La santé, l'accès aux soins de santé, et l'assurance-maladie complémentaire chez les minorités de langue officielle au Québec

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McGill
Bourses d'études supérieures du Canada Vanier Canada Graduate Scholarships
CHSSN
IHSP Institute for Health and Social Policy
Health Canada Santé Canada

Questions de recherche

Quel est l'effet de l'assurance maladie complémentaire chez les anglophones unilingues québécois pour:

1. La santé?
2. L'accès aux soins de santé?
3. Les besoins en soins de santé non-satisfaits?

Composition linguistique du Québec

Recensement 2011

Francophone seul.	51.8%
Bilingue	42.6%
Anglophone seul.	4.6%
Autre	1.0%

2011 Census

Composition linguistique du Québec

Recensement 2011

Francophone seul.	51.8%
Bilingue	42.6%
Anglophone seul.	4.6%
Autre	1.0%

Base de données

Anglophone **bilingue**	76.2%
Anglophone **unilingue**	23.8%

2010 CROP-CHSSN

Donnés

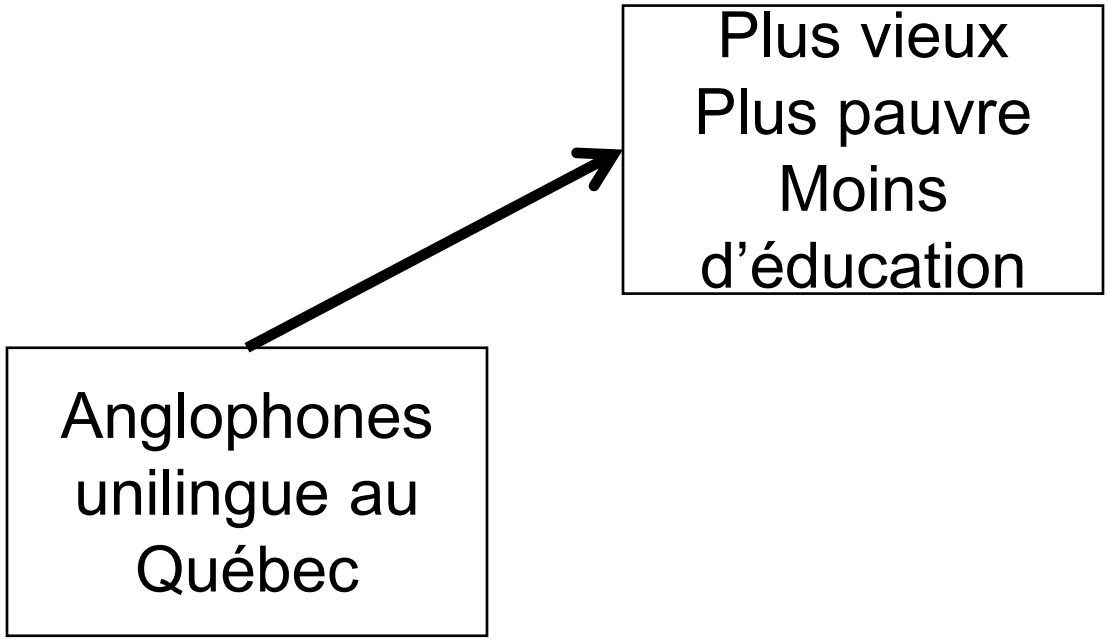
2005-2010 CHSSN-CROP Community Vitality Survey

- Anglophones du Québec
- N=3195
- 200 variables
- Les 17 régions administratives
- Mesures Linguistiques: l'identité française; la capacité de parler, lire, écrire; l'usage quotidien; langue maternelle
- Mesures de Sante: La santé auto-evaluée, l'accès aux soins de santé, l'assurance-maladie complémentaire.

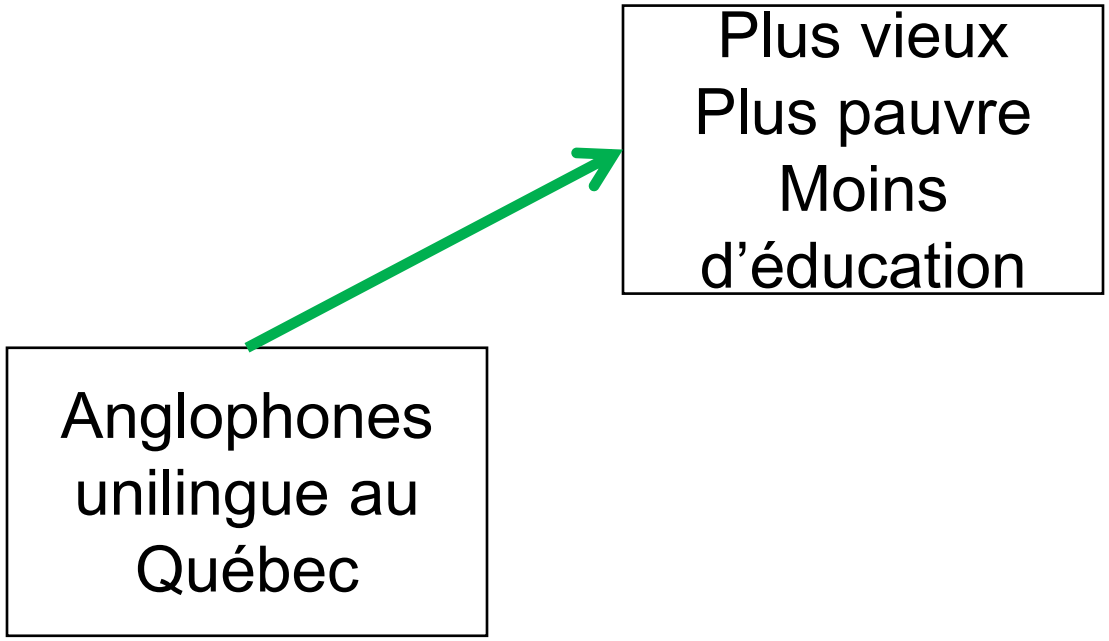
Le défi

Anglophones unilingue au Québec

Le défi

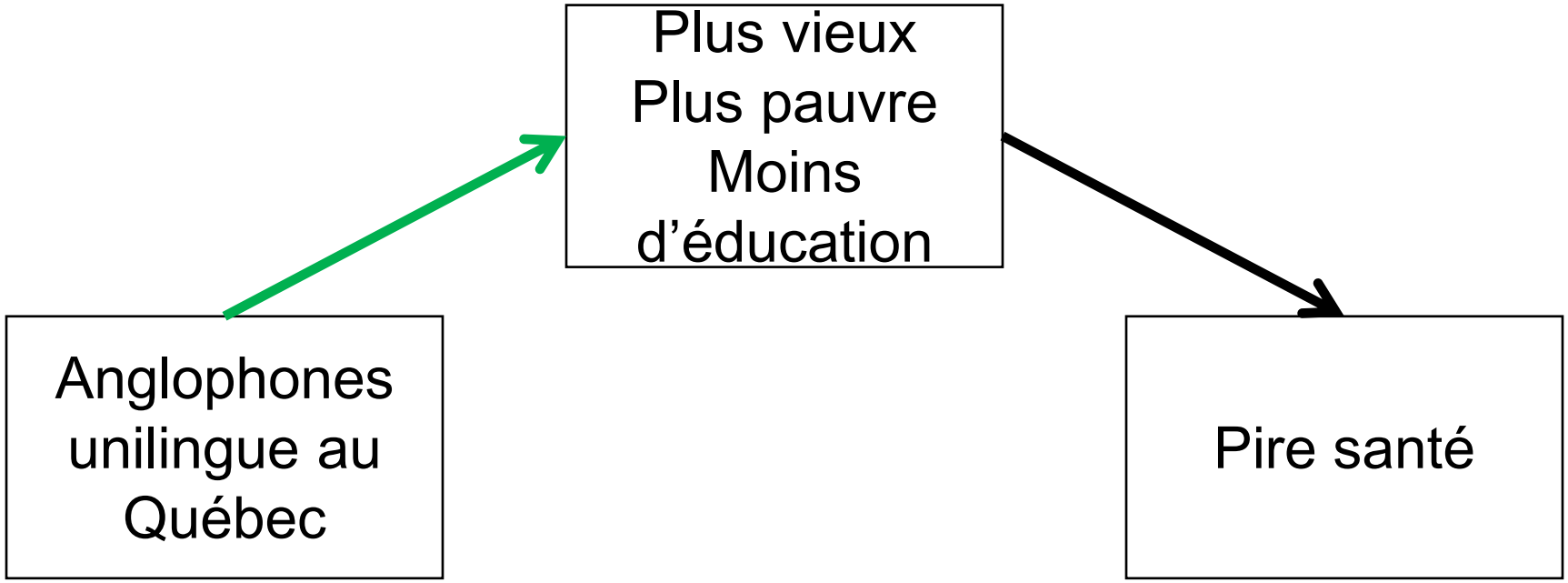

Plus vieux
Plus pauvre
Moins
d'éducation
Anglophones
unilingue au
Québec

Le défi



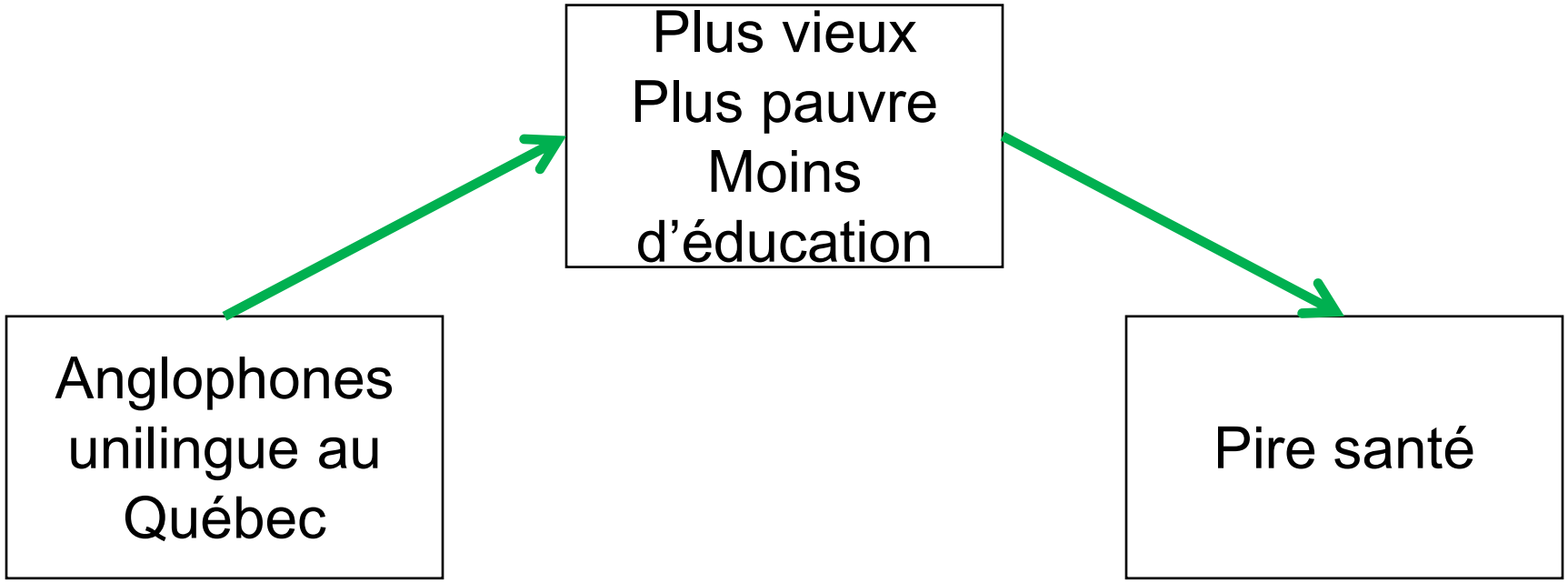
Falconer & Quesnel-Vallée (2014)

Le défi



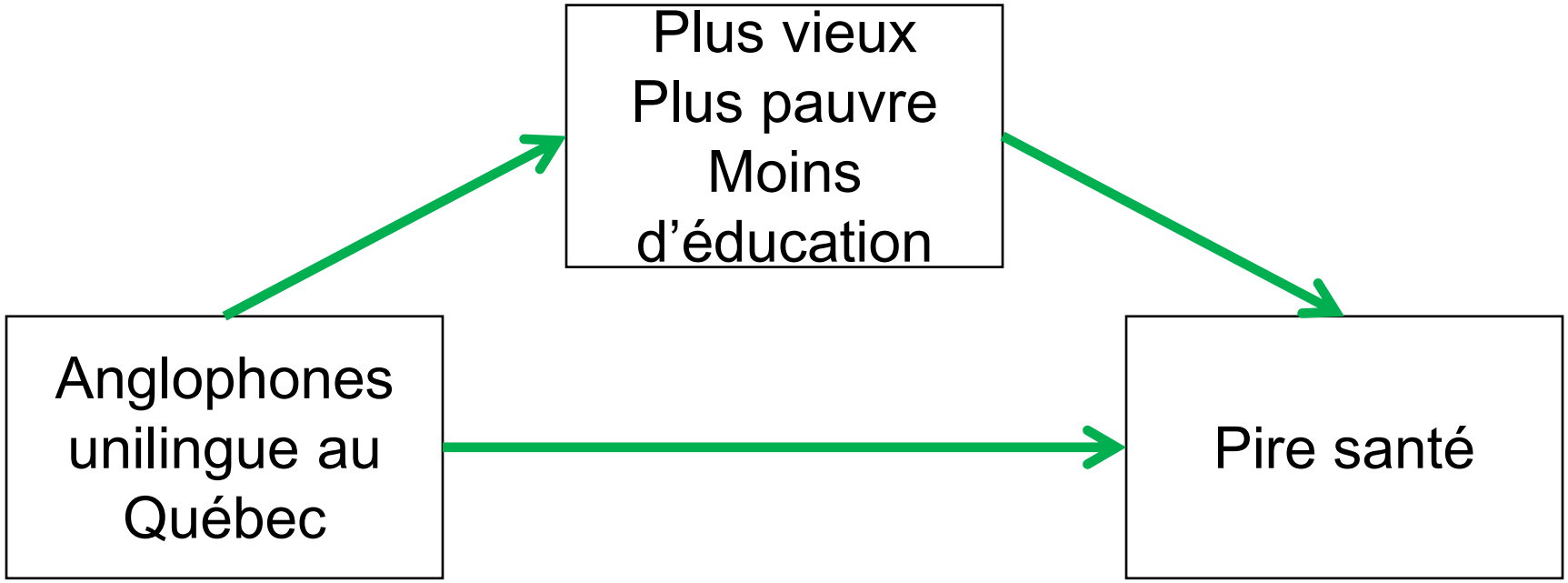
McCullough & Laurenceau (2004)
Phelan et al. (2010)
Huisman et al. (2007)

Le défi



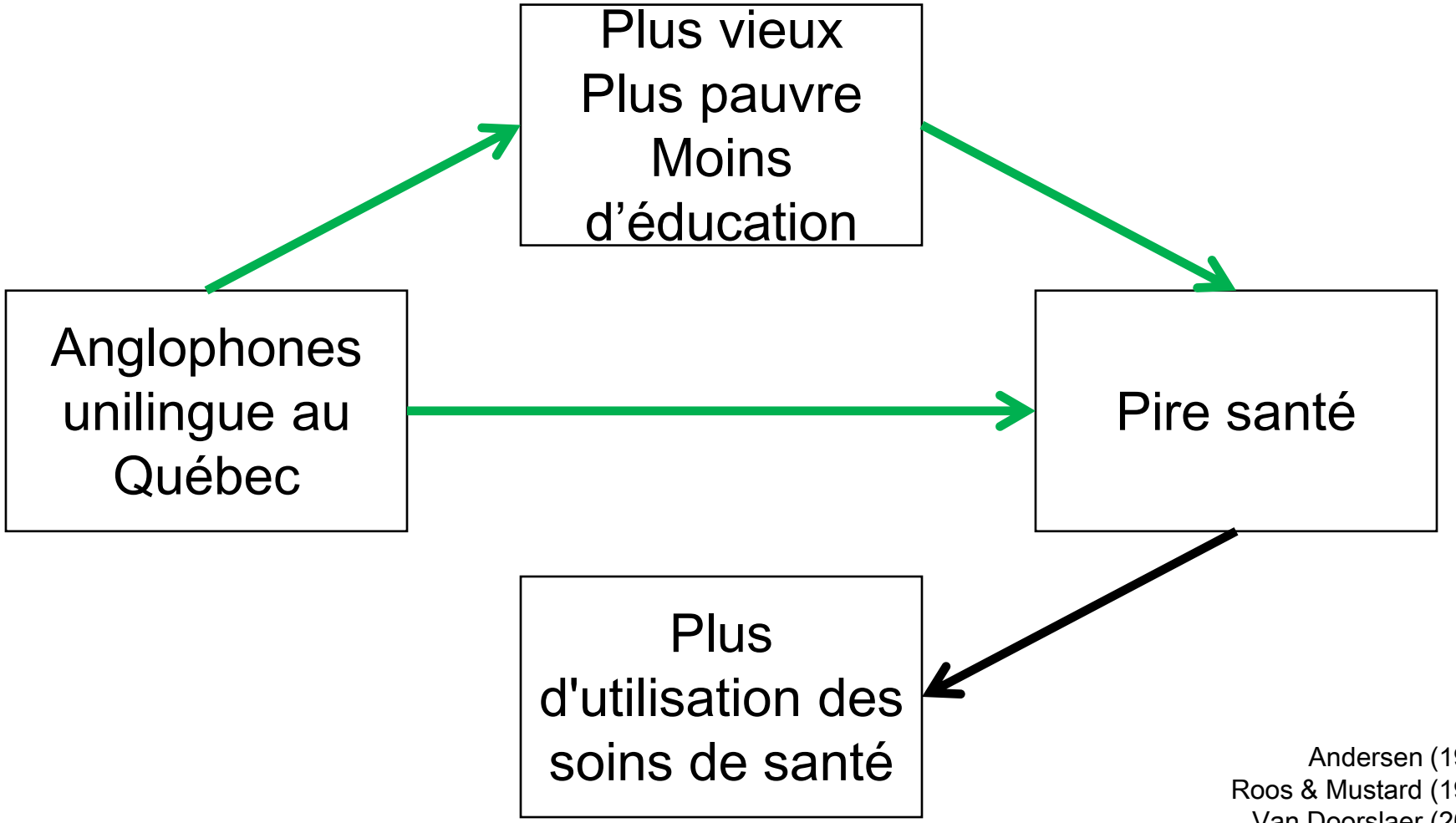
Falconer & Quesnel-Vallée (2014)

Le défi



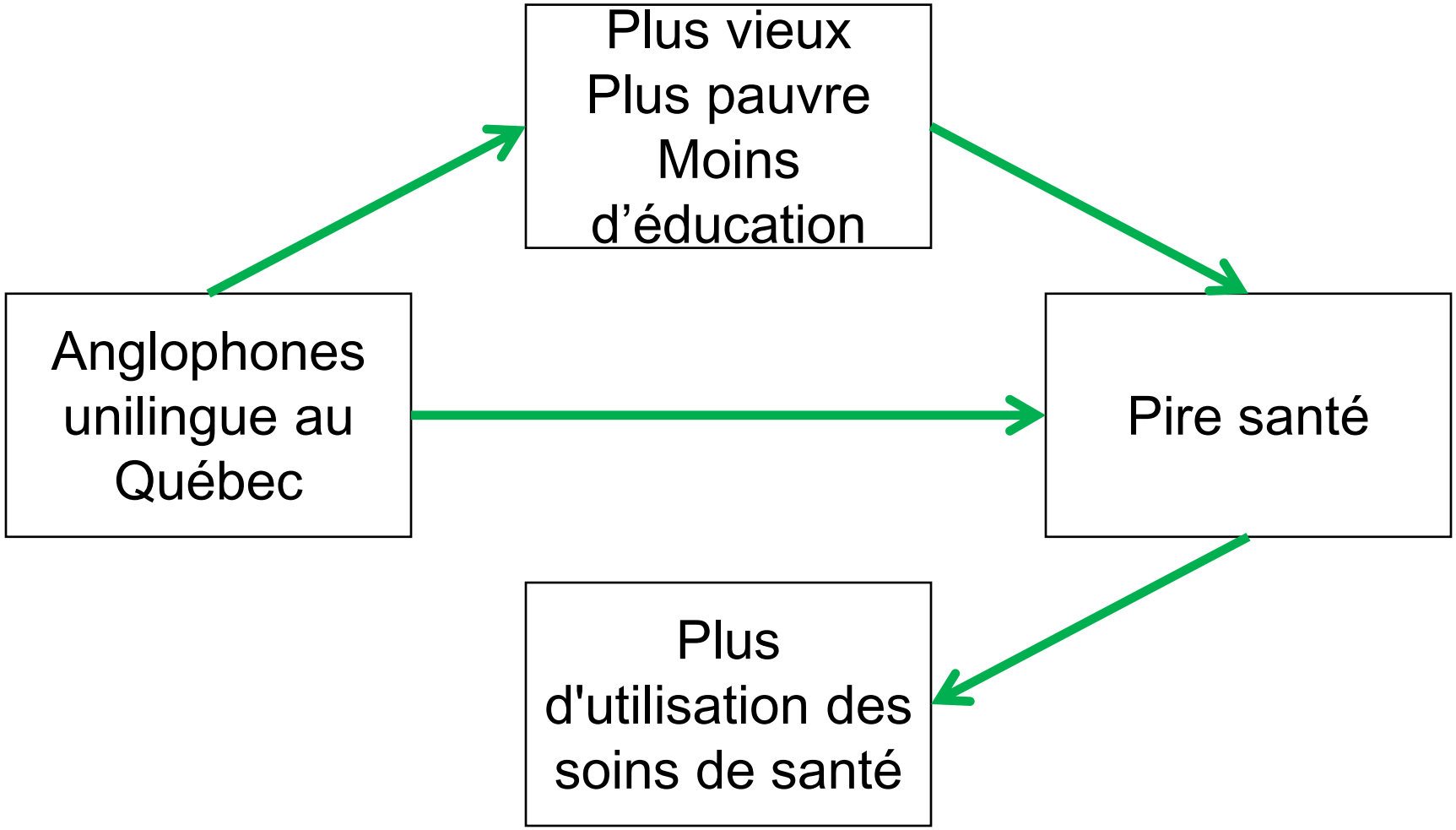
Falconer & Quesnel-Vallée (2014)

Le défi



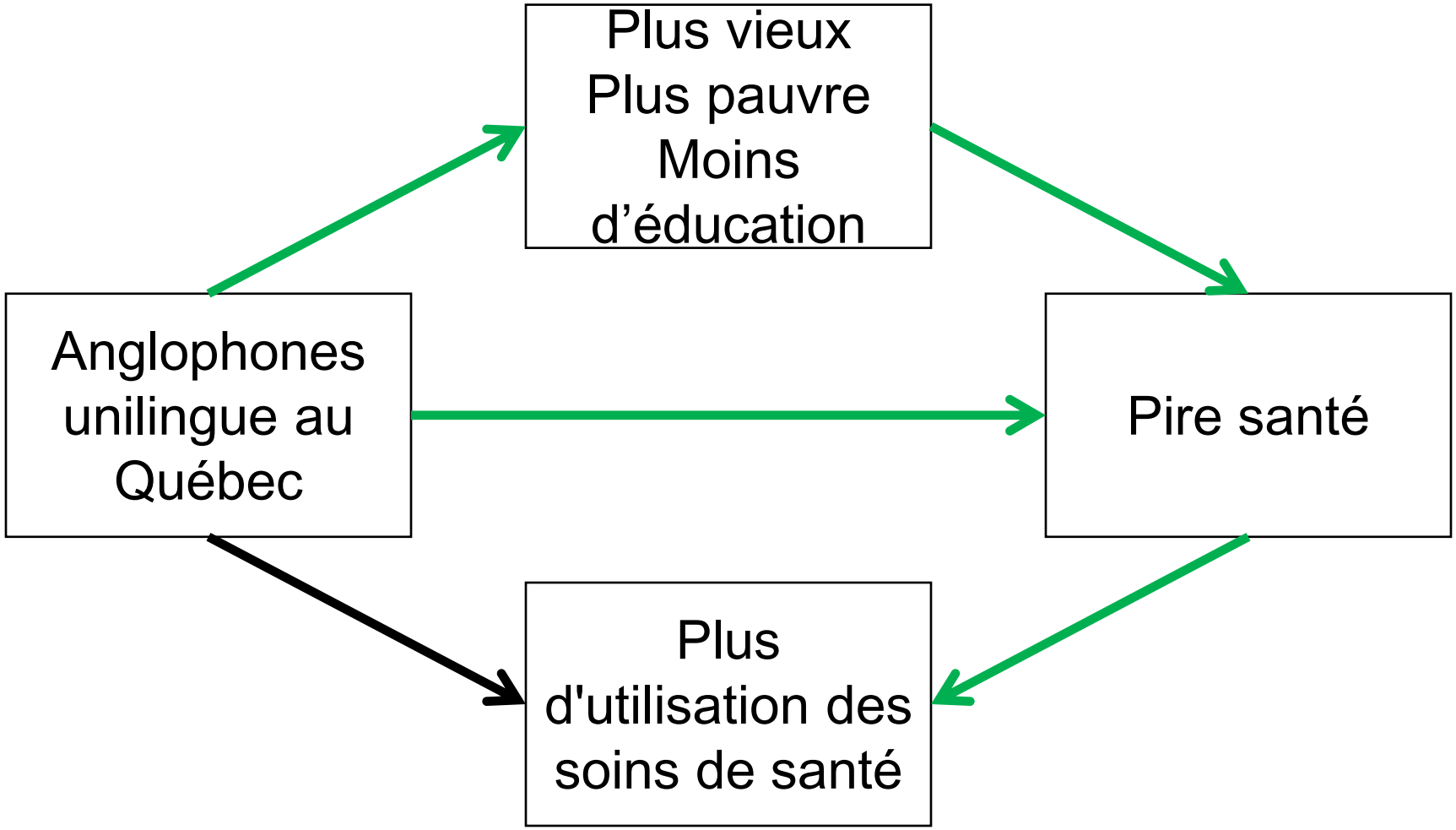
Andersen (1995)
Roos & Mustard (1997)
Van Doorslaer (2006)
Wiggers et al. (2005)

Le défi

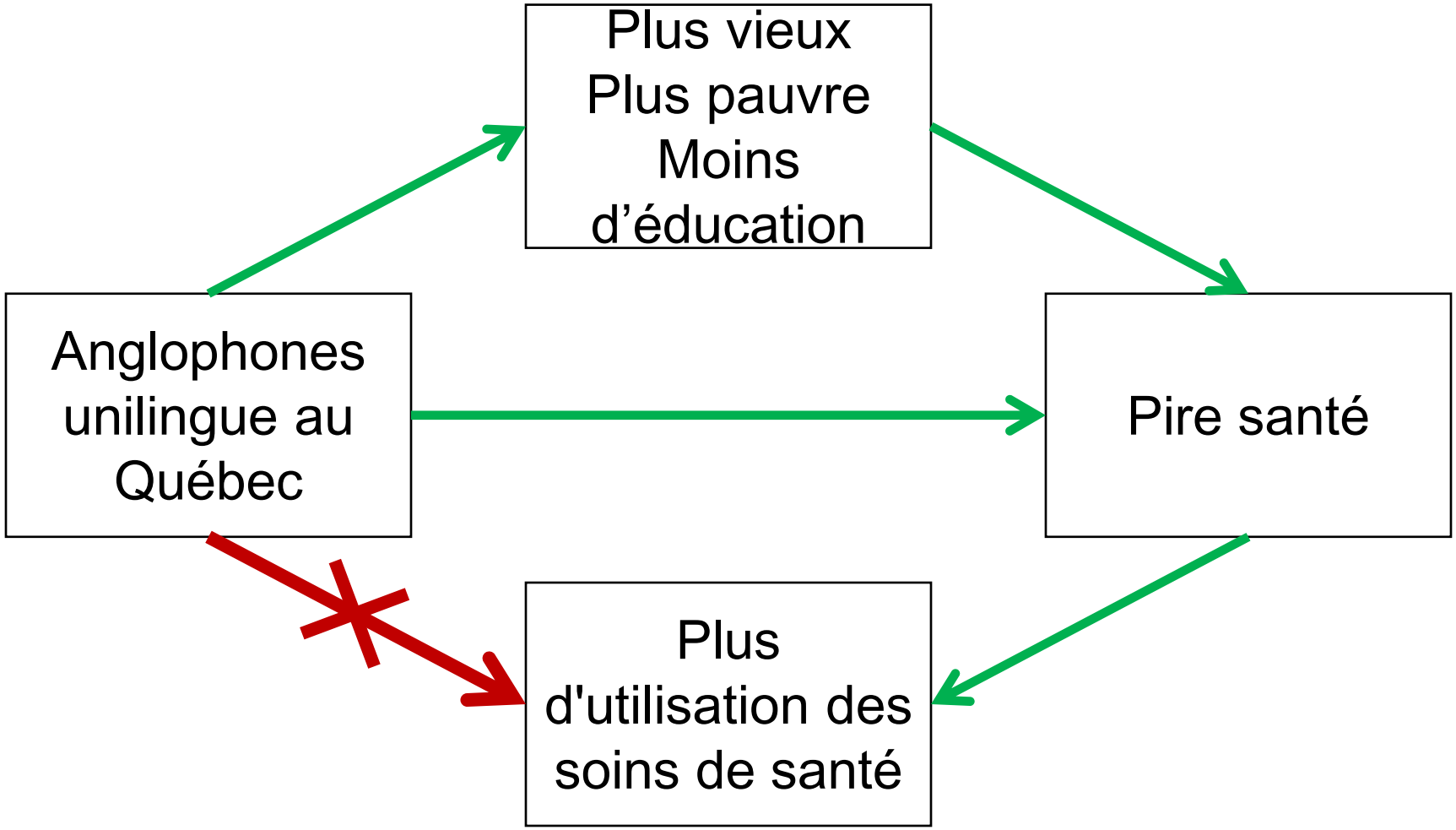


Falconer & Quesnel-Vallee (2014)

Le défi


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé

Le défi



Falconer & Quesnel-Vallée (2014)

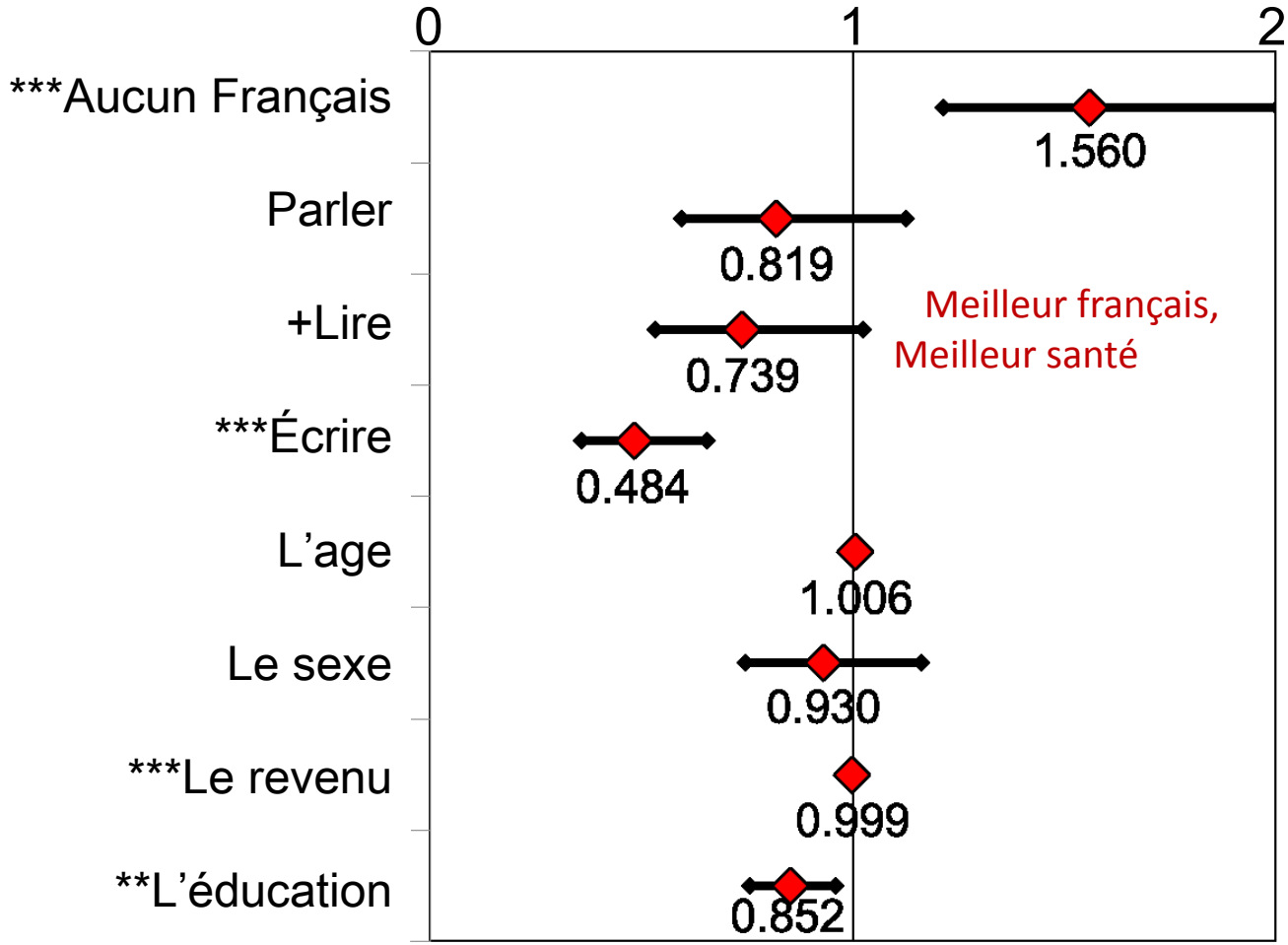
Identifier les besoins non-satisfaits

	En bonne santé	En mauvaise santé
Utilise les soins de santé	Préventif	Besoins satisfaits
N'utilise pas les soins de santé	Aucun besoin	**Besoins non-satisfaits**

Falconer & Quesnel-Vallée (2014)

Identifier les besoins non-satisfaits

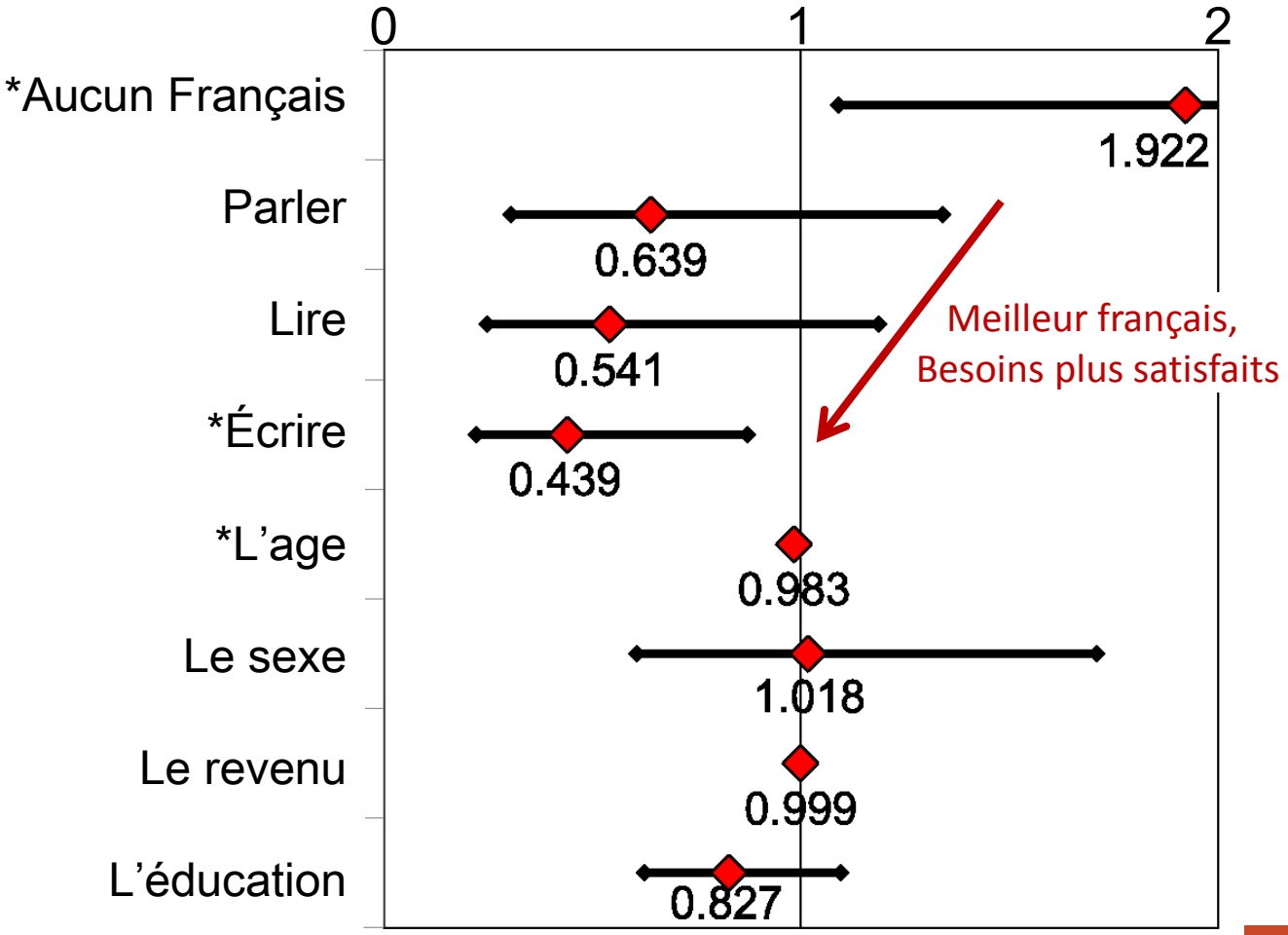
Déterminants de la mauvaise santé: Rapport de cotes avec IC de 95%



Falconer & Quesnel-Vallée (2014)

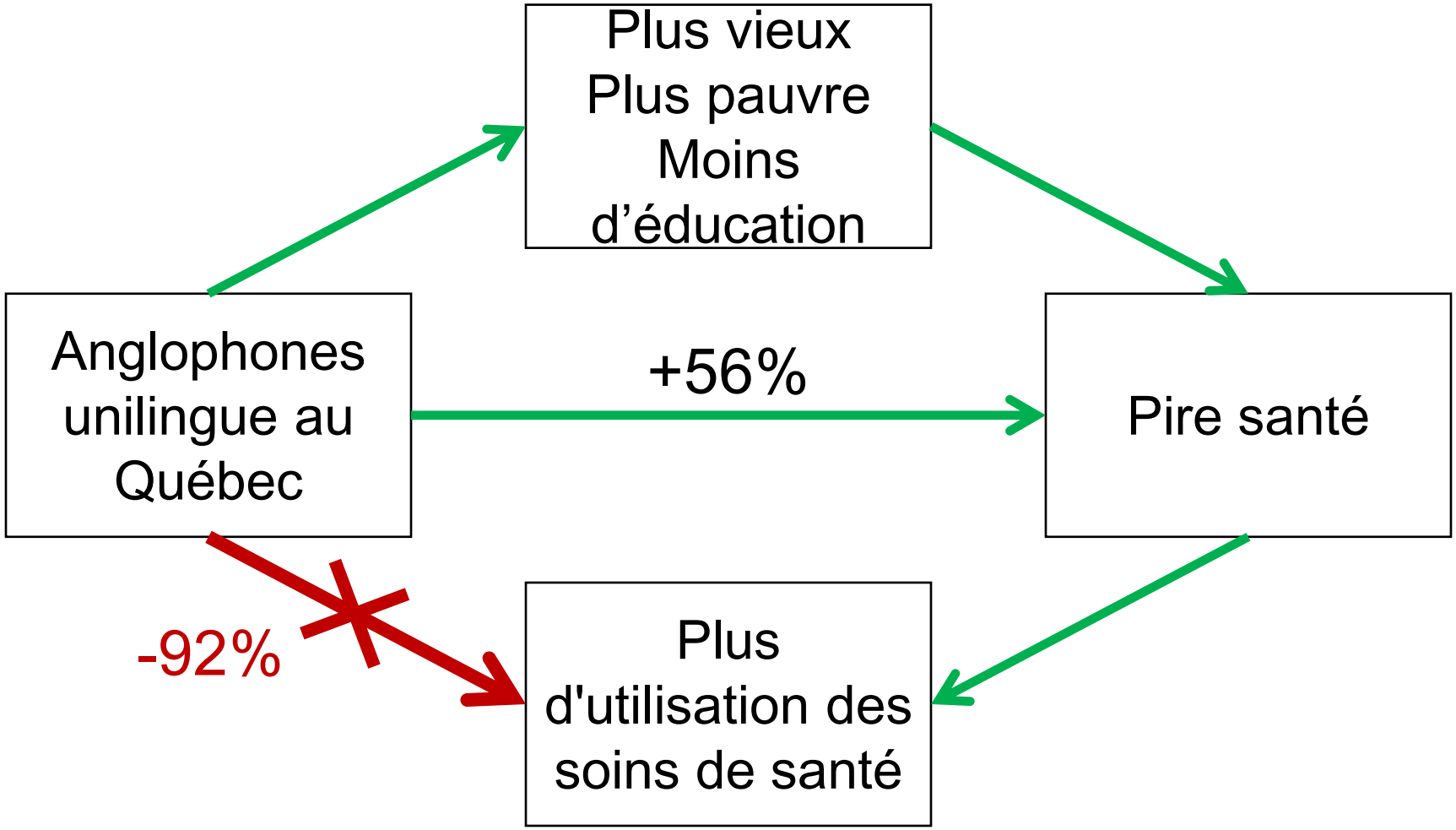
Identifier les besoins non-satisfaits

Déterminants de les besoins non-satisfaits: Rapport de cotes avec IC de 95%



Falconer & Quesnel-Vallée (2014)

Le défi


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
+56%
Pire santé
-92%
Plus d'utilisation des soins de santé

Régime de soins de santé du Québec

La loi canadienne sur la santé

- Universalité
- Réduire les inégalités

Charte de la langue française

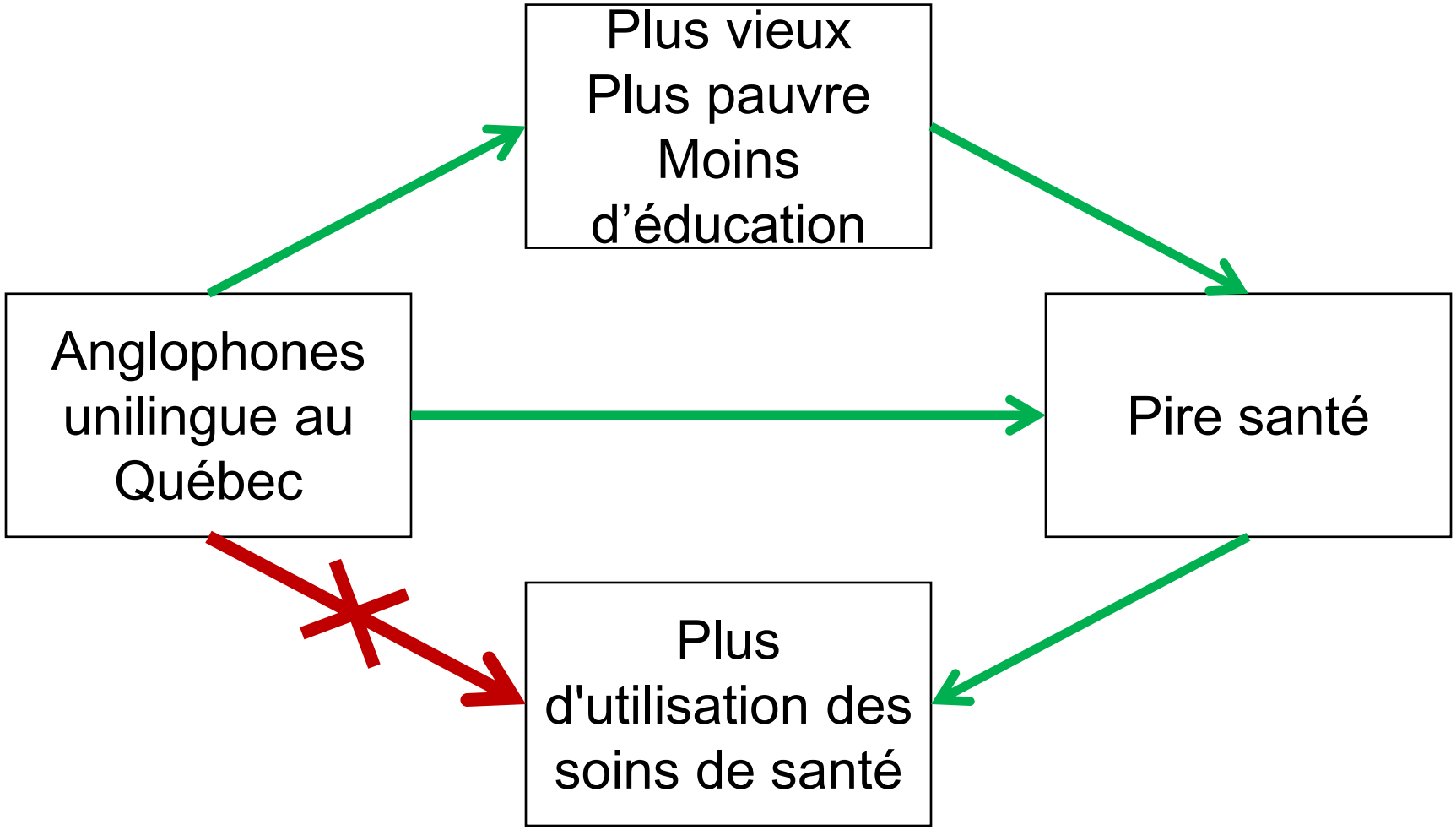
- Le français sera la langue exclusive de l'administration publique

Loi sur les services de santé et serv. sociaux

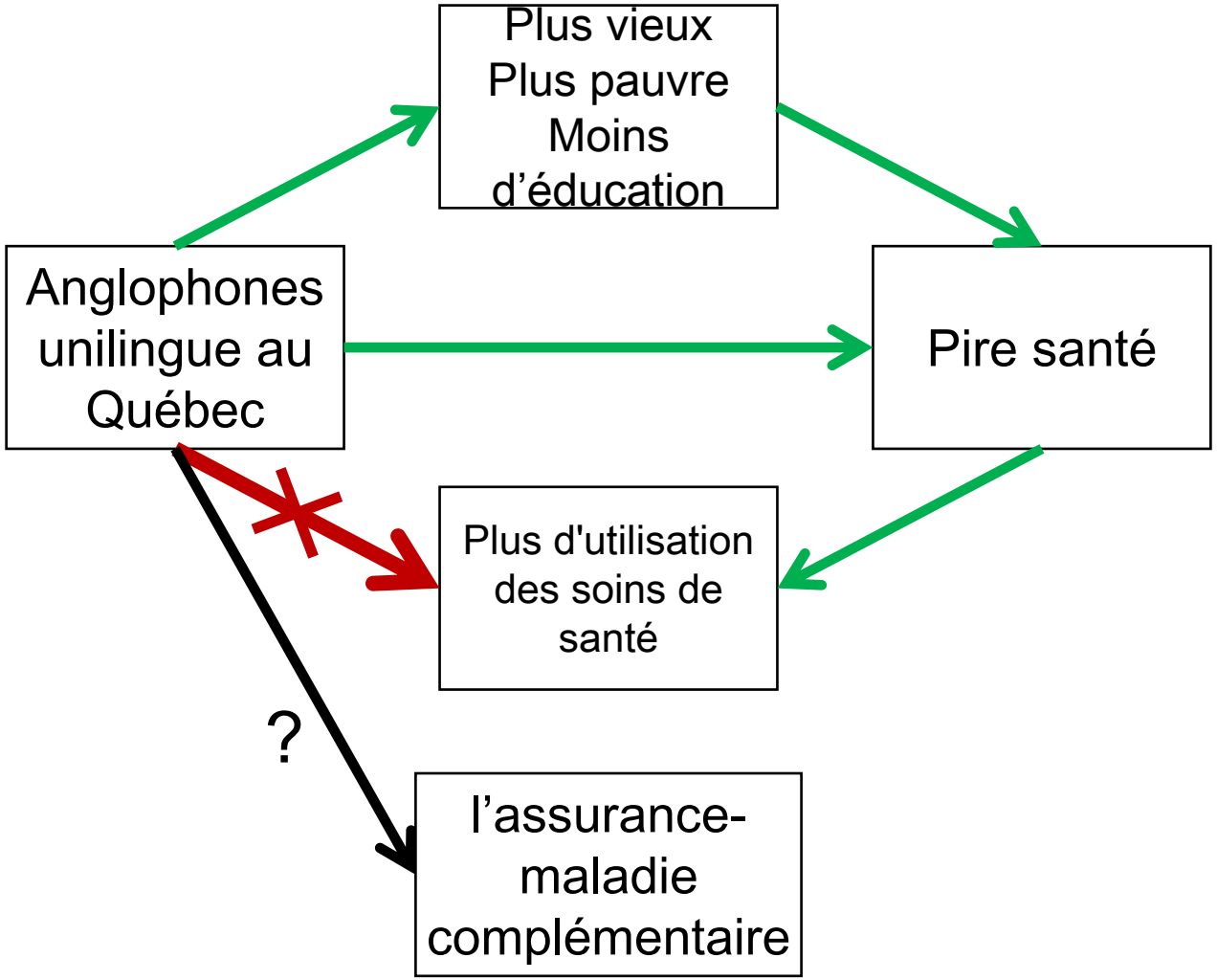
- Droit aux services de santé provinciaux offerts en anglais
- … mais avec des exceptions

Canada Health Act (1984)
Gouvernement du Québec (2016a; 2016b)

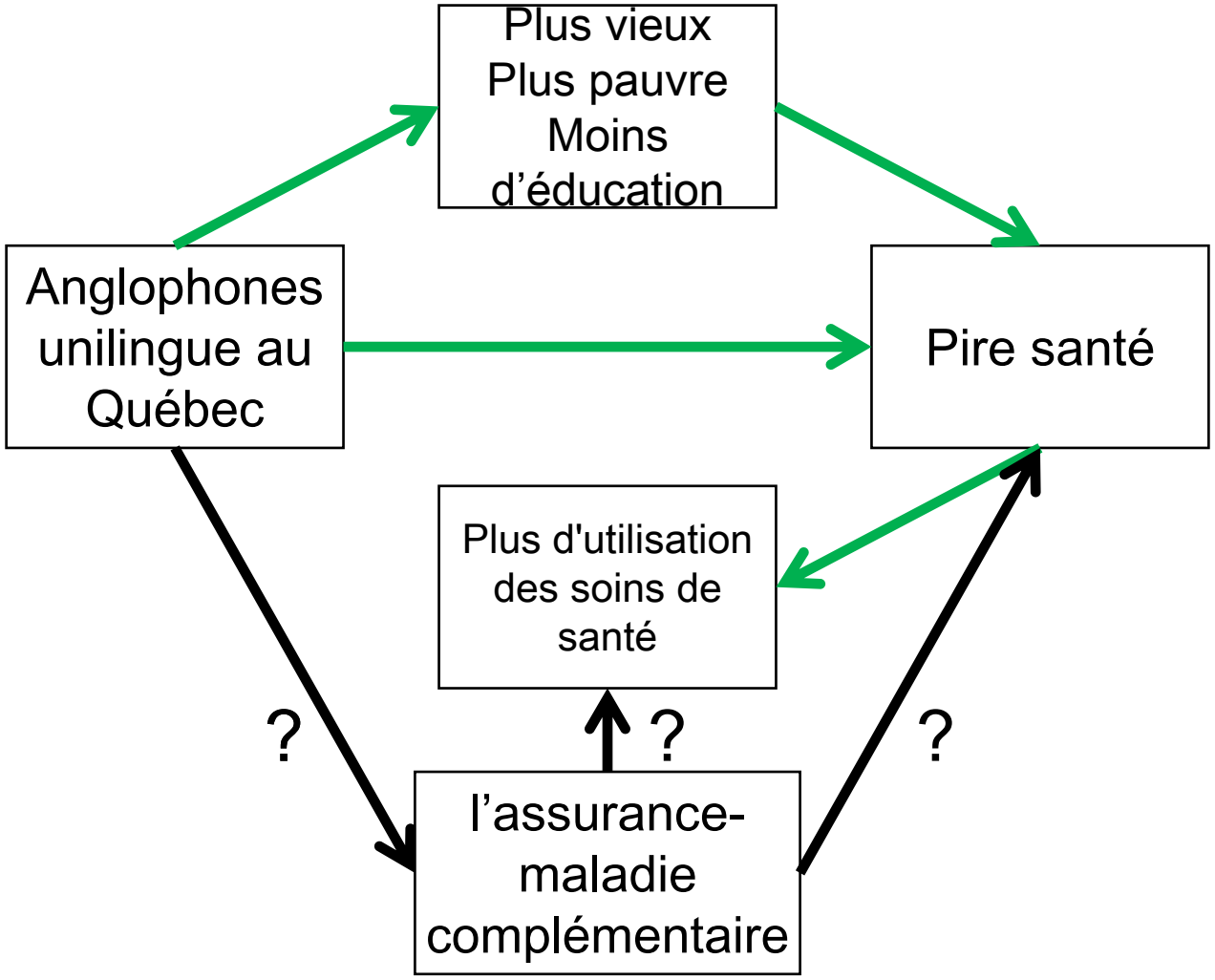
Le défi


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé

La question


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
?
l'assurance-maladie complémentaire

La question


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
?
?
?
l'assurance-maladie complémentaire

L’assurance-maladie complémentaire au Canada

Services non fournis par les soins de santé publics:

- Médicaments d'ordonnance
- Dentaire
- Optique
- Soins à domicile
- Mobilité réduite
- Vaccinations
- Physiothérapie
- Santé de voyage
- Lits d'hôpital semi-privés
- Ambulance
- Appareils médicaux
- Frais à l'extérieur du Canada

L'assurance-maladie complémentaire canadienne dans le contexte mondial

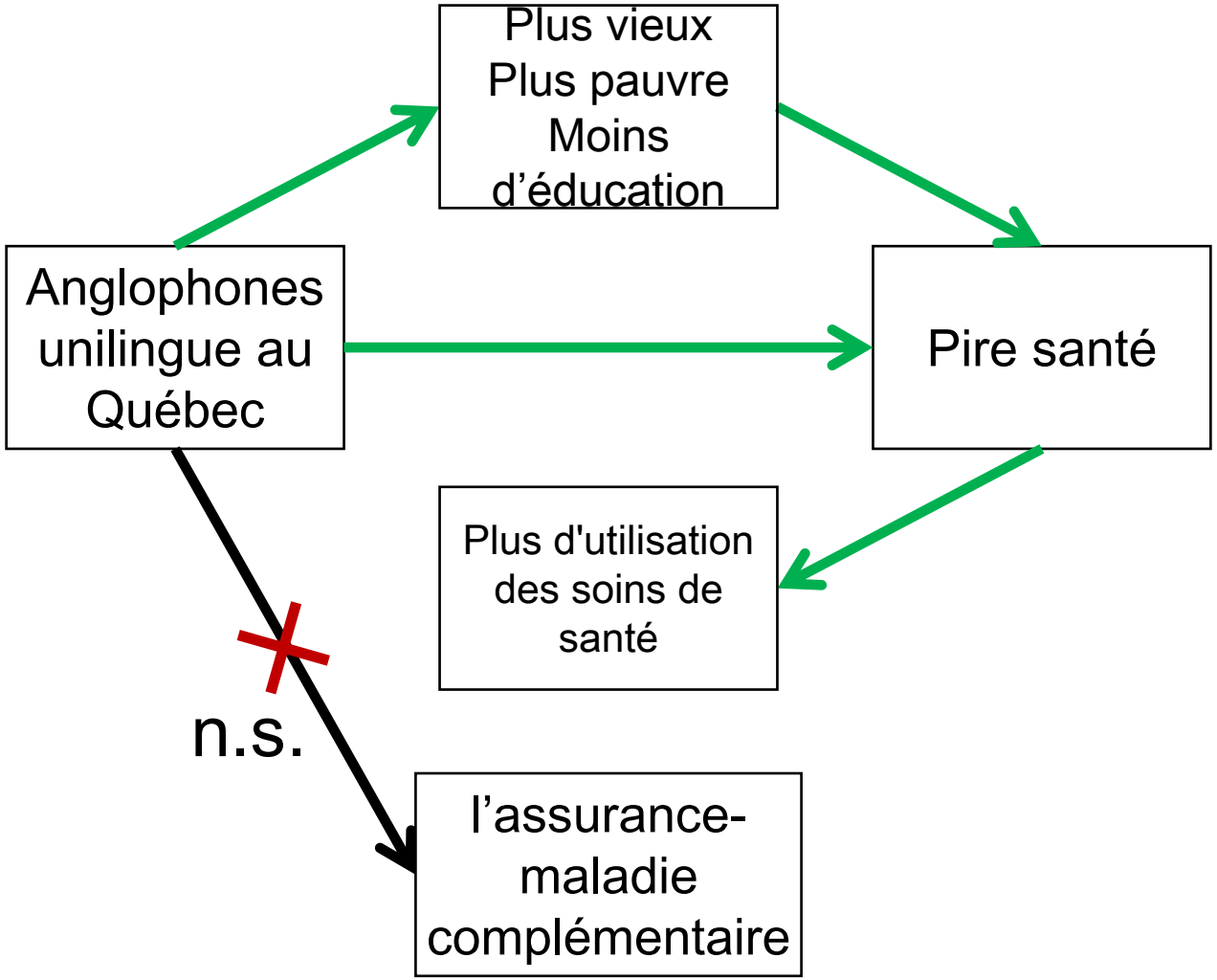
Dépenses privées sur la santé
Etats-Unis
Suisse
Canada
Allemagne
L'Autriche

% Population couverte par AMC
France
les Pays-Bas
la Belgique
Canada
Australie

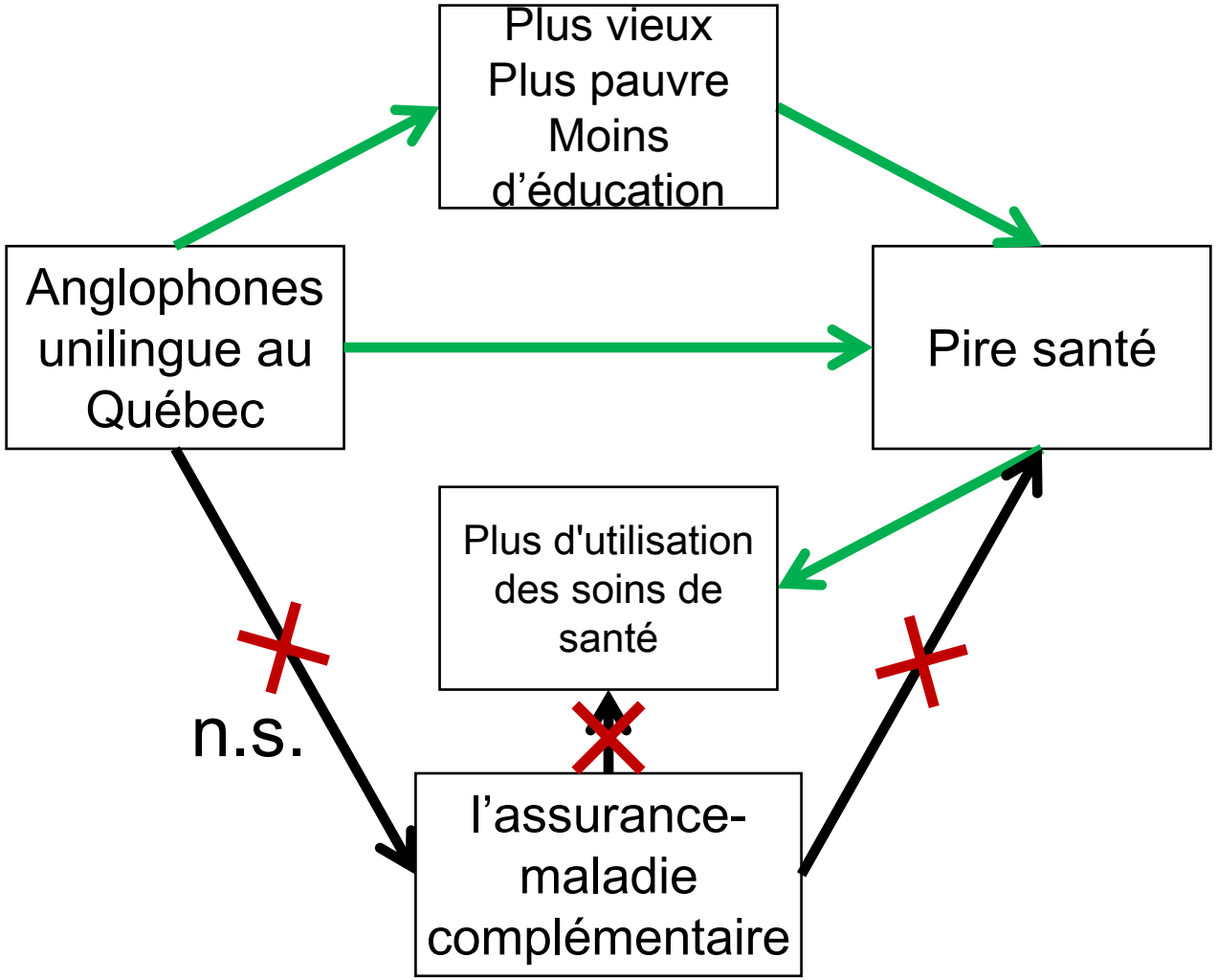
90% de l'assurance-maladie privée au Canada provient des prestations d'emploi

OECD (2013)
Paris, Wei, Deveaux (2010)
Colombo & Tapay (2004)

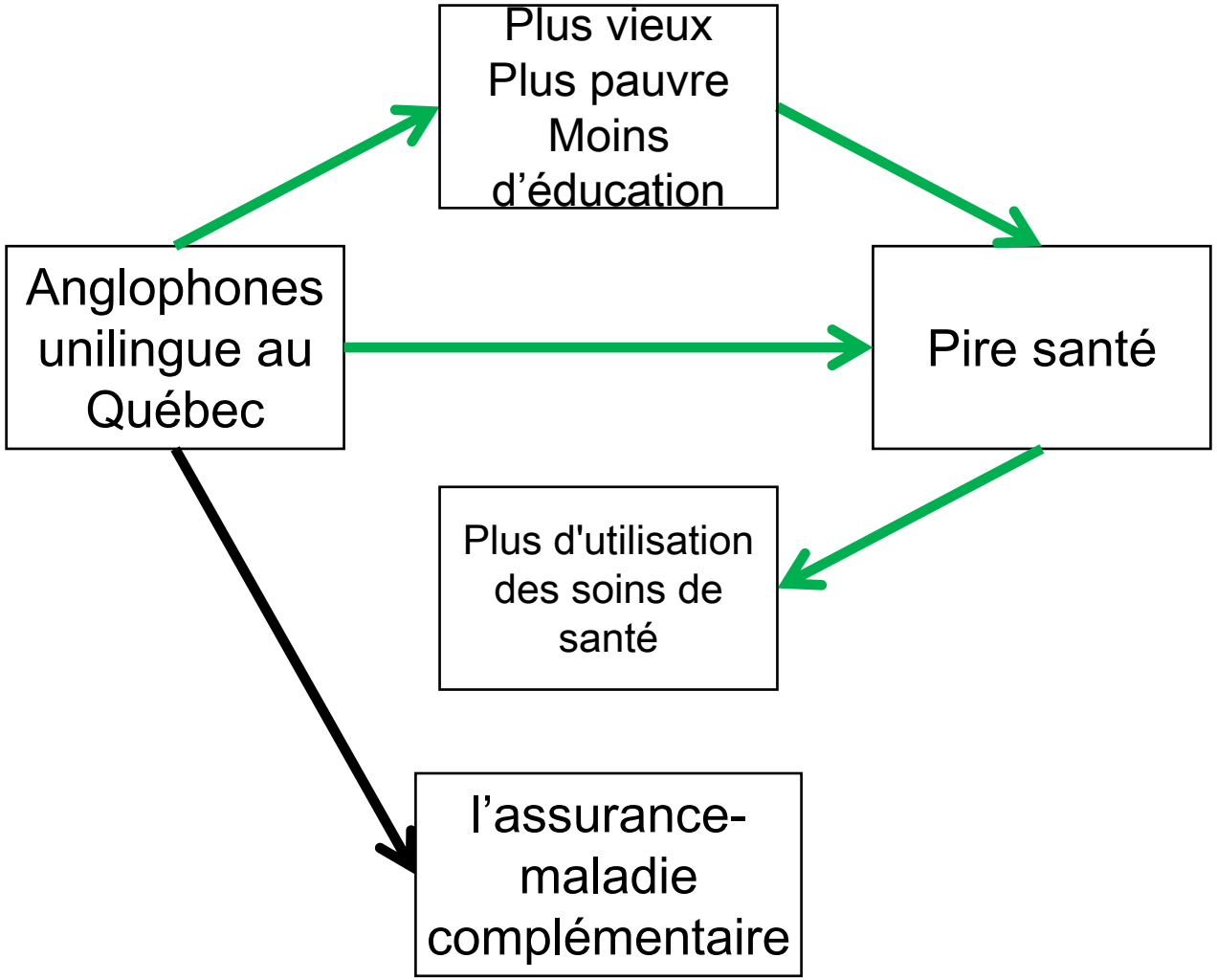
Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
n.s.
l'assurance-maladie complémentaire

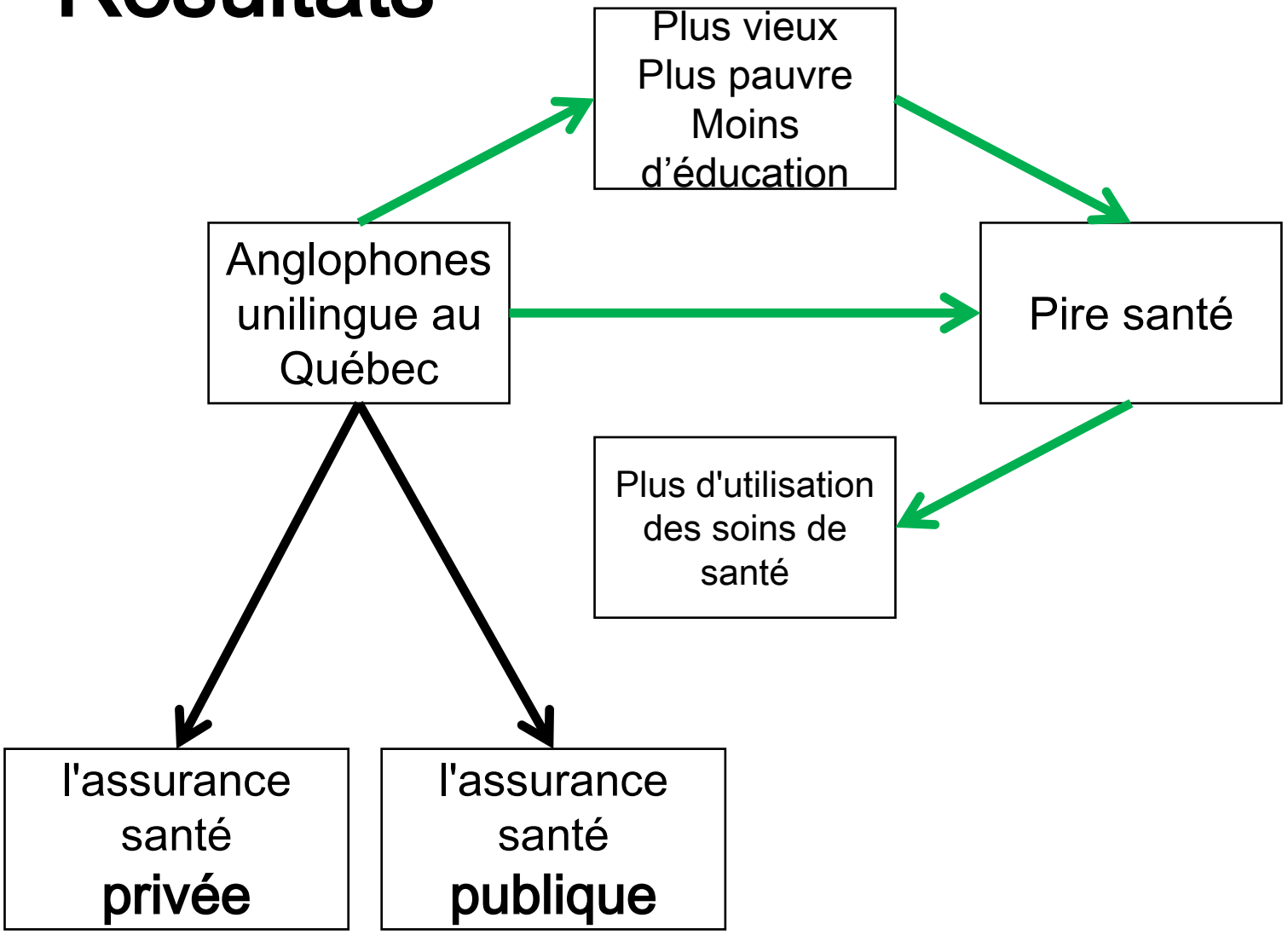
Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
n.s.
l'assurance-maladie complémentaire

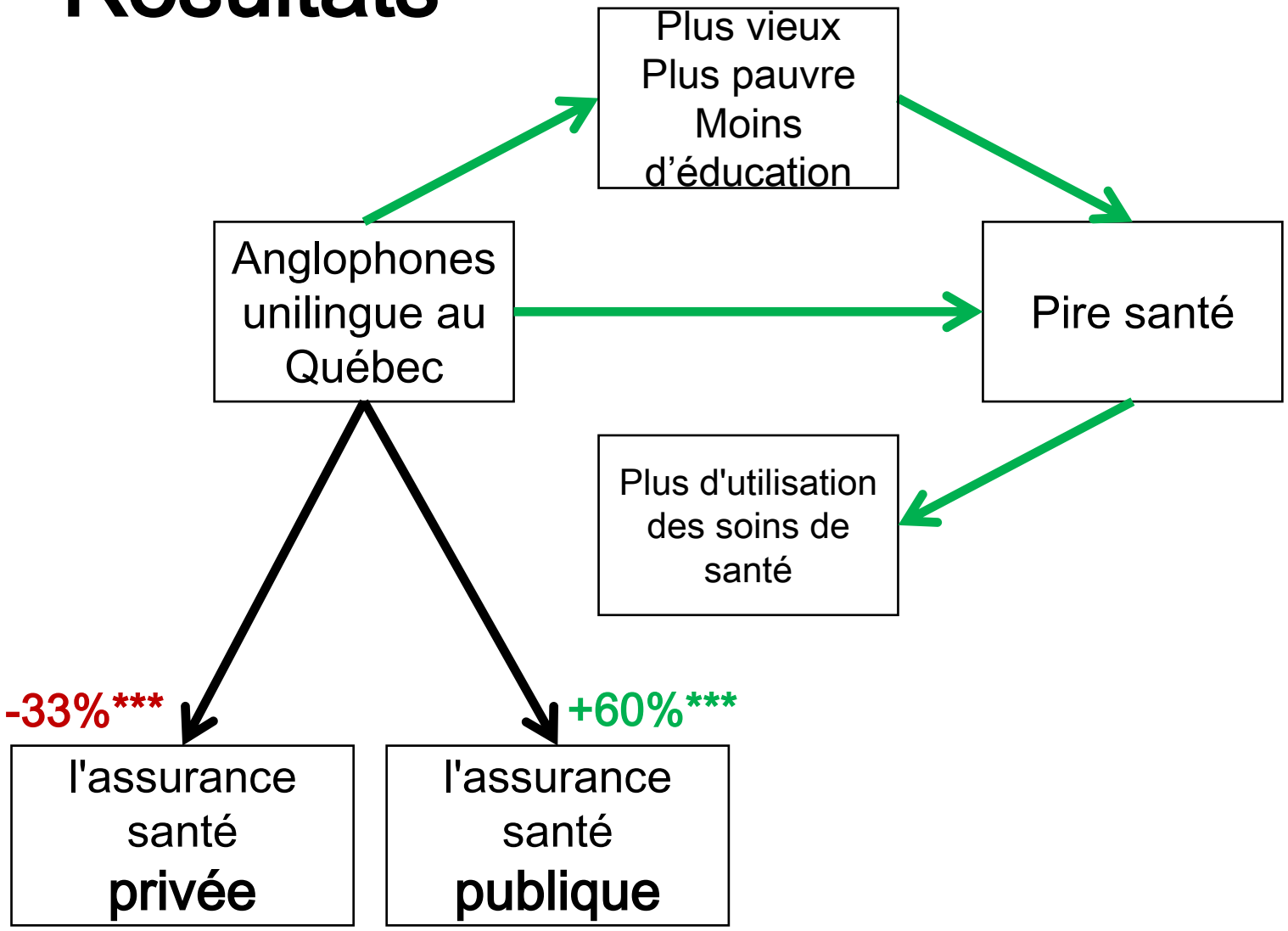
Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
l'assurance-maladie complémentaire

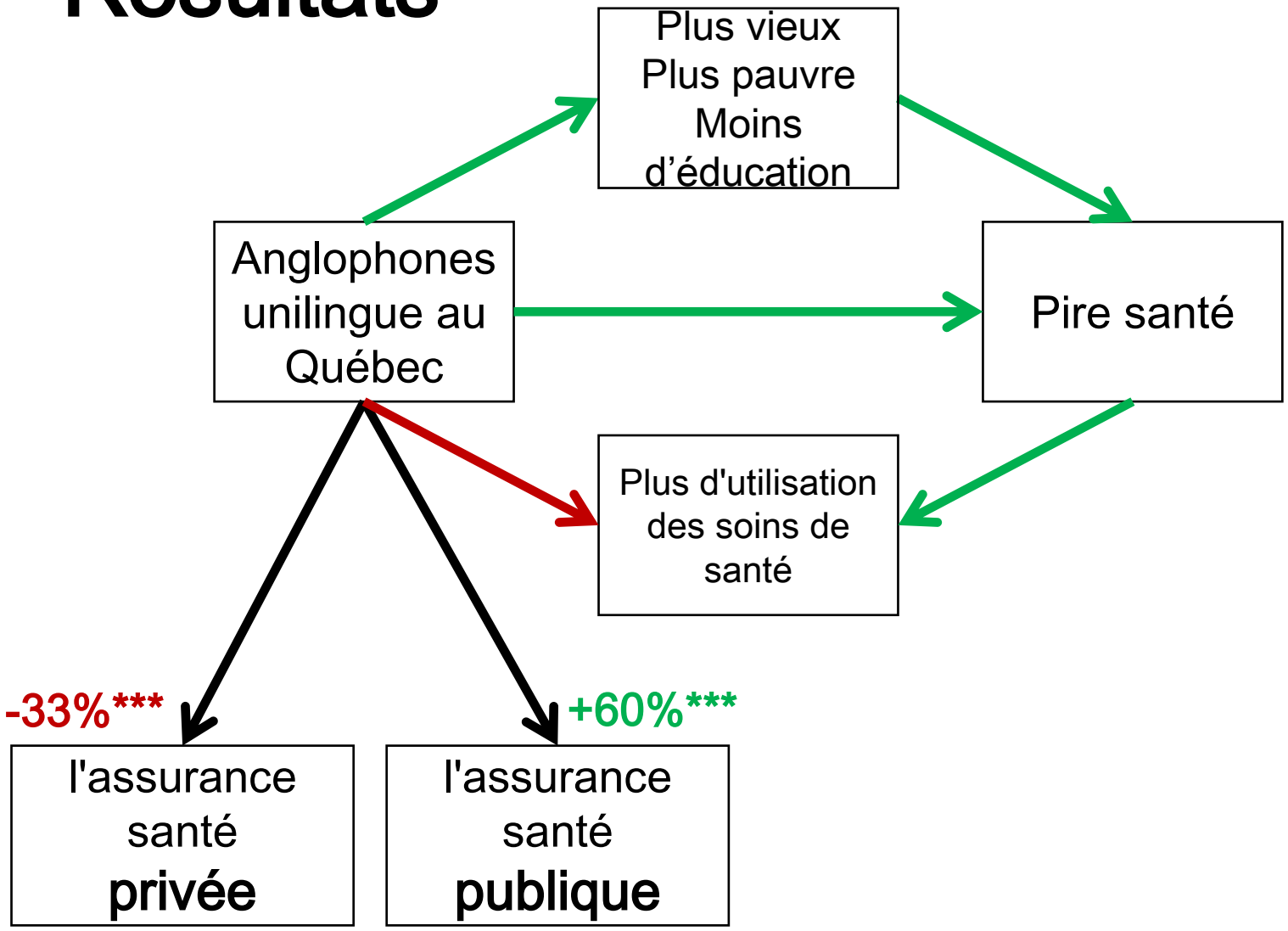
Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
l'assurance santé **privée**
l'assurance santé **publique**

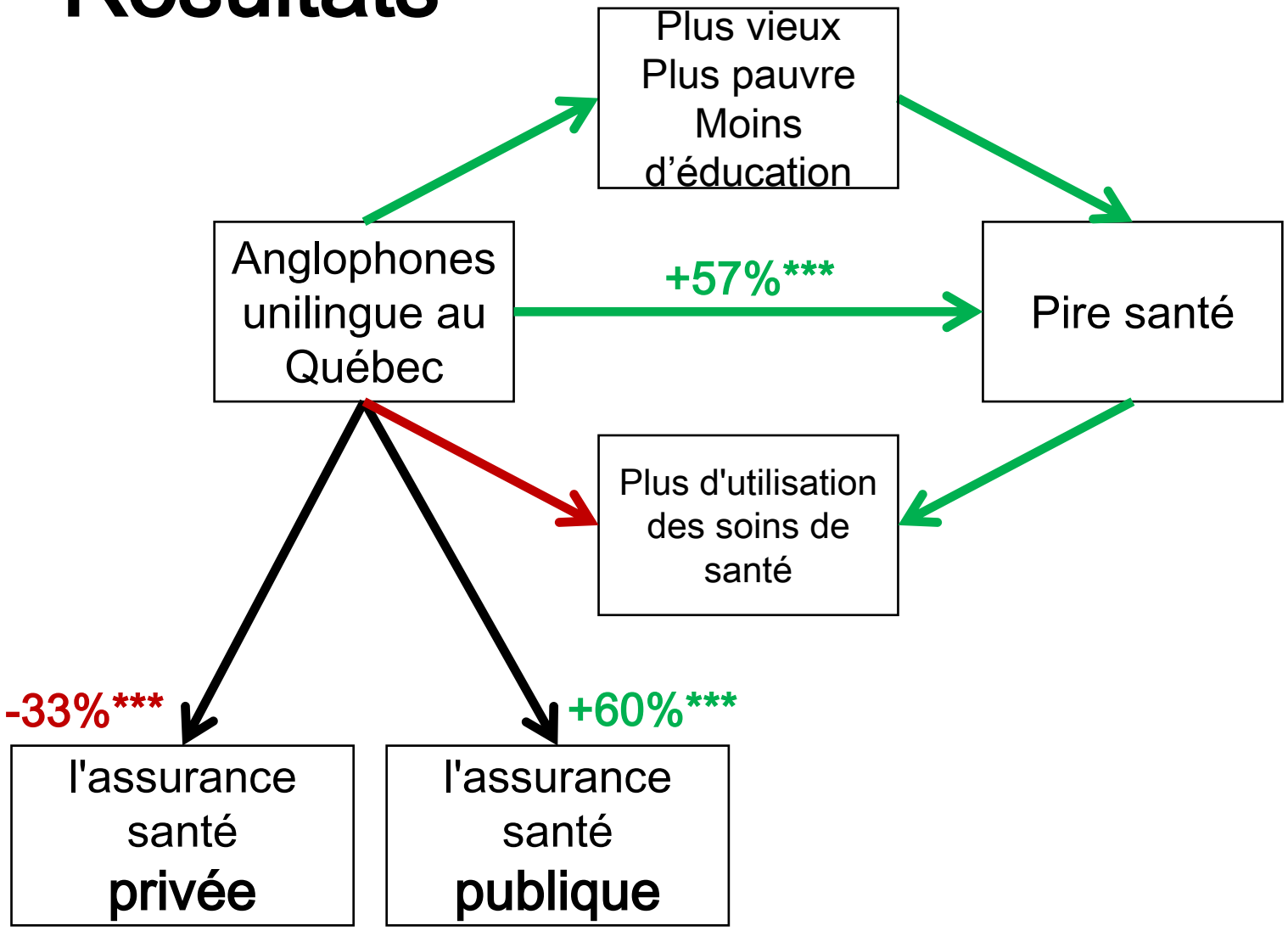
Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
-33%***
+60%***
l'assurance santé privée
l'assurance santé publique

Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
Pire santé
Plus d'utilisation des soins de santé
-33%***
+60%***
l'assurance santé privée
l'assurance santé publique

Résultats


Plus vieux
Plus pauvre
Moins d'éducation
Anglophones unilingue au Québec
+57%***
Pire santé
Plus d'utilisation des soins de santé
-33%***
+60%***
l'assurance santé privée
l'assurance santé publique

Conclusions

1. Les anglophones unilingue du Québec ont des taux plus élevés d'assurance maladie publique, des taux plus faibles d'assurance privée, d'employeur, d'assurance dentaire et d'assurance-vie.
2. La tenue d'une assurance maladie (publique ou privée) n'affecte pas de façon significative la santé ou l'accès aux soins de santé, compte tenu d'autres facteurs.
3. L'assurance-maladie risque d'aggraver, et non de soulager, les inégalités de santé entre les minorités linguistiques au Québec.

Merci

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McCullough, M. E., & Laurenceau, J.-P. (2004). Gender and the Natural History of Self-Rated Health: A 59-Year Longitudinal Study. *Health Psychology*, *23*(6), 651–655. http://doi.org/10.1037/0278-6133.23.6.651

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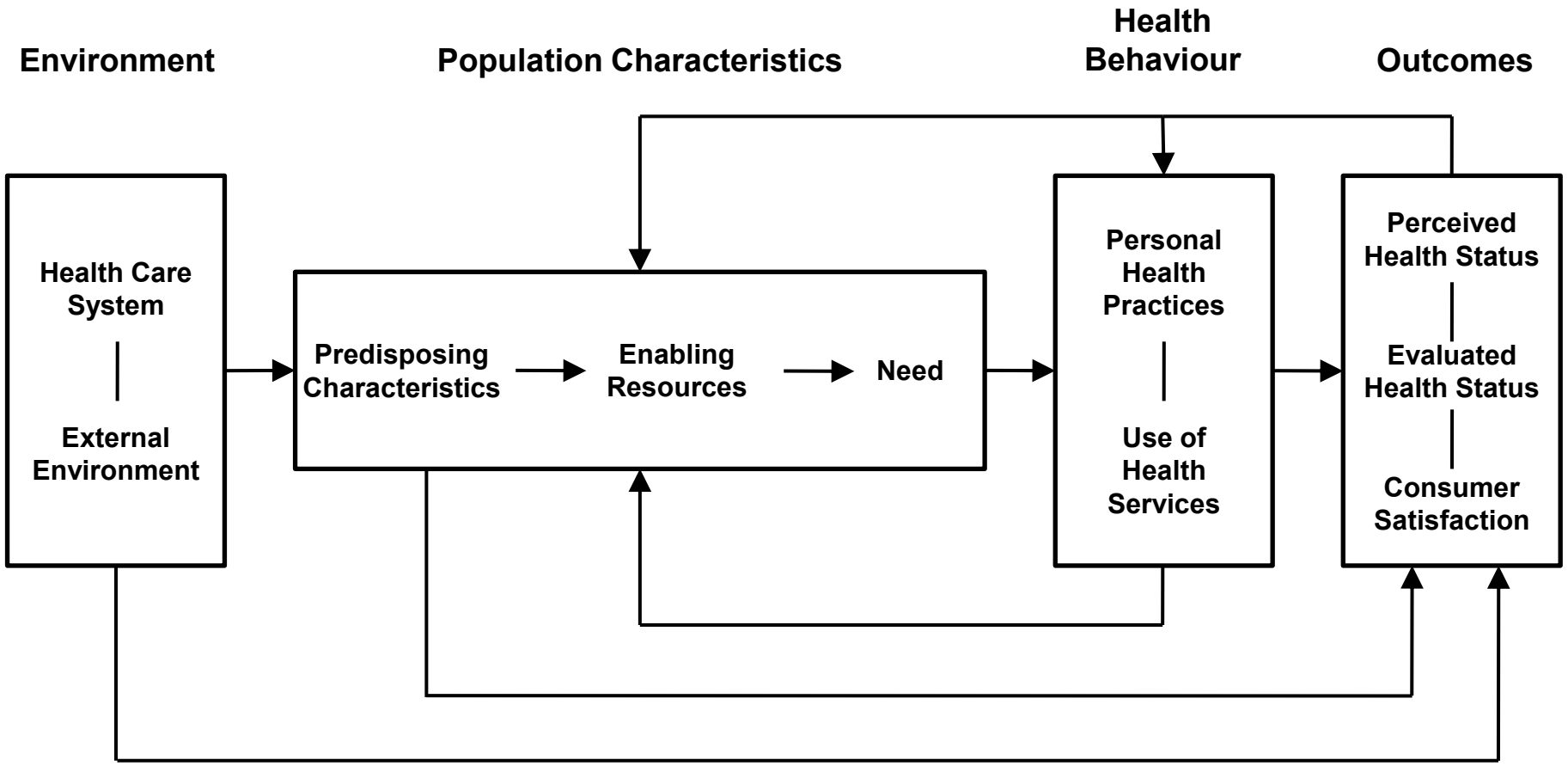
van Doorslaer, E., Masseria, C., & Koolman, X. (2006). Inequalities in access to medical care by income in developed countries. *Canadian Medical Association Journal*, *174*(2), 177–183. http://doi.org/10.1503/cmaj.050584

Wiggers, J. H., Sanson-Fisher, R. W., & Halpin, S. J. (1995). Prevalence and frequency of health service use: associations with occupational prestige and educational attainment. *Australian Journal of Public Health*, *19*(5), 512–519.

Andersen (1995) Model of health service use



Source: Andersen, Ronald M. (1995) Revisiting the Behavioral Model and Access to Medical Care: Does it Matter? *Journal of Health and Social Behavior*, Vol.36, No.1, p.8.

Table 1: Descriptive statistics

Variable	Total N	Mean or %	Standard deviation	Min	Max
"Poor" self-rated health					
Bilingual	334	13.8%	0.35	0	1
Unilingual	195	25.9%	0.44	0	1
Used health care in the past 12 months					
Bilingual	1940	79.7%	0.42	0	1
Unilingual	617	81.1%	0.39	0	1
Unmet need for health care					
Bilingual	47	1.9%	0.14	0	1
Unilingual	32	4.2%	0.20	0	1
French language ability					
None	761	23.8%	0.43	0	1
Speaks French	2271	71.1%	0.45	0	1
Reads French	2004	62.9%	0.48	0	1
Writes French	1300	40.8%	0.49	0	1
Has supplementary health insurance					
Bilingual	1942	80.2%	0.40	0	1
Unilingual	548	72.4%	0.45	0	1
Age (mean)					
Bilingual	2434	51.8	14.75	18	99
Unilingual	767	59.8	15.46	19	93
Sex (female)					
Bilingual	2434	58.4%	0.49		
Unilingual	767	60.1%	0.49		
Income (mean)					
Bilingual	1904	$69,480	42,398	0	150,000
Unilingual	550	$47,145	37,539	0	150,000
Education (% post-secondary)					
Bilingual	2434	66.8%	0.47	0	1
Unilingual	761	35.9%	0.48	0	1

Table 2: Odds ratios with standard errors for the determinants of poor self-rated health among Anglophone official-language minorities in Quebec, 2010

DV: Poor Health	Model 2.1: No French	Model 2.2: Index of French ability	Model 2.3: Control variables	Model 2.4: No French, full model	Model 2.5: Index of French ability, full model
No French	**2.182***** (0.222)			**1.560***** (0.200)	
Speaks French[1]		**0.666**** (0.092)			0.819 (0.133)
Reads French[1]		**0.510***** (0.070)			0.739[+] (0.123)
Writes French[1]		**0.350***** (0.043)			**0.484***** (0.075)
Age			**1.008*** (0.004)	1.006 (0.004)	1.004 (0.004)
Sex (F)			0.931 (0.105)	0.930 (0.105)	0.947 (0.107)
Income			**0.999***** (0.000)	**0.999***** (0.000)	**0.999***** (0.000)
Education			**0.817***** (0.048)	**0.852**** (0.051)	**0.869*** (0.053)
Pseudo-R^2	0.020	0.027	0.037	0.042	0.048

[+] $P \leq 0.1$; * $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$

[1] With reference to excluded category 0: No French Ability

Table 3: Odds ratios with standard errors for the determinants of unmet health care need among Anglophone official-language minorities in Quebec, 2010

DV: Unmet health care need (poor health, zero visits)	Model 3.1: No French	Model 3.2: Index of French ability	Model 3.3: Control variables	Model 3.4: No French, full model	Model 3.5: Index of French ability, full model
No French	**2.229*** **			**1.922***	
	(0.520)			(0.557)	
Speaks French[1]		0.602			0.639
		(0.196)			(0.242)
Reads French[1]		**0.359****			0.541
		(0.131)			(0.217)
Writes French[1]		**0.429****			**0.439***
		(0.119)			(0.154)
Age			0.986	0.983[+]	**0.982***
			(0.009)	(0.009)	(0.009)
Sex (F)			1.014	1.018	1.031
			(0.268)	(0.269)	(0.273)
Income			1.000[+]	1.000	1.000
			(0.000)	(0.000)	(0.000)
Education			0.777[+]	0.827	0.839
			(0.110)	(0.118)	(0.121)
Pseudo-R^2	0.015	0.017	0.020	0.029	0.030

[+] $P \leq 0.1$; * $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$

[1] With reference to excluded category 0: No French Ability

Table 4: Odds ratios with standard errors for the determinants of having private or supplementary health insurance among Anglophone official-language minorities in Quebec, by language ability and unmet need for health care, 2010

DV: Has health insurance	Model 4.1: Unmet need	Model 4.2: No French	Model 4.3: Index of French ability	Model 4.4: Control variables	Model 4.5: No French, full model	Model 4.6: Index of French ability, full model
Unmet need[1]	0.686				0.082	0.790
	(0.176)				(0.242)	(0.239)
No French		**0.649*****			0.968	
		(0.062)			(0.120)	
Speaks French[2]			1.289+			1.226
			(0.168)			(0.200)
Reads French[2]			**1.520*****			0.923
			(0.194)			(0.147)
Writes French[2]			**1.689*****			0.987
			(0.185)			(0.140)
Age				0.995	0.995	0.995
				(0.003)	(0.004)	(0.004)
Sex (F)				**1.545*****	**1.546*****	**1.551*****
				(0.162)	(0.162)	(0.163)
Income				**1.000*****	**1.000*****	**1.000*****
				(0.000)	(0.000)	(0.000)
Education				**1.163****	**1.158****	**1.171****
				(0.063)	(0.064)	(0.066)
Pseudo-R^2	0.001	0.006	0.007	0.085	0.085	0.087

+ $P \leq 0.1$; * $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$

[1] Defined as having poor health, but zero visits to a public health care service in the past year

[2] With reference to excluded category 0: No French Ability

Table 5: Odds ratios with standard errors for the determinants of having either public or private health insurance among Anglophone official-language minorities in Quebec, by language ability and unmet need for health care, 2010.

DV: Public or Private Health Insurance	Model 5.1: **Private** health insurance, No French	Model 5.2: **Private** health insurance, Index of French ability	Model 5.3: **Public** health insurance, No French	Model 5.4: **Public** health insurance, Index of French ability
Unmet need[1]	0.911	0.917	0.921	0.903
	(0.265)	(0.268)	(0.286)	(0.281)
No French	**0.670*** **		**1.602*** **	
	(0.074)		(0.184)	
Speaks French[2]		**1.440***		0.775+
		(0.206)		(0.114)
Reads French[2]		**1.342***		**0.688***
		(0.189)		(0.102)
Writes French[2]		**1.621*** **		**0.505*** **
		(0.202)		(0.068)
Age	**0.991****	**0.991****	**1.014*** **	**1.013*** **
	(0.003)	(0.003)	(0.003)	(0.003)
Sex (F)	**1.290****	**1.281****	0.996	1.009
	(0.119)	(0.118)	(0.099)	(0.101)
Income	**1.000*** **	**1.000*** **	**0.999*** **	**0.999*** **
	(0.000)	(0.000)	(0.000)	(0.000)
Education	**1.252*** **	**1.246*** **	0.953	0.970
	(0.061)	(0.062)	(0.051)	(0.052)
Pseudo-R^2	0.137	0.138	0.040	0.043

$^{+}$ $P \leq 0.1$; * $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$

[1] Defined as having poor health, but zero visits to a public health care service in the past year

[2] With reference to excluded category 0: No French Ability

Table 6: Odds ratios with standard errors for the effect of health insurance status on poor self-rated health, access to health care, and unmet health care need among Anglophone official-language minorities in Quebec, by language ability, 2010.

	Poor Health		Access to Health Care		Unmet Need	
	Model 6.1: No French	Model 6.2: Index of French ability	Model 6.3: No French	Model 6.4: Index of French ability	Model 6.5: No French	Model 6.6: Index of French ability
Health insurance	0.842	0.833	1.089	1.088	0.785	0.780
	0.112	0.111	0.141	0.141	0.236	0.234
No French	**1.569*****		0.902		**1.916***	
	0.202		0.118		0.555	
Speaks French[2]		0.830		1.123		0.648
		0.135		0.190		0.245
Reads French[2]		**0.723**[+]		1.035		0.537
		0.121		0.168		0.215
Writes French[2]		**0.481*****		1.145		**0.440***
		0.074		0.167		0.154
Poor health			**1.447***	**1.452***		
			0.221	0.223		
Use of health care in past year	**1.459***	**1.468***				
	0.224	0.226				
Age	1.004	1.003	**1.024*****	**1.024*****	**0.982**+	**0.982***
	0.004	0.004	0.004	0.004	0.009	0.009
Sex (F)	0.928	0.945	**1.415*****	**1.411*****	1.038	1.051
	0.106	0.108	0.146	0.146	0.275	0.279
Income	**0.999*****	**0.999*****	1.000	1.000	0.999	0.999
	0.000	0.000	0.000	0.000	0.000	0.000
Education	**0.854****	**0.873***	1.071	1.071	0.831	0.844
	0.052	0.053	0.061	0.062	0.119	0.122
Pseudo-R^2	0.045	0.051	0.024	0.024	0.030	0.032

[+] $P \leq 0.1$; * $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$

[1] Defined as having poor health, but zero visits to a public health care service in the past year