

Chapter 14

The Health Status of the Francophone Population in Ontario

Key Findings:

The Francophone population of Ontario tends to be older than the population of Ontario as a whole. Francophones have lower levels of education and incomes. Approximately one-third of adult Francophones cannot read and similarly, one-third of elderly Francophone women lives in poverty. However, this situation is changing with the younger generation who tend to be better educated and have higher incomes than their elders.

Ontario Francophones, on average, rate their health lower than that of the population of Ontario. A significantly lower proportion of Francophones rated their health as “very good” or “excellent” compared to the total population. In terms of self-reported diseases, Francophones reported higher rates of bronchitis-emphysema, asthma and high blood pressure compared to the total population of Ontario.

Certain differences in health behaviours have also been identified. Compared to the total population of Ontario, a significantly higher proportion of Francophones smoke on a regular basis, and Francophone adolescents report a higher rate of sexual activity. On the positive side, a smaller proportion of Francophones report drinking 5 or more alcoholic drinks on one occasion and a greater proportion report being physically active, compared to Ontario as a whole. Unfortunately, mortality and hospital separation rates are not available for Francophones, so estimates of their impact in terms of disease cannot be determined.

Compared to all of Ontario, a significantly higher proportion of Francophones use emergency services while a lower proportion report visiting a dentist in the last 12 months.

Recommendations from the Francophone health status report, “Rapport sur la santé des francophones de l’Ontario”, include: the need for better health data on the Francophone population including the adoption of a common definition of Francophone, the creation of a directory of existing data sources, and the exploration of the possibility of a data linkage to obtain data on mortality and morbidity for Francophones. The report also recommends the creation of programs designed to accommodate the specific needs of the Francophone population. The full recommendations are included in Appendix 14-1.

Introduction

This chapter is a summary of the first comprehensive review of the health status of the Francophone population of Ontario. It includes a demographic profile, analysis of the social environment, general health status indicators, as well as specific sections on chronic disease and injury, mental health, behaviour and health and consequences of health problems. Readers who wish additional details are referred to this main report “*Rapport sur la santé des francophones de l’Ontario*”. For definitions of key terms used throughout this chapter, consult the Glossary of Terms at the end of the chapter after Appendix 14-1.

This chapter compares the health status of Francophones in Ontario to the total population in Ontario. Where possible, comparisons were made with other linguistic groups. Variation within the Francophone population by age, sex, income, education and geography is also explored. A comparison of the current health status of Francophones with previous studies has been hampered by the inconsistent use of a standard definition for “Francophones.” With the support and guidance of a provincial advisory committee, a working definition of the term “Francophone” was established. For the purpose of this chapter, a “Francophone” is someone who identified French as a “mother tongue”. Those individuals who identified more than one mother tongue, one of which was French, were also included.

The Mandatory Health Programs and Services Guidelines of the Ontario Ministry of Health clearly state that programs and services must be based on community health information and the standard of Equal Access. The planning of comprehensive health services and the application of health promotion strategies in Ontario require a thorough understanding of the determinants of health and health status of all Ontarians including the Francophone community. Ontario has the largest population of French-speaking people in Canada outside of the province of Québec. Numbering over 540,000, Francophones are the largest minority group in Ontario. In communities where French-speaking people make up at least 10% of the population or in urban centres where they number at least 5,000, the French Language Services Act (1986), ensures the provision of services in French. For the first time ever, a comprehensive review of Francophones’ health status in Ontario has been conducted in order to identify the unique needs of this population. This chapter presents some of the key findings from the “*Rapport sur la santé des francophones de l’Ontario*”, a complementary report to this provincial report.

In the past, several studies identified particular demographic and health patterns within the Francophone population in Ontario. Previous reports^{1,2,3,4} found that overall, Francophones were older, less educated, and had lower incomes and lower literacy rates. Research on the health behaviours of Francophones using the Ontario Health Survey—1990 (OHS ’90)^{5,6,7} found higher smoking rates, earlier use of alcohol, lower levels of both prescription and illicit drug use. Also based on the OHS ’90, the “*Table féministe francophone de concertation on Ontario*”⁸ outlined key findings related to the health status and service needs of Francophone women in Ontario. Another large-scale provincial survey of Francophone women between the ages of 45 and 64 explored strategies to address the identified needs after reviewing this group’s specific health and socio-environmental characteristics⁹. McKellar¹⁰ provided a provincial profile of the Francophone seniors based on the 1991 Census and OHS ’90 data. The findings of several regional studies^{11,12,13} also supported the conclusion that the Francophone population is unique in its demographic characteristics, health status and service needs.

The selection of health indicators was based initially on the 1997 Mandatory Health Programs and Services Guidelines for Public Health¹⁴. In order to provide a more general overview of the health status of Francophones in Ontario, other indicators were added where the literature suggested Francophones might be different. The availability of data sets containing language variables limits

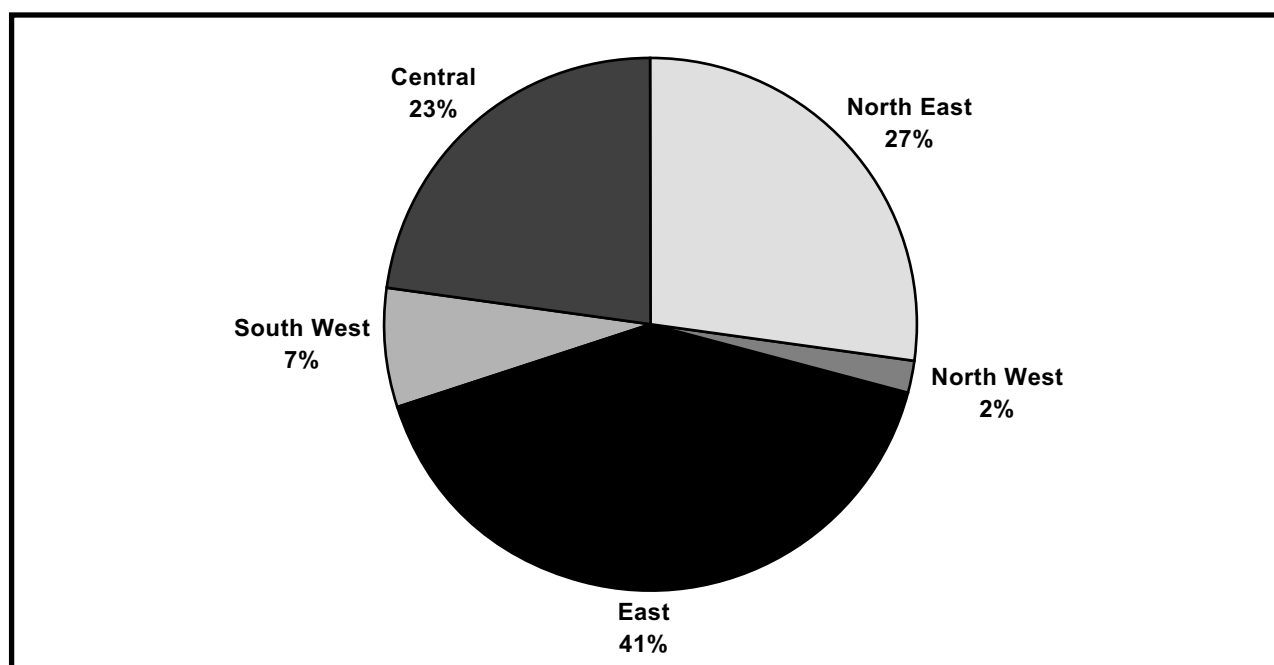
the exploration of the health status of the Francophone population. Two data sets were primarily used for this analysis: a special tabulation of the 1996 Census provided by the Office of Francophone Affairs, and the “Share File” from the Ontario Health Survey 1996/97. Due to the limited data available, previous provincial and regional studies were also consulted, and where appropriate, secondary analysis of existing data was carried out. Regional boundaries were changed for this chapter. Because of the large number of Francophones in the North region, this region was split into North East and North West. Because of the relatively lower number of persons in the central part of the province, the regions were collapsed. Readers are urged to consult the full report for more in-depth methodological issues.

Demographic Profile

Population Growth and Distribution

In 1996, there were 542,340 Francophones in Ontario representing 5.0% of the provincial population. This was a small decrease from the 1991 Census, when Francophones represented 5.4% of Ontario’s population.¹⁵ Although there has been a decline in the proportion of Francophones within the Ontario population, the actual number of Francophones has remained relatively stable with a reduction of only 1,500 Francophones over the ten-year period, 1986 to 1996.

Figure 14-1 — Distribution of Francophones in Ontario by Region, 1996



Source: Census Canada, 1996

However, a redistribution of the Francophone population within the province has occurred. From 1991 to 1996, there was a decrease of 8,730 residents in the North East and an increase of 9,540 in the Eastern region. In 1996, more than two-thirds of Francophones lived in the East and North East (see Figure 14-1). The greatest numbers of Francophones live in the East, although the region with the greatest proportion of Francophones in relation to the region’s population is the North East (see Table 14-1).

Table 14-1 — Regional Representation of the Francophone Population, 1996

| Region | Number of Francophones | Percentage of the Region's Total Population |
|------------|------------------------|---|
| Ontario | 542,340 | 5.0% |
| East | 221,100 | 15.0% |
| Central | 126,650 | 1.8% |
| South West | 25,870 | 2.5% |
| North East | 148,955 | 25.6% |
| North West | 9,760 | 4.0% |

Source: Census Canada, 1996

Note: Due to rounding guidelines the regional figures do not add exactly to the Ontario total.

Francophones were more likely to live in rural areas when compared to the total provincial population. This can be explained by the fact that the majority of Francophones live in the East and North East regions, which are more rural than the other regions. However, within each individual region, the Francophones were more likely to live in urban areas when compared with that region's total population.

Immigration and Minority Groups

Between 1991 and 1996, 27,800 Francophones immigrated to Ontario; three out of five came from Québec and one out of five came from outside of Canada. Only 6% of Francophones were born outside of Canada as compared to 27% of the total Ontario population. In 1996, Francophones belonging to visible minority groups numbered 29,000 or 6% of the total population. These Francophones lived primarily in the urban community of Toronto and in the region of Ottawa-Carleton. They represented 23% and 9% of the Francophone communities in these areas, respectively.

Age Structure

In 1996, the proportion of middle-aged and older Francophones was higher than the Ontario population, and the opposite was true for the younger age groups (see Figure 14-2). Although the overall Ontario population is also aging, the Francophone population is generally “older” than the provincial population. This characteristic has a pervasive impact on the health status of Francophones and their need for health care services.

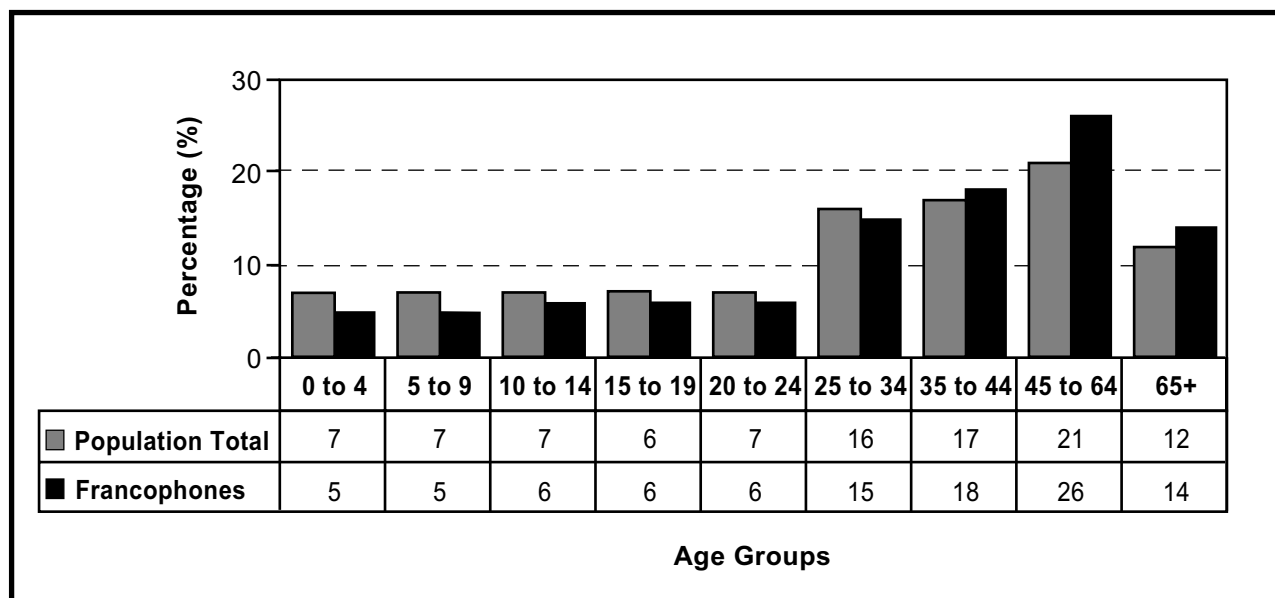
In 1996, the ratio of children to the working age population, those 15 to 64 years of age, was lower for Francophones (23) than for the province overall (31). This phenomenon has an impact on the overall dependency ratio of Francophone seniors and children to the working age population (42), which is not only lower than the province (49) but also consistently lower across all regions.

Social Environment

Education

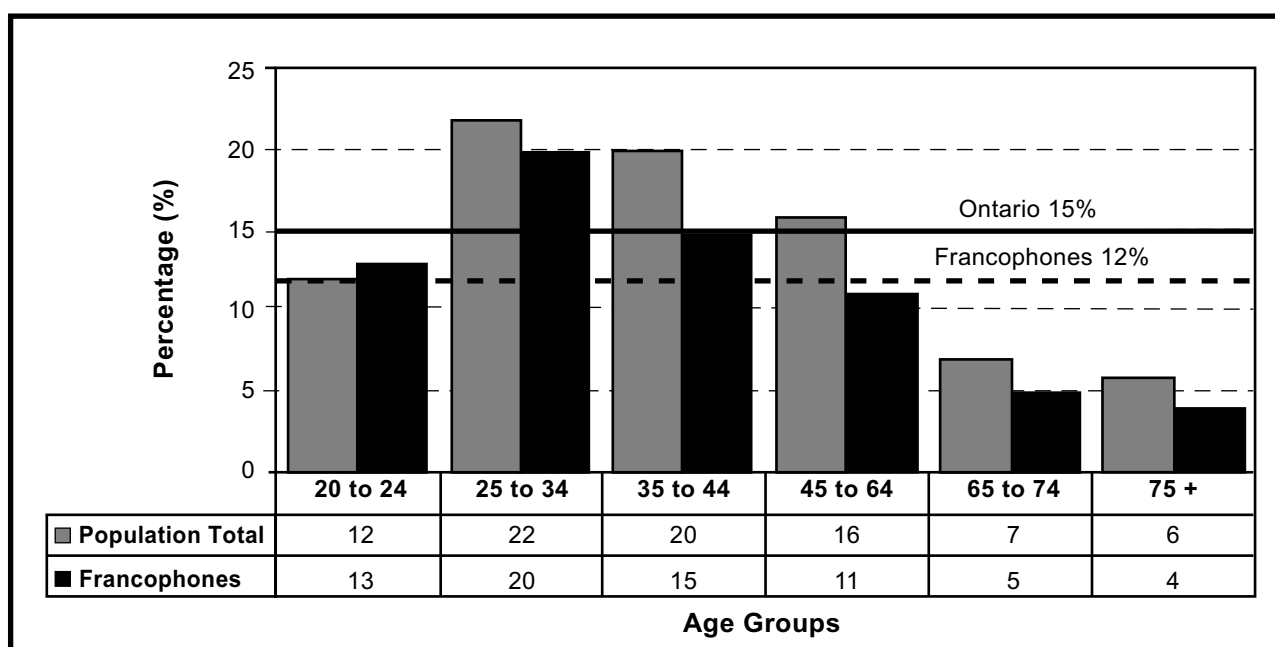
The Francophone population is generally less educated than the overall population. A smaller proportion of Francophones (12%) has a university degree as compared to 15% of the total population, and a larger proportion has not obtained grade nine (15% versus 10%). However, an analysis by age group suggests that these differences are not seen in the younger Francophone age groups. Indeed, for the 20 to 24-year olds and the 25 to 34-year olds, the difference between the Francophone population and the overall provincial population was only 1% and 2% respectively (see Figure 14-3) compared to a 5% difference in those between 35 and 64 years. Regional differences were also noted. Francophones in the East and Central Regions were more likely to have obtained a higher level of education.

Figure 14-2 — Population by Age Groups, Ontario and Francophone, 1996



Source: Census Canada, 1996, 2A, OFA

Figure 14-3 — Population with at least a Bachelor's Degree by Age Groups, Ontario and Francophone, 1996



Source: Census Canada, 1996, 2B, OFA

Literacy

Literacy is closely linked to health. Those with good literacy skills obtain better jobs and have higher incomes and a better quality of life¹⁶. Poor reading skills can impact even simple daily tasks such as reading instructions for medications¹⁷. Literacy is no longer defined by education level, but by differences in reading skill levels (see Table 14-2)¹⁸. The following results for Francophones are based on the International Adult Literacy Survey conducted in 1994.¹⁹

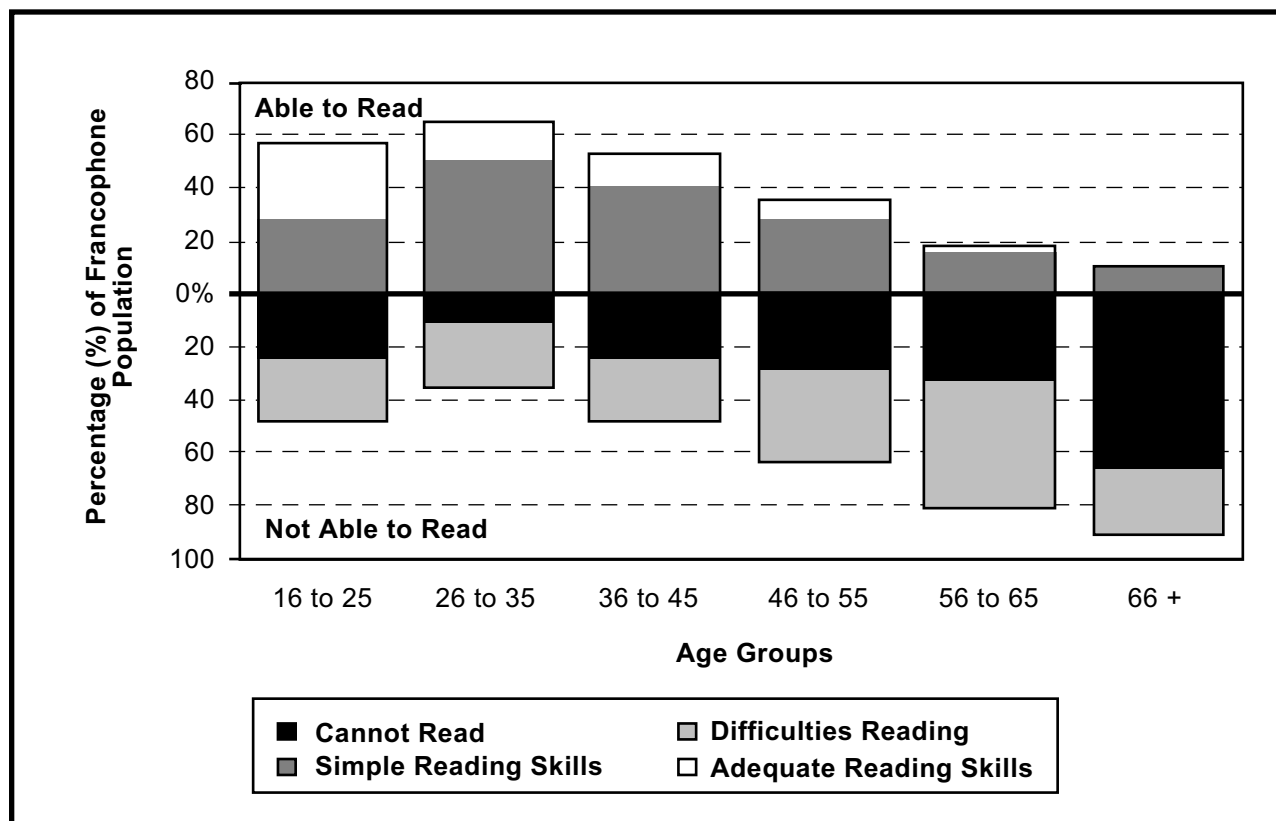
Table 14-2 — Literacy Skill Levels

| | Description of Literacy Skill Level |
|-----------------------------------|---|
| Cannot Read (Level 1) | Have difficulty dealing with printed materials. Most likely identify themselves as people who cannot read. |
| Difficulty Reading (Level 2) | Can use printed materials only for limited purposes such as finding a familiar word in a simple text. Would likely recognize themselves as having difficulties with common reading materials. |
| Simple Reading Skills (Level 3) | Can use reading materials in a variety of situations provided the material is simple, clearly laid out and the tasks involved are not complex. Do not generally see themselves as having major reading difficulties, but they tend to avoid situations requiring reading. |
| Adequate Reading Skills (Level 4) | Meet most everyday reading demands. Diverse group with a wide range of reading skills. |

Overall, Francophones had poorer reading skills than did Anglophones. The concern about lower rates of literacy in the Francophone population has been long-standing.²⁰ Differences in literacy rates between Francophones and Anglophones can be primarily traced to school access. Francophones that are now seniors did not have access to elementary or secondary education in their mother tongue in Ontario; middle aged Francophones had to attend private schools to get a secondary school education in French.

Among Francophones, reading skills decrease with age as illustrated in Figure 14-4. Almost one-third of the adult Francophone population was unable to read (Level 1) and another 30% had difficulty reading (Level 2). Gender differences were also apparent, with 44% of Francophone women in the higher reading skill levels (Level 3 and 4) compared to 34% of Francophone men. Although the regional boundaries used in this literacy survey were different than the boundaries applied to this report, it is still evident that the lowest literacy levels were found outside of the Greater Toronto and Ottawa-Carleton areas.

Figure 14-4 — Literacy Levels for Francophones in Ontario by Age Group, 1994



Source: International Adult Literacy Survey (IALS), 1994

Labour Force Activity

In 1996, the Francophone workforce participation rate was lower (64%) than the province's rate (66%), particularly in the 45 to 65 age group (63% versus 70%). Interestingly, for the under 35 age groups, Francophones had a higher rate of labour force participation compared to their counterparts in the province.

Unemployment rates were the same (9%) for Francophones and the total population of Ontario. However, there were differences between the groups when each gender was considered. Whereas the rate for Francophone women was slightly lower than the provincial rate (9% versus 10%), the opposite was noted for Francophone men (10% versus 9%).

Income

In 1995, Francophones had a slightly lower individual average income (\$27,044) compared to the total population (\$27,309). When age differences are examined, the younger Francophone age groups (less than 35 years old) had a higher average income than the total population, but the reverse was true for the older age groups (35 years and older).

The average income for Francophone women in 1995 represented 65% of the average income for Francophone men, slightly better than the same ratio for the total population (63%). Francophones had a lower family average income than the Ontario population (\$61,887 versus \$64,227). The region with the lowest family average income for Francophones was the North East (\$55,870).

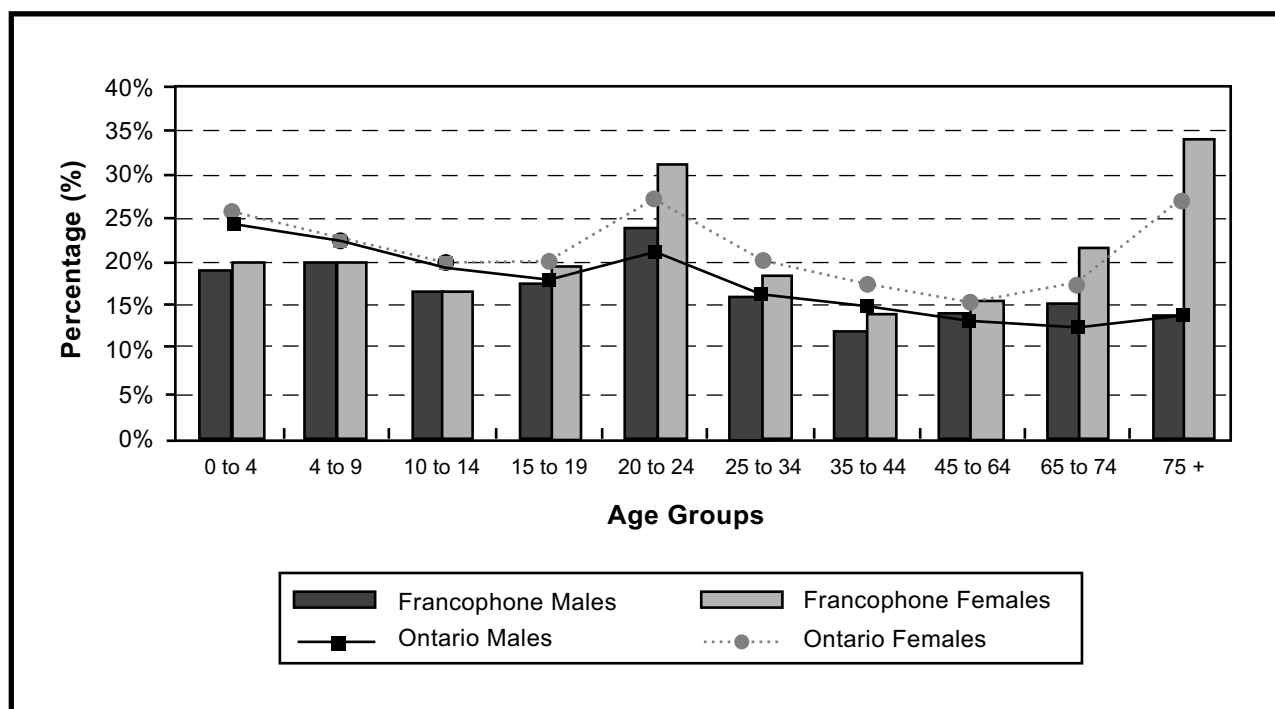
Incidence of Low Income

In 1996, 18% of Francophone women and 15% of Francophone men had incomes equal to, or less than, the low-income cut-offs. This compares with 19% of women and 16% of men in the total Ontario population. Notable age and gender differences were observed (see Figure 14-5). One out of three Francophone women aged 75 and older lived below the low-income cut-offs. This is almost three times higher than the rate for men within the same age group. For women, in the province as a whole, the ratio was about one in four, which is approximately twice that of men. Thirty-one percent of Francophone women in the 20 to 24 age group live in poverty compared with 27% of Ontario women in the same age group and 23% of Francophone men in the same age group.

Family Structure

There was a smaller proportion of lone-parent families in the Francophone population (10%) than in the province as a whole (14%). However there is more variation between the regions among the Francophones (North West 7% compared with the East 11%) than there is among the total population (North West 11% compared to the East 13%).

Figure 14-5 — Low Income by Sex and Age Groups, Ontario and Francophones, 1995



Source: Census Canada, 1996, 2B, OFA

One Francophone in five lives alone or does not live with their immediate family (children or parents). This represents 20% of Francophone women and 19% of Francophone men compared to 17% and 15% respectively in the total population.

General Health Status

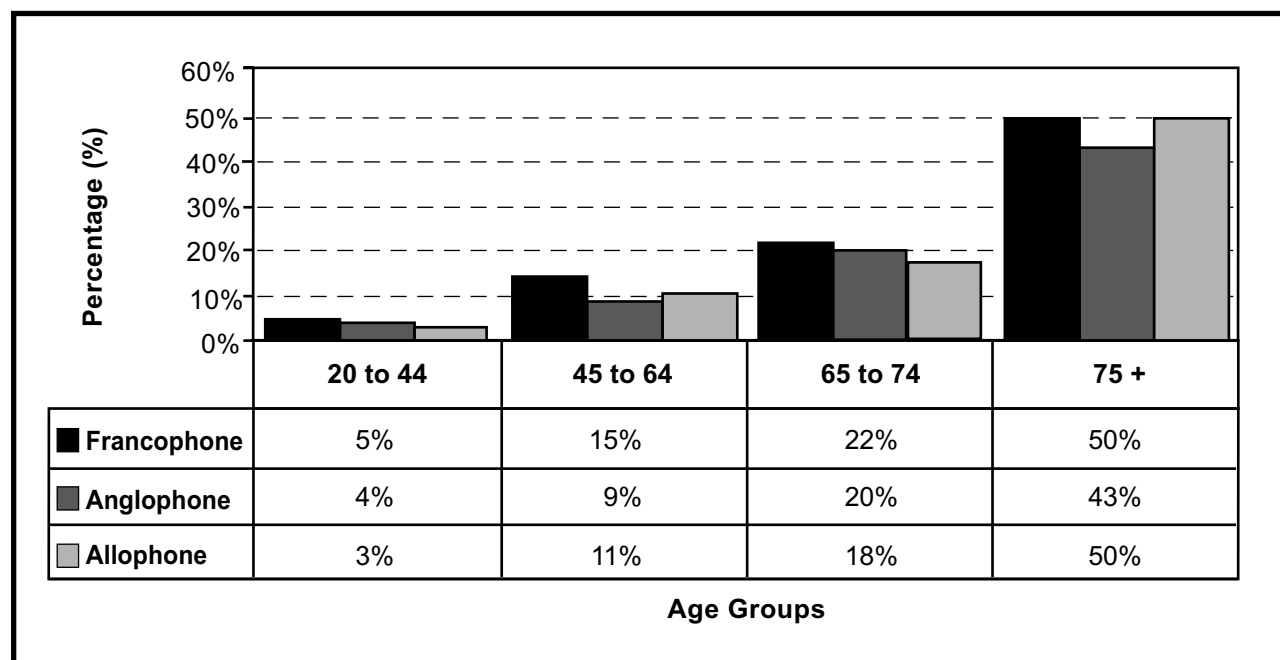
Self-Rated Health

Francophones (62%) were less likely to rate their health status as “very good” or “excellent” compared to the total population in Ontario (65%). This difference persisted across all age groups. However, within both the overall population and the Francophone population, the proportion that rated their health as “very good” or “excellent” decreased with age. A lower proportion of Francophones (62%) than Anglophones (67%) rated their health as “excellent” or “very good”; however Allophones (57%) had the lowest proportion.

Activity Limitation

Based on the 1996 Census, a greater proportion of Francophones reported some activity limitations due to physical and/or mental disabilities as compared to the total population (see Figure 14-6). This difference may be explained in part by the fact that the Francophone population is older. Activity limitations generally increase with age and remain consistent for both males and females. According to the OHS 1996/97 results, there were no significant differences in long-term disabilities or handicaps between Francophones (11%) and Anglophones (10%), but both groups had higher proportions than the Allophones (8%). Among Francophones, a higher prevalence of long-term disability or handicap was noted in the North.

Figure 14-6 — Activity Limitation by Language Group and Age Group, 1996



Source: Ontario Health Survey, 1996/97

Activities of Daily Living

A greater proportion of Francophones (11%) reported that they need assistance with activities of daily living than their Anglophone counterparts (9%). The increased need for assistance associated with age offers some explanation for this finding in the Francophone population which is older than the Anglophone population.

Chronic Disease and Injury

Chronic Disease

As illustrated in Table 14-3, Francophones had slightly higher rates of asthma, bronchitis, emphysema and hypertension than the total population. These results are not surprising given that the smoking rates are higher in the Francophone population. The rates for heart disease were not statistically different although they approached significance. In addition, the musculo-skeletal problem rate was higher in the Francophone population. This is a consistent finding with the analysis of the OHS '90.²¹

Table 14-3 — Chronic Diseases, Comparison by Language Groups, Ontario

| Chronic Condition | Ontario (%) | Francophones (%) | Anglophones (%) | Allophones (%) |
|--|-------------|------------------|-----------------|----------------|
| Cancer | 1.6 % | 1.8 %* | 1.7 % | 1.3 % |
| Heart Disease | 4.2 % | 5.4 % | 4.1 % | 4.1 % |
| Stroke | 1.0 % | 1.1 %* | 1.0% | 1.0 % |
| Bronchitis/Emphysema | 2.8 % | 4.6 % | 2.0 % | 1.5 % |
| Diabetes | 3.2 % | 3.4 % | 3.1 % | 3.8 % |
| High Blood Pressure | 10.1 % | 11.2 % | 9.5 % | 12.1 % |
| Musculo-skeletal Long-term Disability | 4.3 % | 5.8 % | 8.3 % | 3.8% |
| Asthma | 7.5 % | 9.7 % | 8.3 % | 3.8 % |

Source: Ontario Health Survey, 1996/97

Note: Estimates with co-efficients of variation between 16.6 and 33.3 are indicated with a * and should be interpreted with caution.

Injuries

No difference was noted between the rate of injury in the Francophone population (9%), the provincial rate or the rate of those in the other linguistic groups.

Mental Health

Social Support

In 1996, a smaller proportion of Francophones (86%) rated their social support level as “high” compared to the total population (89%) and to the Anglophone (90%) population. There was, however, no difference between the Allophone (86%) and Francophone population.

Service Use

The proportion of the Francophone population (8%) that had consulted a mental health professional in the past year was significantly different than the non-Francophones (6%). However, when this group was further subdivided the difference between Francophones and Anglophones (7%) was not significant, whereas the Allophones (5%) remained significant. A greater percentage of Francophone women (6%) tended to be frequent users of mental health professionals (four or more visits per year) as compared to women in the province generally (4%). Several regional studies also highlight the health service needs of Francophones in the area of mental health.^{22,23}

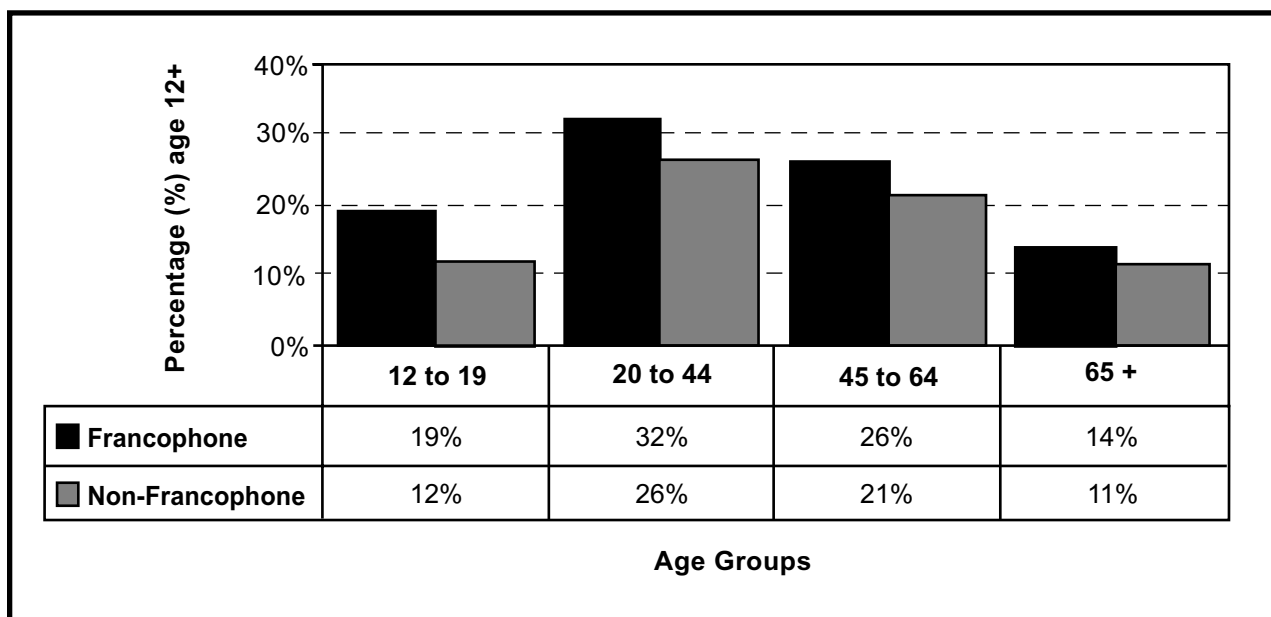
Francophones were also more likely to have had a major depressive episode in the last 12 months. There was a small but significantly greater proportion of Francophones (5%) that experienced depression than non-Francophones (4%). However, once this group was sub-divided, the Allophone rate (3%) remained significantly lower than the Francophone rate, while the Anglophone rate (4%) was not significantly lower.

Behaviour and Health

Smoking

Overall, a significantly greater proportion of Francophones smoke as compared to other language groups. In 1996, there was a higher rate of smokers (age 12 and over) among Francophones (30%) than in the Anglophones (27%) or the Allophones (19%). Furthermore, if comparisons are limited to current daily smokers, these differences persisted: Francophones (26%), Anglophones (22%) and Allophones (14%). The difference between the language groups was also consistent across all age groups as illustrated in Figure 14-7. Francophones were also less likely to have never smoked (39%) as compared to the total population (47%).

Figure 14-7 — Current Daily Smokers by Language Group by Age Group, Ontario, 1996



Source: Ontario Health Survey, 1996/97

As in the province overall, an association was noted between income and smoking; 37% of low-income Francophones were daily smokers, compared to 24% in the middle to high-income category. A relationship may also exist between current income levels and the age at which Francophones began smoking. Forty-eight percent of low income Francophones, who had smoked daily at one point in their lives, started smoking daily at 15 years of age or less compared to 40% of the same group for the non-Francophones. This difference approaches statistical significance.

Along with a higher smoking rate among Francophones comes a greater exposure to second-hand smoke. In 1996, 69% of Ontarians lived in smoke-free homes. This percentage was significantly lower for Francophones (62%). This rate was also lower than the rate for the Anglophone (67%) and Allophone (77%) populations.

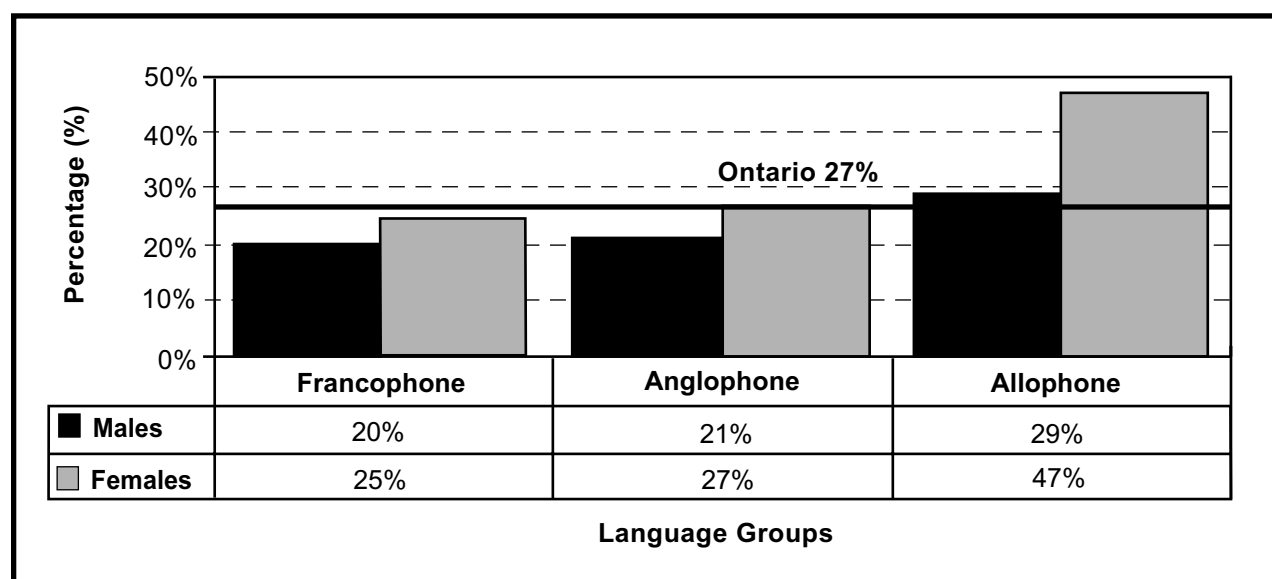
Francophones in the North (31%) were more likely to be daily smokers than those in the other regions, for example the East (25%) and the South (25%). Similarly, Northern Francophones were more likely to have started smoking at a younger age, less likely to have never smoked and less likely to live in a smoke-free home.

Alcohol Consumption

Among the linguistic groups, Francophones presented the lowest proportion of abstainers (see Figure 14-8). More females than males were abstainers. There was no significant difference between the Anglophones (93%) and Francophones (95%) with respect to the proportion of low-risk drinkers. However, differences in drinking patterns emerge between the linguistic groups.

A lower proportion of Francophones (9%) tended to report having five or more drinks on one occasion than did their Anglophone counterparts (11%). Allophones (5%) were significantly lower than both groups. Whereas in Ontario, more women than men are low risk drinkers, this gender difference was not significant in the Francophone population.

Figure 14-8 — Proportion Abstaining from Alcohol by Sex and Language Group, Ontario, 1996

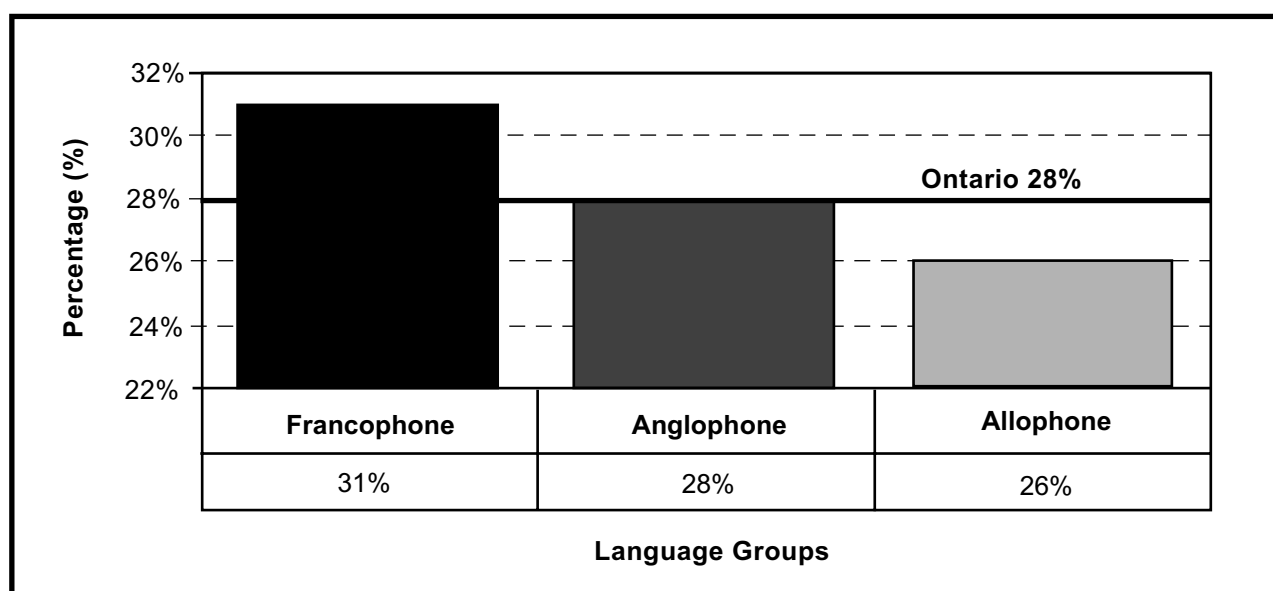


Source: Ontario Health Survey, 1996/97

Healthy Weights

Less than half (44%) of Francophones had an “acceptable weight” according to their Body Mass Index (BMI 20-27); almost a third of Francophones (31%) between the ages of 20 and 64 years were overweight in 1996, which was higher than the overall provincial rate (28%). This is mainly due to the significant difference between the Francophone and Allophone population (see Figure 14-9). In the total population, a significant relationship between weight category and smoking status also exists. In the Francophone population, 33% of those who were underweight (BMI<20) were smokers compared to 24% of those who were overweight (BMI>27).

Figure 14-9 — Proportion Overweight (BMI >27) by Language Group, Aged 20-64 years old, Ontario, 1996/97

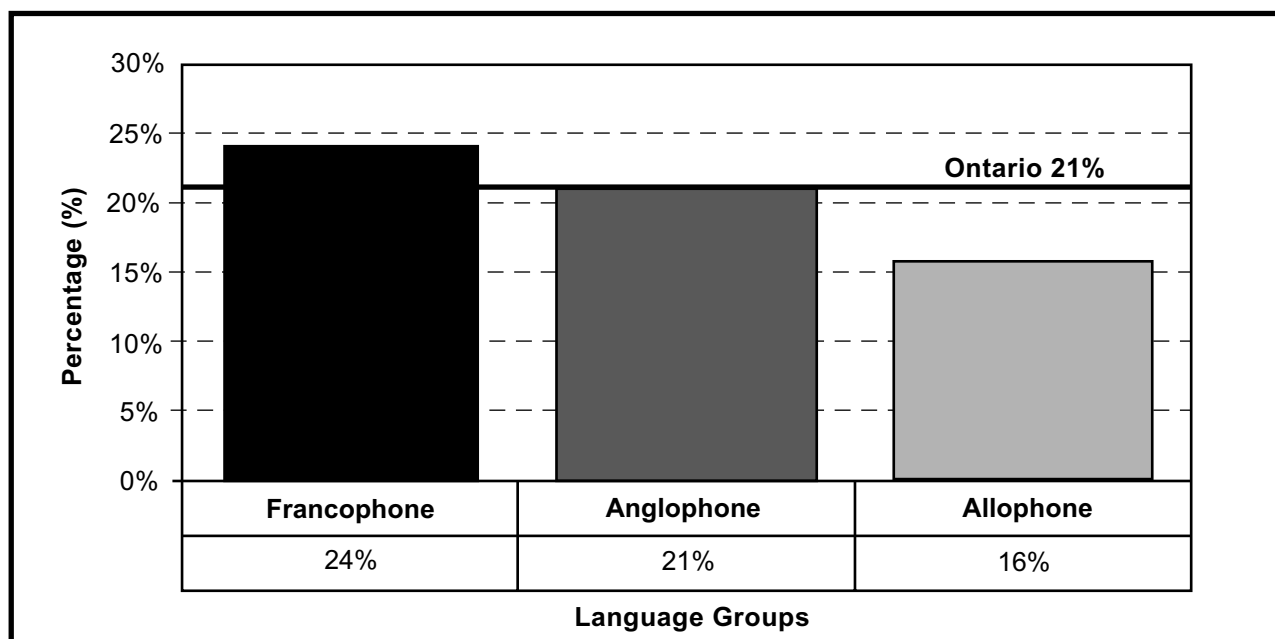


Source: Ontario Health Survey, 1996/97

Physical Activity

Contrary to what might be expected, given an aging Francophone population, a significantly greater proportion of Francophones (24%) were “active” according to the Physical Activity Index, than in the overall Ontario population (21%). It should be noted, however, that the overall rate for groups is low. When the linguistic groups were compared, differences between the Allophones and Francophones remained significant while differences between the Francophone and Anglophone population only approached significance (see Figure 14-10). Physical activity generally decreased with age for the Francophone and the total Ontario population.

Figure 14-10 — Percentage that are Physically Active by Language Group, Ages 12 and over, Ontario, 1996/97

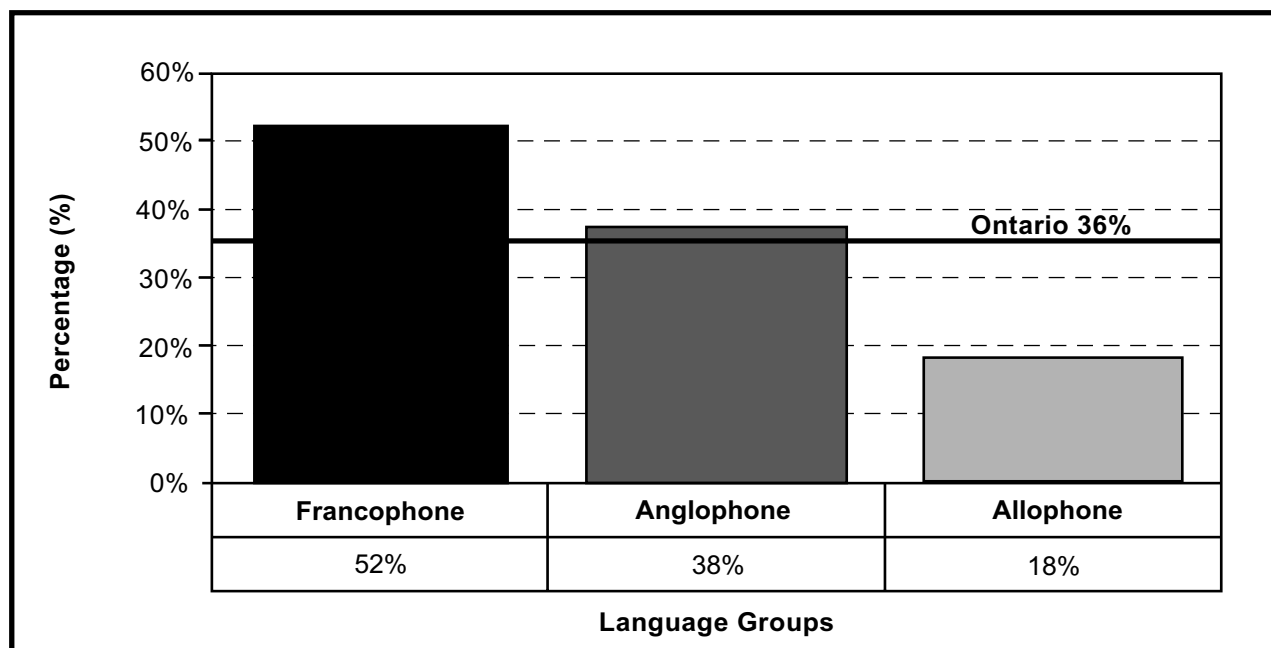


Source: Ontario Health Survey, 1996/97

Sexual Health

The proportion of Francophones (51%) that reported having had intercourse before the age of 18 years was not significantly different from the overall Ontario population (46%) or from the Anglophones (50%). However, over one-half of Francophone youth reported being sexually active compared to just over one-third of the total youth population aged 15-19; the Francophone rate was also higher than the rate for the other linguistic groups (see Figure 14-11). As for condom use, the overall provincial rate (61%) was not significantly higher than the rate for Francophones (51%). It should be noted that with respect to sexual health, some of the identified differences may be due to the proportion of missing responses. The non-response rate for Francophones was lower than the rate for Anglophones and Allophones.

Figure 14-11 — Youth Sexual Activity by Language Group, Aged 15-19, Ontario, 1996/97



Source: Ontario Health Survey, 1996/97

Consequences of Health Problems

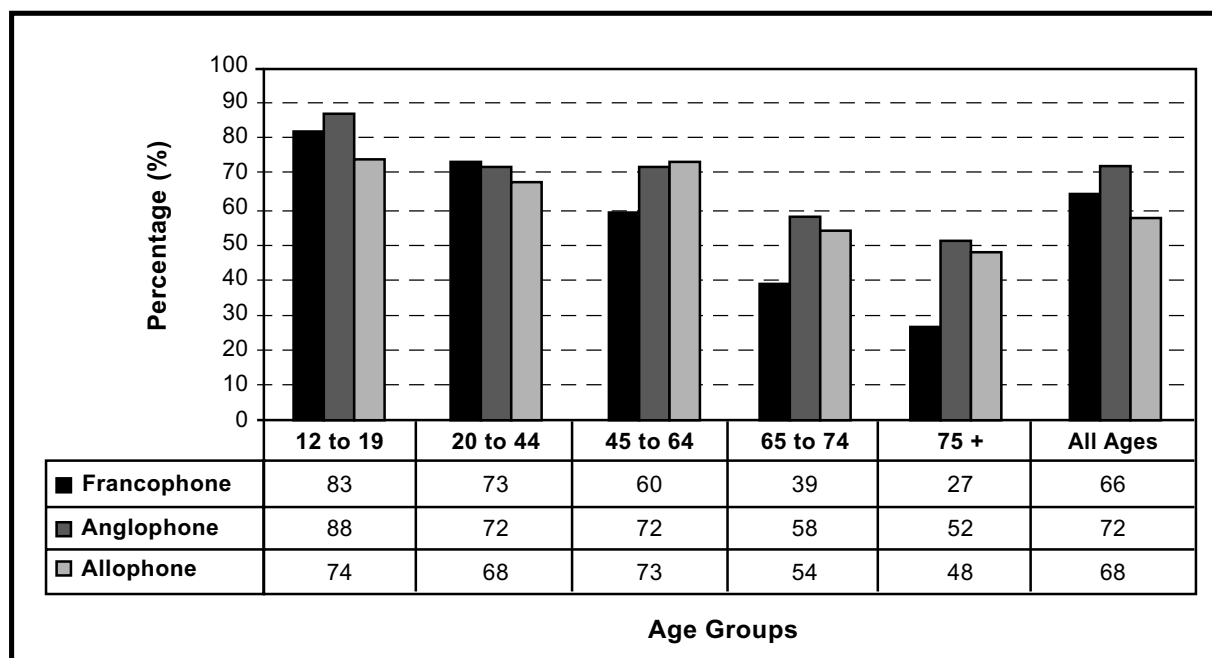
Medication Use

The Francophone population does not differ from the total population in its use of medications: in 1996, 81% of Francophones had taken medications in the last month compared to 79% for the province as a whole.

Use of Health Services

Francophones were less likely to visit their dentists even when there was no difference in dental insurance coverage; this was even more obvious among the older age groups, those 45 years and older (see Figure 14-12).

Figure 14-12 — Proportion of People who Visited a Dentist Within the Past Year by Language Group and Age Group, Ontario, 1996/97

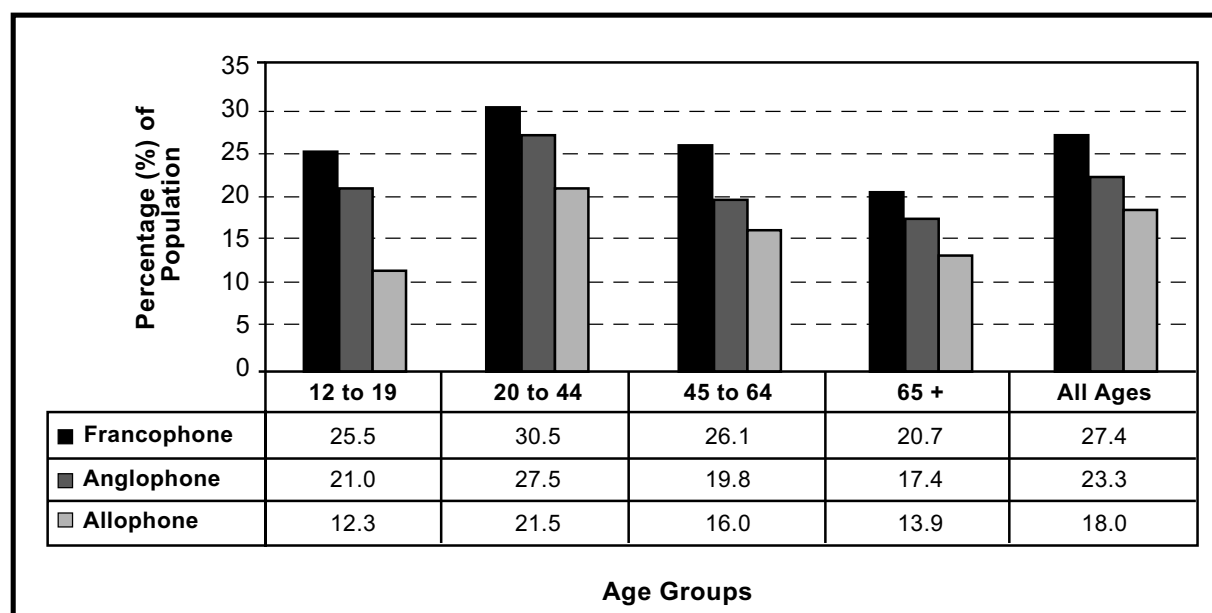


Source: Ontario Health Survey, 1996/97

There was no difference between the Francophone population and the total population in the rate of family physician visits.

The Francophone population used emergency services across all age groups more than the Anglophone and Allophone population (see Figure 14-13). Regional patterns of use did not appear to explain this finding.

Figure 14-13 — Use of Emergency Services within the Previous 12 months by Language Group and Age Group, Ontario, 1996/97



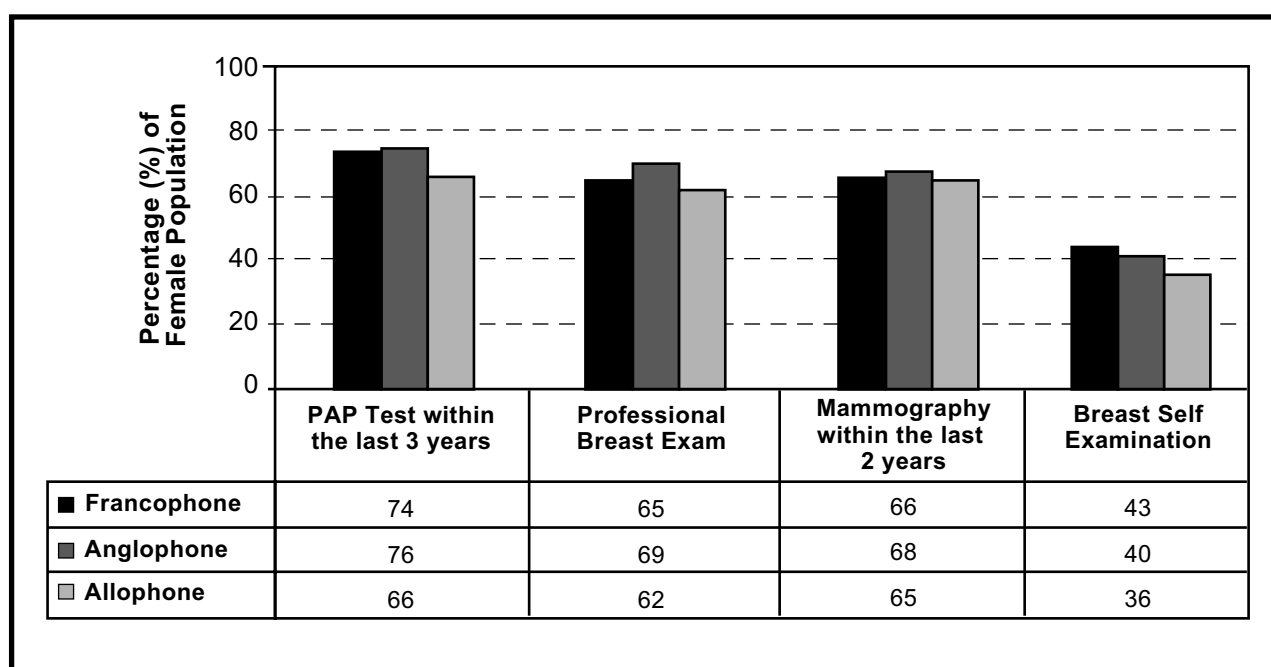
Source: Ontario Health Survey, 1996/97

The percentage of Francophones over the age of 65 that reported getting their flu shot in the past year (55%) was not significantly different from the rate in the total population over the age of 65 (60%). Nevertheless, it was much lower than the recommended provincial target of 70% coverage rate for seniors as outlined in the Mandatory Health Programs and Services Guidelines.²⁴

Cancer Screening

As illustrated in Figure 14-14, there was no difference between Francophone and Anglophone women in the rates of cancer screening. These included regular PAP tests, breast examination by a health professional, mammography and breast self-exam. The Allophones were significantly lower for all screening tests except mammography.

Figure 14-14 — Cancer Screening Participation of Females by Language Group, Ontario, 1996/97



Source: Ontario Health Survey, 1996/97

Conclusion

The Francophone population differs from the total population in Ontario in several key demographic characteristics and would benefit from programs and services tailored to its needs. Although data sources are limited, differences in health status have been identified. Some of these differences are positive, meaning they portray a better health status, while others are negative. On the positive side, compared to all Ontario, a higher proportion of Francophones were physically active and reported using alcohol wisely. Although the rate of alcohol use does not differ, the patterns of alcohol use do show less binge drinking (drinking 5 or more drinks on one occasion).

On the negative side, compared to the total Ontario population, a lower proportion of Francophones rated their health as “very good” or “excellent” and a higher proportion indicated that they need assistance with activities of daily living. Francophones reported less social support, and Francophone women consulted mental health professionals more often.

Francophones were also slightly more likely than the total Ontario population to suffer from some chronic diseases especially those that have been linked to tobacco use, for example asthma and bronchitis. This is consistent with Francophones reporting higher rates of smoking.

Several possible explanations could account for the differences noted in this report. Older age distribution, differences in some key determinants of health (such as literacy), and differences in health behaviours (such as smoking), all come into play. Regional variations could also account for some of these findings. As with the general provincial pattern, Francophones in the North differ from the other Francophones in both health status and health behaviours.

It is important to recognize that the Francophone population is not homogeneous, and in fact, 6% are visible minorities. Francophones in Ontario tend to be older, less literate and have lower participation in the workforce. However, gains in education and employment are noted in the younger Francophone population. With regard to income level, one-third of Francophone women over 75 years were living in poverty in 1995.

For some time, access to health services in French has been a key priority of the Francophone community in Ontario. Analysis of the OHS 1996/97 provided limited information on the use of health services (higher rate of emergency services use and a lower tendency to consult a dentist were noted among Francophones versus the total population of Ontario). Since health care resources are limited, there is also a need to balance the need for treatment services with the need for preventive services.

There is a need to strengthen preventive services targeted specifically at the Francophone population. Smoking, overweight, lack of literacy and low income all appear to be major factors that are amenable to prevention.

Appendix 14-1 — **Recommendations from the “Rapport sur la santé des francophones de l’Ontario”**

Recommendations

- The use of a uniform definition of “Francophone” preferably using “mother tongue” on surveys and studies is strongly recommended.
- The lack of available data sources with a mother tongue variable must be addressed. A language variable should be encouraged on all government funded research initiatives. Linking of OHS data sets in the Data Warehouse to other existing data should be explored to address the lack of data on mortality, morbidity, and reproductive health for Francophones. Over-sampling in future OHS surveys should occur to allow sub-analysis by gender, age groups and regions.
- A directory of the existing data sources on Francophone health should be established.
- The impact of certain determinants of health such as literacy must be taken into account in planning service delivery.
- Health service planning should account for the unique features of the Francophone population and the existence of subgroups within the Francophone community. It is not a homogeneous population. Involving Francophones in the planning, implementation and evaluation is essential to ensure that services are tailored to best meet the needs of the Francophone population.
- Additional research is required to clarify ambiguous findings, fill many identified gaps and explain some of the observed differences.
- In conjunction with future provincial health surveys, subsequent reports should be produced as a follow-up to this first Francophone health status report.

Glossary of Terms

| Term | Definition Used |
|--------------------|--|
| Allophones | Someone who did not identify either “English” or “French” as one of their “mother tongues”. |
| Anglophones | Someone who did not identify French as a mother tongue but who did identify “English” as at least one of their “mother tongues”. |
| Francophones | Someone who identified French as at least one of their “mother tongues”. |
| Mother Tongue | Language(s) a person first learnt to speak at home as a child and can still speak at the time of the Census. (See Population Glossary) |
| Population Density | Ratio of the number of residents divided by the total surface area for a defined geographic region. |

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