health of the francophone population in Ontario.

## Recommendations

It is unfortunate that little action has been taken to implement the recommendations of the first report. As a result, several of these recommendations have maintained the same relevance and importance. It is hoped that new developments affecting the francophone population, such as the *Consortium national de formation en santé*, the *Société Santé en français*, and the francophone networks, will serve to increase the commitment of the various sectors identified in the recommendations. It is hoped that the Institutes of Health Research will accord a greater importance to issues affecting the francophone population in Ontario and Canada.

### Recommendations Essentially Taken from the First Report

1. In view of the absence of data with respect to the language variable in several provincial databases (which limits access to information specific to the population of Ontario),
  - i) that the Ministry of Health require government-funded health care providers serving francophones to provide the Ministry with this data in a systematic manner;
  - ii) that provincial options permitting access to data on francophones be explored; for example, the establishment of links between certain databases within the Ontario Ministry of Health's "Data Warehouse";
  - iii) that the Ministry of Health promote the inclusion of the language variable in the collection of various government statistics, such as data sets for the Workplace Safety and Insurance Board, the Workmen's Compensation Board, and statistics on births, birth rates, and hospitalization rates.

2. That in future surveys, steps be taken to ensure a large enough francophone sample to permit reliable analyses and comparisons between several variables and several regions.

3. That research be done to fill in the gaps and to confirm or invalidate certain "tendencies," in order to answer certain crucial questions: Why do francophones have a greater tendency to smoke? Why do they access dental services less often?

4. That a provincial list be created to include all existing documents on the health of francophones. Numerous studies have focused on the needs of certain francophone subgroups, such as women, the elderly, etc. In order for the needs of these subgroups to be addressed effectively, it would be advisable, first of all, to consult these reports.

5. That the impact of the determinants of health on health status and on access to services in French be recognized in health care delivery. That means, among other things, that the different levels of illiteracy among Franco-Ontarians must be considered one of the principal challenges to be addressed in any programs being implemented.

6. That the cultural and linguistic realities affecting francophones be a top priority in the development of health services in Ontario. In order for this to be accomplished, francophones must be encouraged to take part in identifying their needs and in planning, implementing, and evaluating health programs and services in Ontario.

7. In view of the heterogeneous nature of the francophone community and the need to provide more effective programs and services, that the Ministry of Health and health care providers make use of the findings presented in this report to identify the services most needed and the subgroups to be targeted in the

development of regional and provincial programs. For example, as a matter of priority, steps must be taken to implement an anti-smoking campaign targeting francophone youth in particular.

8. As a follow-up to this second report on the health of francophones in Ontario, that the Ministry commit to undertaking more extensive analyses of the health of francophones and to ensuring that sub-reports are drawn up when future surveys are undertaken on health in Ontario.

### **Recommendations Specific to the Second Report**

9. A definition of “francophone” must be adopted that is more in keeping with the real situation of “francophonie” in Ontario, and those conducting studies must use this definition to ensure, as far as possible, the comparability of findings from one study to another.

10. The data on the Franco-Ontarian population from the last literacy survey conducted by Statistics Canada and the Organisation for Economic Co-operation and Development must be compiled and analyzed as soon as possible.

11. In revising the elementary and secondary school curriculum with respect to health and wellness, the Ontario Ministry of Education should take into account the contents of this report in order to adapt the program to the specific needs of the Franco-Ontarian population and to sensitize the student population to these needs.

12. Given the significant proportion of elderly in the Franco-Ontarian population, measures should be taken to arrive at a better understanding of the situation and the characteristics of this age group with respect to health and wellness.

13. It is important to follow the progression of chronic diseases in order to study the variations longitudinally, especially in light of

the efforts being made to adopt appropriate policies, to encourage healthy practices, to promote healthy lifestyle choices such as physical activity, healthy weight and healthy eating, and to discourage unhealthy habits such as smoking and excessive alcohol consumption.

14. It is essential that the efforts of the various health care partners (Ministry of Health and Long-Term Care, Ministry of Education, public health units, local integrated networks, francophone networks, health centres, hospitals, etc.) be coordinated in order to improve the health of the Franco-Ontarian population.



