

# Disparities, Health Services Policies, and Minority Francophone Older Adults in Canada



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# Background

- Compared to the majority, people from minority communities tend to be in poorer health (lower access to health services, greater morbidity/mortality rates, shorter life expectancy).
- High burden of ill-health and disability related to structural conditions such as poor social policies and programmes, inequitable economic structures, and deficient politics.
- In Canada, increasing evidence suggests a negative impact of disparities on OLMC health, especially in Francophones outside of Quebec.

# Objective

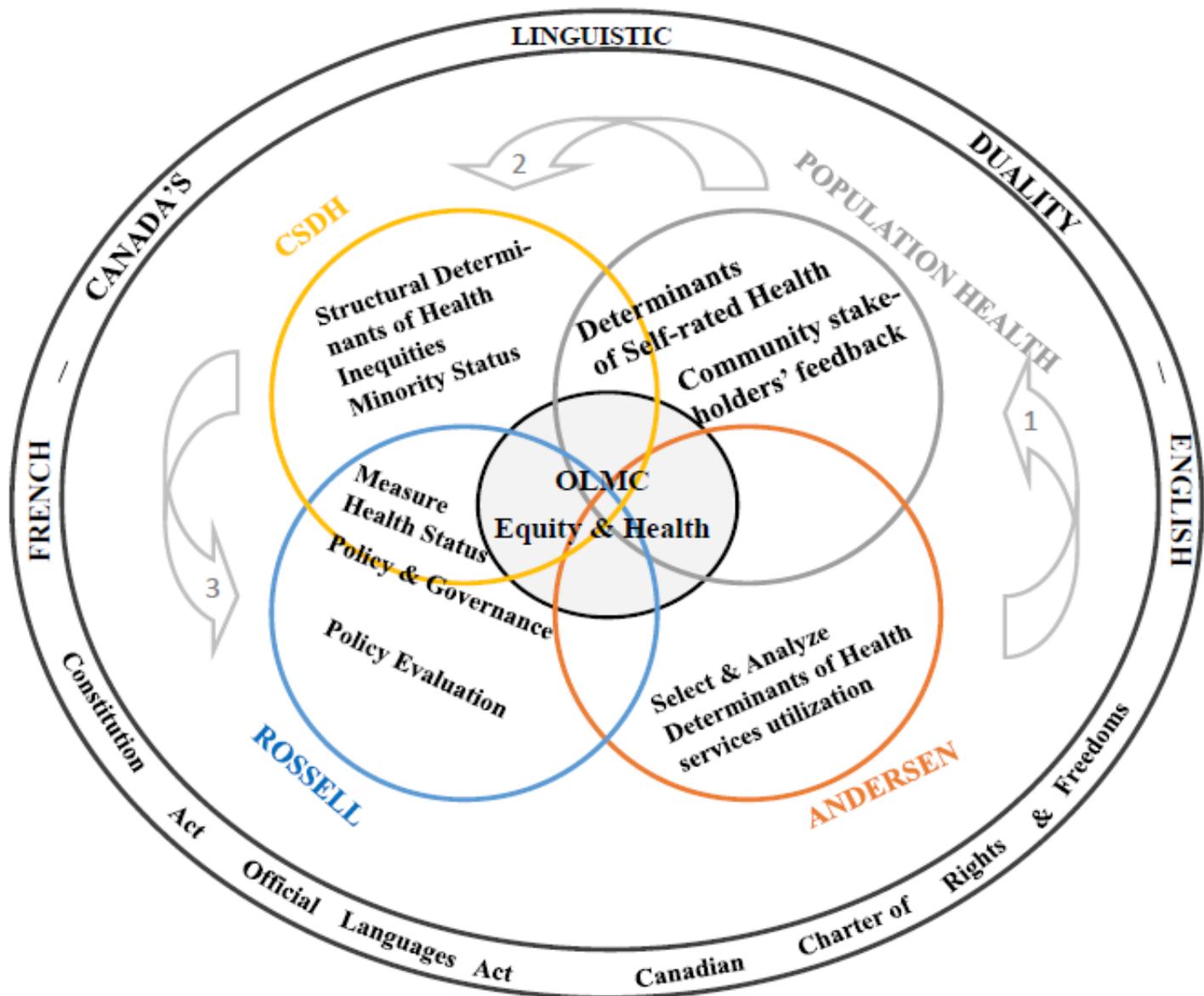
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Examine the contribution of policies and policy regimes in furthering or reducing health disparities between Canadian Francophone minority older adults and the general Canadian population of older adults.

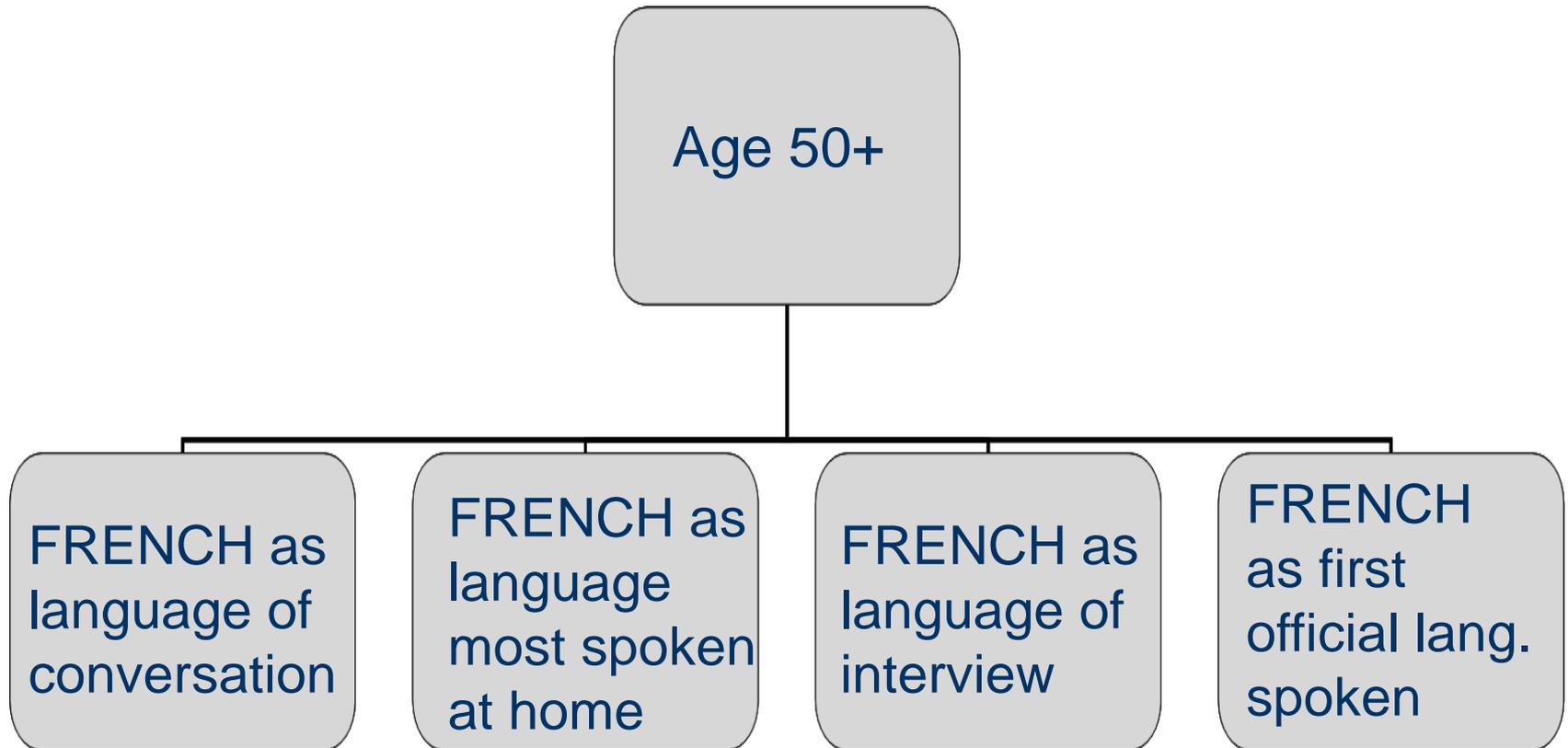
# Conceptual Approaches

- Constitutional Framework for Official Languages in Canada
- WHO's Conceptual framework for action on the Social Determinants of Health (CSDH)
- Rossell's framework of criteria for evaluating public policies
  - Criteria: Equity, Effectiveness, efficiency, political feasibility, & health impact

# Overarching Framework for Research on Canada's OLM Older Adults



# Methods: Population Definition



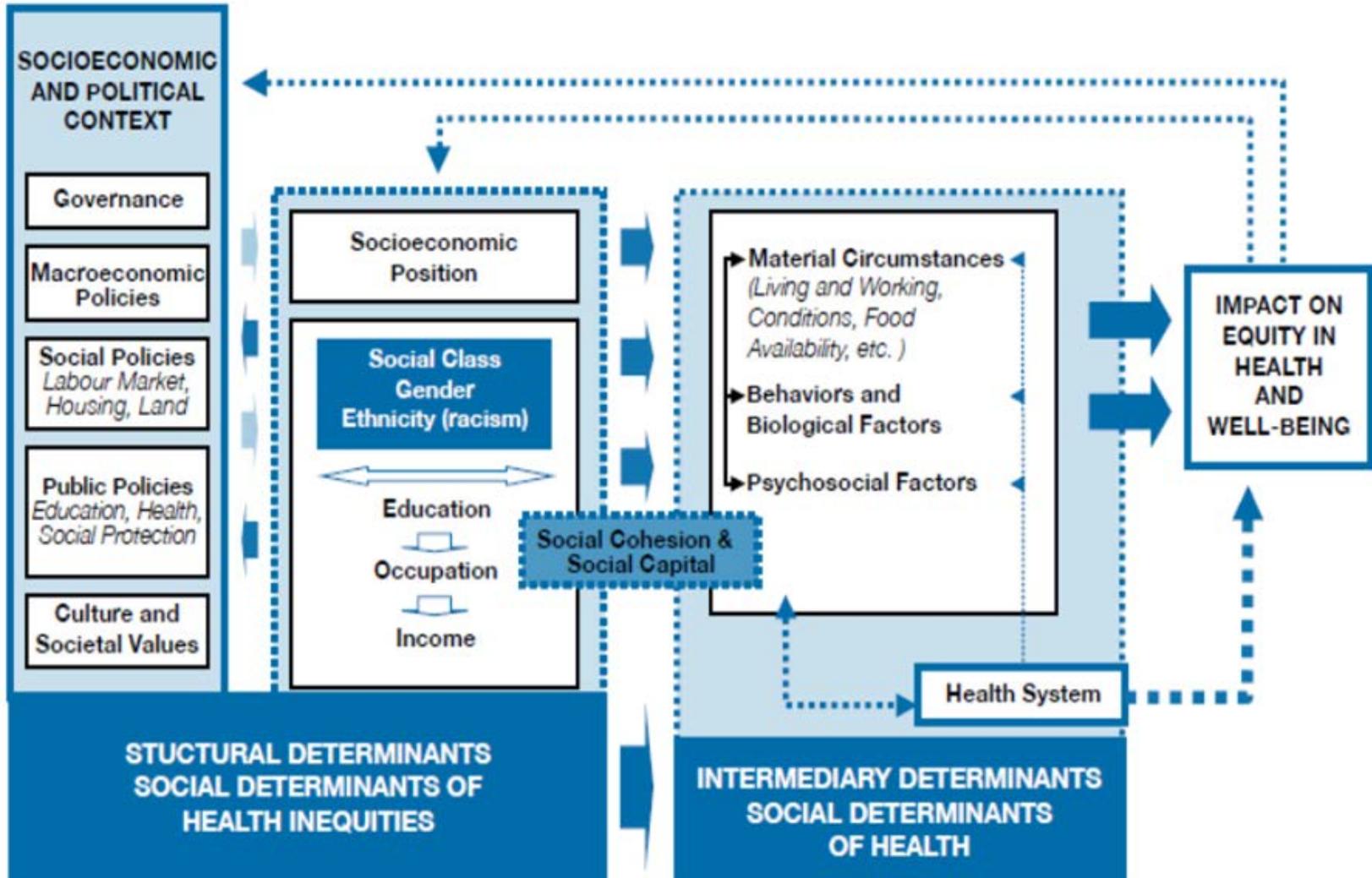
# Methods: Data Source & Analysis

- Two nationwide surveys:
  - The 2006 post-census Survey on the Vitality of Official Language Minorities (SVOLM)
  - The 2007 Canadian Community Health Survey (CCHS) by Statistics Canada.
  - MLR used and SRH coded as: 1-Excellent, 2-Very Good, 3-Good, 4-Fair, 5-Poor.
- Feedback from minority Francophone community members on findings

# Methods: Older adults Samples (50 +)

Region / Province	Sample size SVOLM	CCHS
Maritimes	1,845	
Ontario	1,757	
Western Canada	1,289	
Territories	Excluded	
	<b>4,888</b>	
Quebec	<b>3,161</b>	
Canada	<b>8,049</b>	<b>24,803</b>

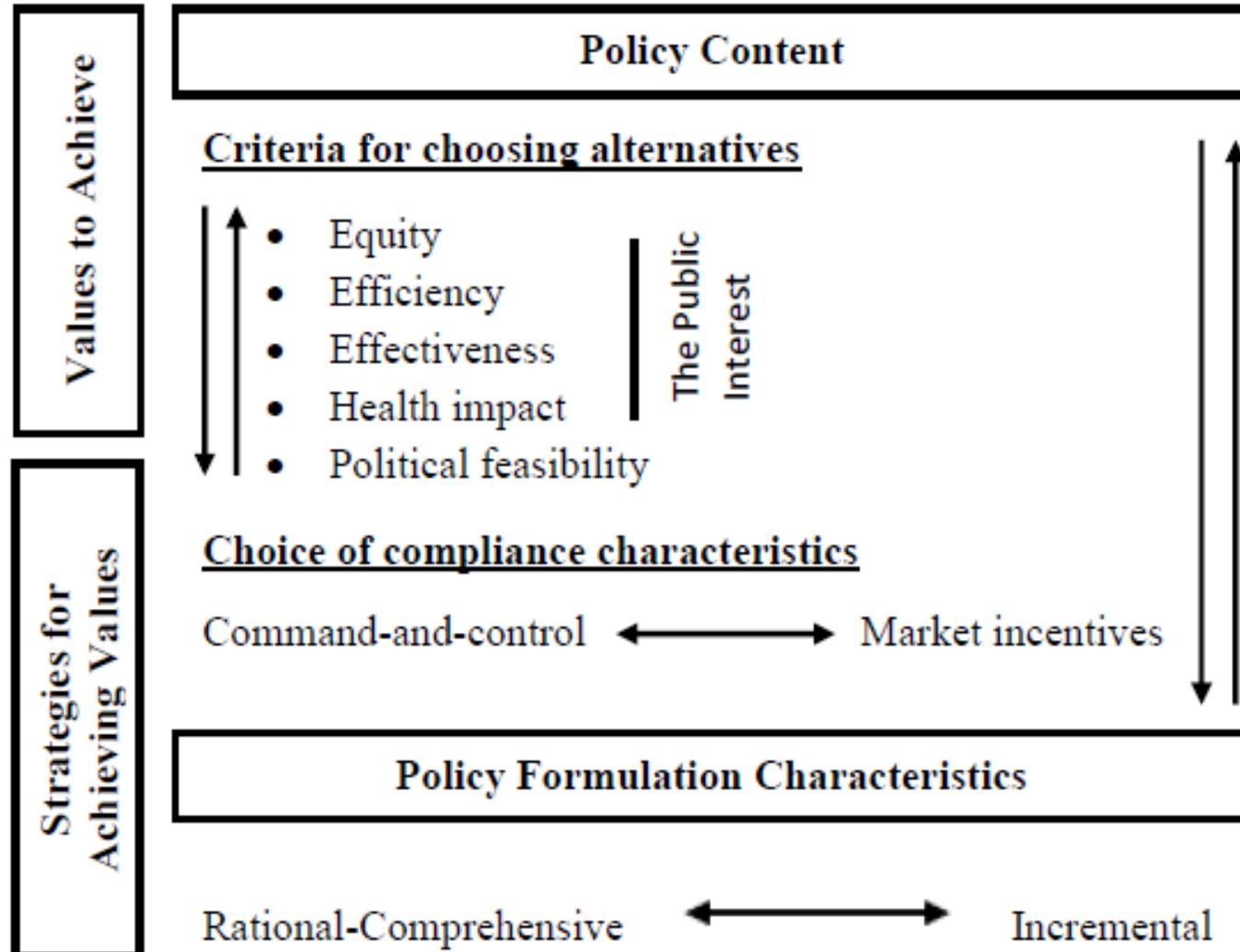
# WHO's CSDH Framework for Action



# Methods: Policy Analysis

- In-depth look at provincial health services policies/legislation
- With focus on the Saskatchewan Government French-language services policy
- Policy evaluation based on the following criteria on an adapted version of Rossell's framework: Equity, Efficiency, Effectiveness, Health Impact, & Political feasibility
- And whether the policies adopt a hands-on or hands-off approach

# Methods: Rossell framework & policies



# Key findings: Francophones outside Quebec

- MFOA consistently rated their health more poorly than their counterparts in the general population
- Higher concentration of francophone community associated with poorer SRH
- MFOA's weak sense of belonging to their FR community
- MFOA significantly less likely than their ANG counterparts in QC to request services in their language
- Not known from this study, is the extent to which OLM status alone is associated to SRH.
- Feedback from FR community members emphasized the role of assimilation and structural inequities as contributing to health disparities and to the low vitality of their communities.

Provinces & Territories	Evaluation Criteria (Adapted from Rossell)						
	Equity	Efficiency	Effectiveness	Political feasibility	Hands-on approach	Comprehensive	Health impact
NB	+	+	+	+	+	+	+
Quebec	+	+	+/-	+/-	+	+	+
Manitoba	+	-	+	+/-	+/-	+	+
Ontario	+	+	+/-	+/-	+/-	+/-	+
NS	+	+	-	-	+/-	-	+/-
P.E.I	+	+	-	-	+/-	-	+/-
SK	+	-	-	-	-	-	+/-
Alberta	+	-	-	-	-	-	+/-
BC	-	-	-	-	-	-	-
Nfld & Lb	-	-	-	-	-	-	-
Yukon	+	-	+	+	+	-	+
Nunavut	+	-	+	+	+	-	+
NWT	+	-	+	+	+	-	+

# Canada's Policy Environment as a Bilingual Country

- Constitution Act (1867), the Official Languages Act (1969 & 1988), the Charter of Rights & Freedoms (1982) set parameters for Canada's linguistic duality
- But Canada is a federation with provincial jurisdictions and their own policy regimes
- These policy regimes play a greater role in shaping the lives of FR outside Quebec

# Policies and Health Disparities

- Inequitable policies create structural and systemic social inequities that further health disparities
- In provinces with less prescriptive policies, MFs struggle significantly to access health services in French
- Policies & policy regimes have a major impact on the vitality, sense of belonging, and social capital of MFs, which in turn impact their access to health services

# Discussion

- There is debate over whether Canada has reached a demand/supply equilibrium with regards to services to MF Canadians as a study recently suggested
- The MF population size (and concentration) policy challenge
- Shared constitutional/legislative guarantees and challenges with Canada's First Nation & Aboriginal populations
- Countries with OLMs such as Spain, Belgium, Wales, and Finland, have more extensive and equitable policies than Canada
- In Wales, government action has increased access to health services in the Welsh language

# Strengths & limitations

- Strengths
  - We know (at a broad level) the impact of policy on minority FR's access to health services in French
  - Easy access to provincial policies and other legislation
  - Strong conceptual frameworks (CSDH & Rossell)
- Weaknesses
  - Not able to discriminate at the prov. level, the impact of policies on min. FR and compare prov. by prov.
  - Great divergence in focus and approach of policies across provinces (and territories)

# Conclusion

- More aggressive, hands-on, equitable policies needed
- More concerted efforts by federal and provincial/territorial governments needed in addressing social inequities reinforcing health disparities among MFOA.
- This will help legitimize health services in French for minority FR populations, reduce the disparity gap, and improve their health.

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**Merci!**

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