

# Responding better to the social and health needs of the English-speaking community in Estrie

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Second Science Colloquium:  
The health of Canada's Official Language Minority Communities  
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*Centre intégré  
universitaire de santé  
et de services sociaux  
de l'Estrie – Centre  
hospitalier universitaire  
de Sherbrooke*

Québec 

# Context of the report

In Estrie, the population is just above 460 000 people including :

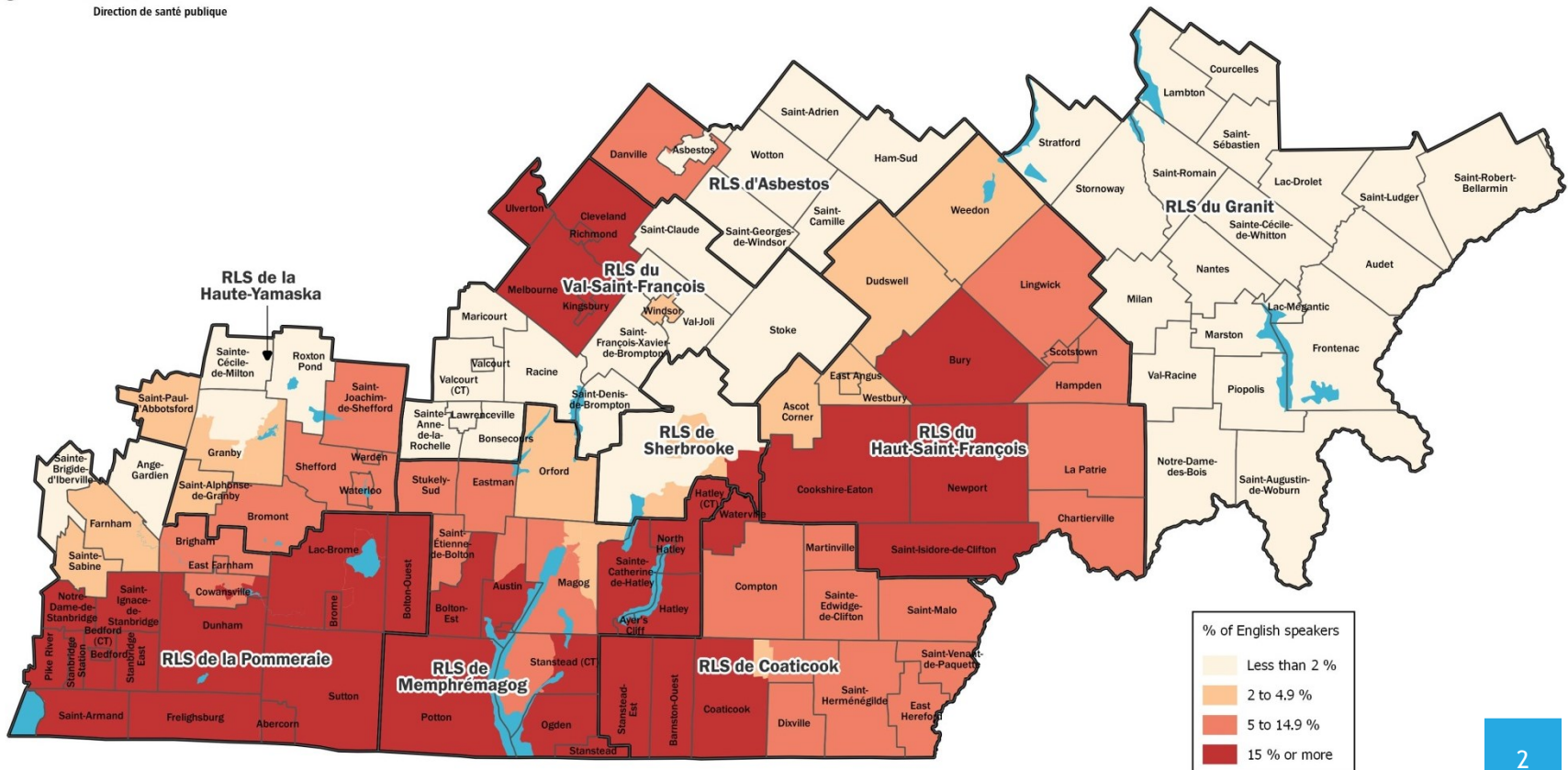
- 30 000 Canadian-born English-speakers (7% of the population)

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Direction de santé publique

Proportions of English speakers in the 96 communities of Estrie (2011)



# Objectives

## Objectives of the report:

- Describe the health status of the English-speaking and immigrant communities
- Document the perceptions of these communities regarding their social and health care needs
- Make recommendations to improve the health and well-being of these communities

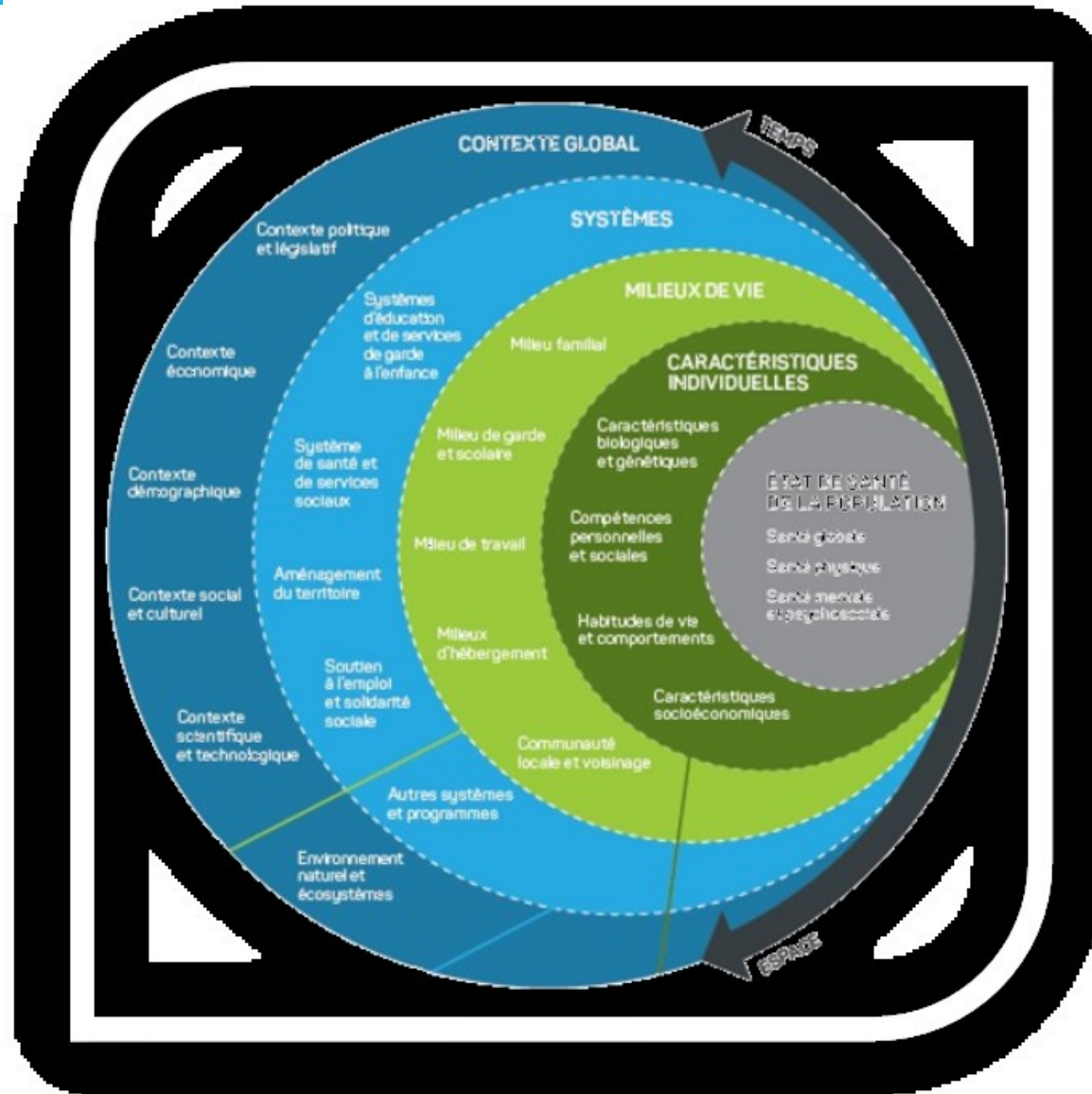
# Methodology

- Analysis of data sources (Census, survey data, medical and administrative files)
  - Problematic issue: the definition of « English-speaker » changes according to the data source
- Focus groups (21 participants)
- Interviews with community, municipal and education partners
- Listing of local initiatives



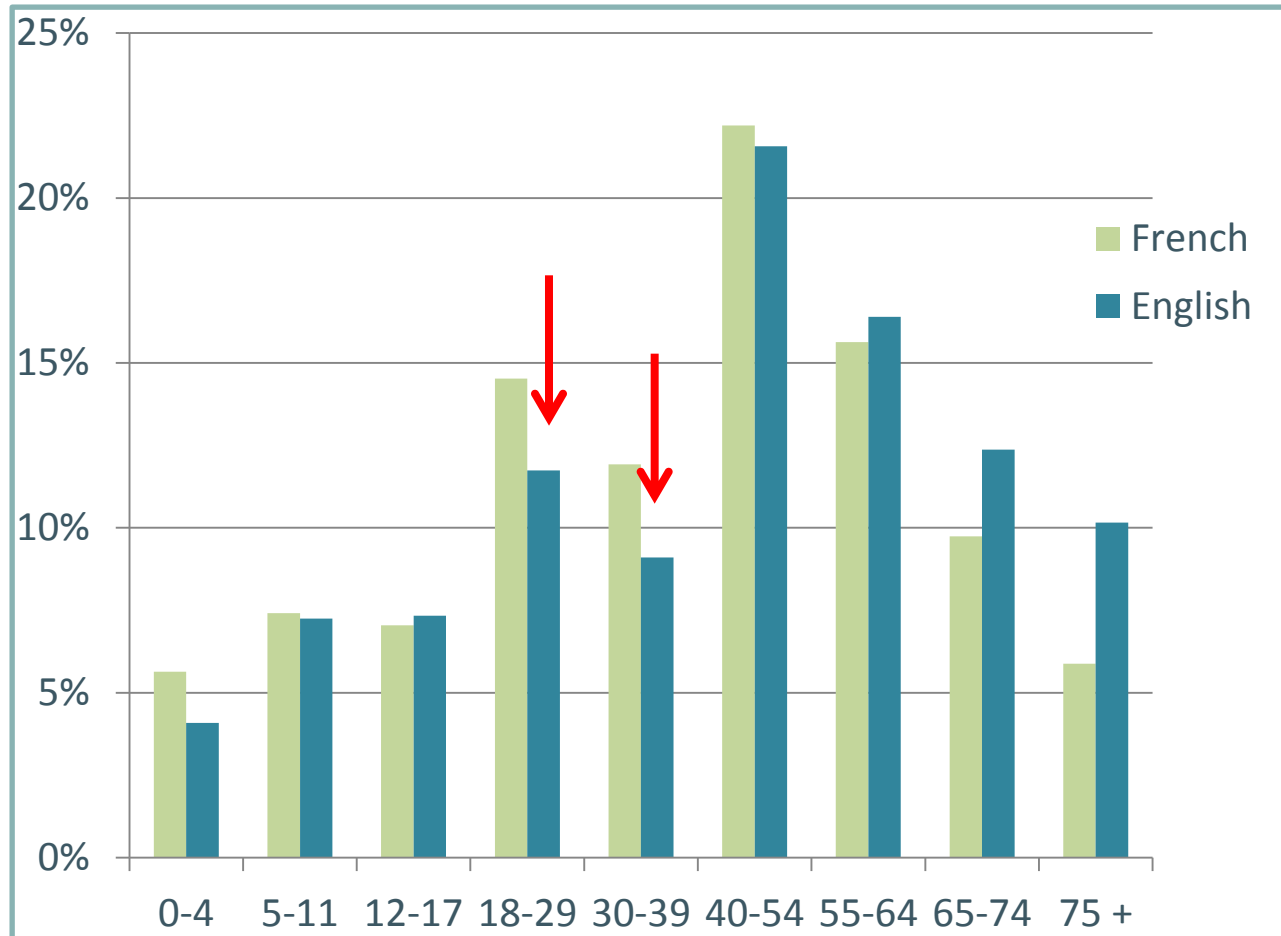
**Validated by an advisory committee**

# Definition of health



# Demographic context

Population age structure according to the language most often spoken at home  
Estrie (2011)

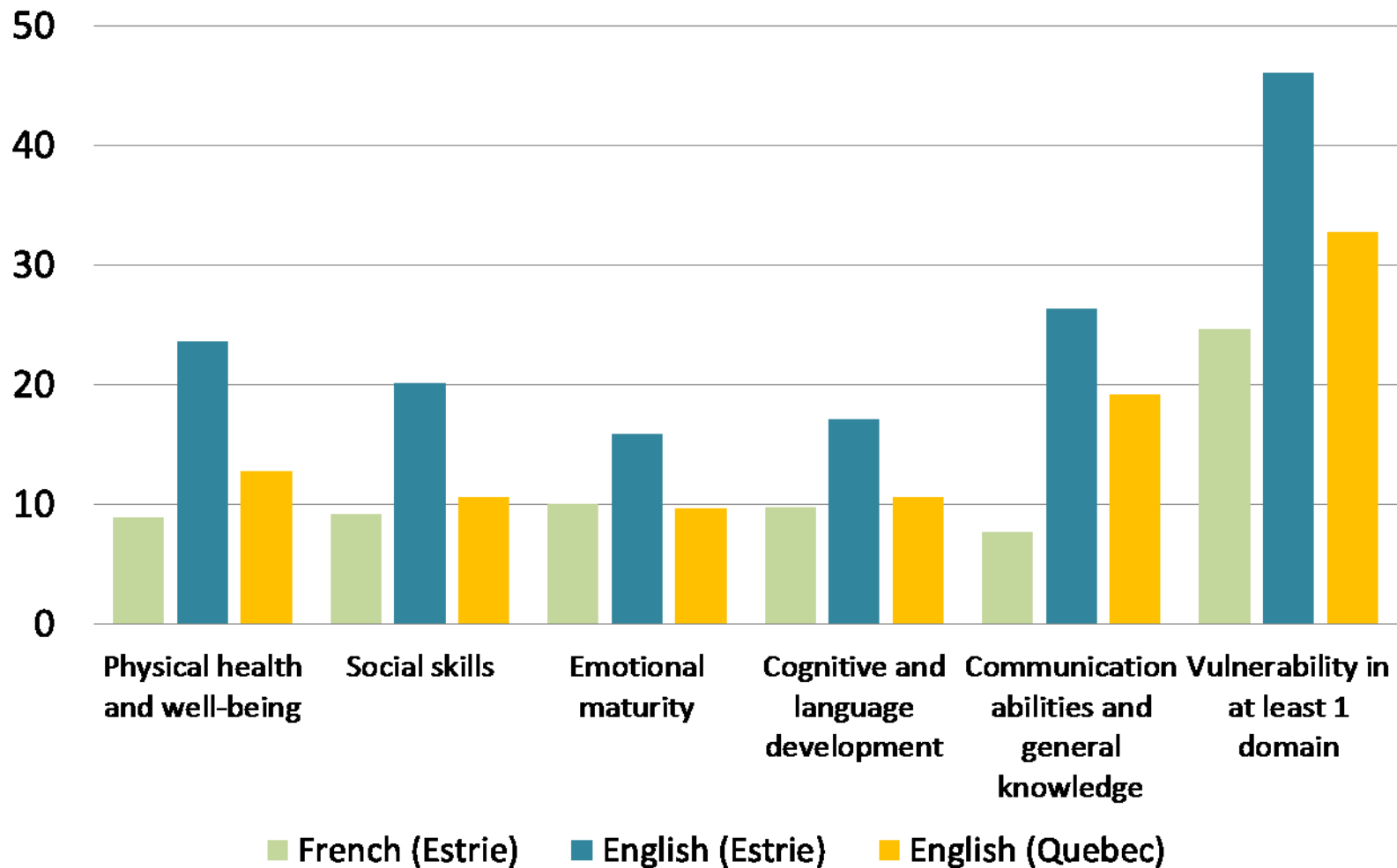


For the English-speakers aged 25 to 64:

- Poorer education level
- Lower incomes

# Child development

Proportion of children who are vulnerable by domain and mother tongue, Estrie and Québec (2012)



# Dental health

Children who have dental caries by language of instruction  
Estrie (April 1<sup>st</sup> 2011 to March 31<sup>st</sup> 2016)

	<b>French schools</b>	<b>English schools</b>
Kindergarten	24.5 %	33.3 %
Grade 2	56.4 %	62.5 %



# Eating habits

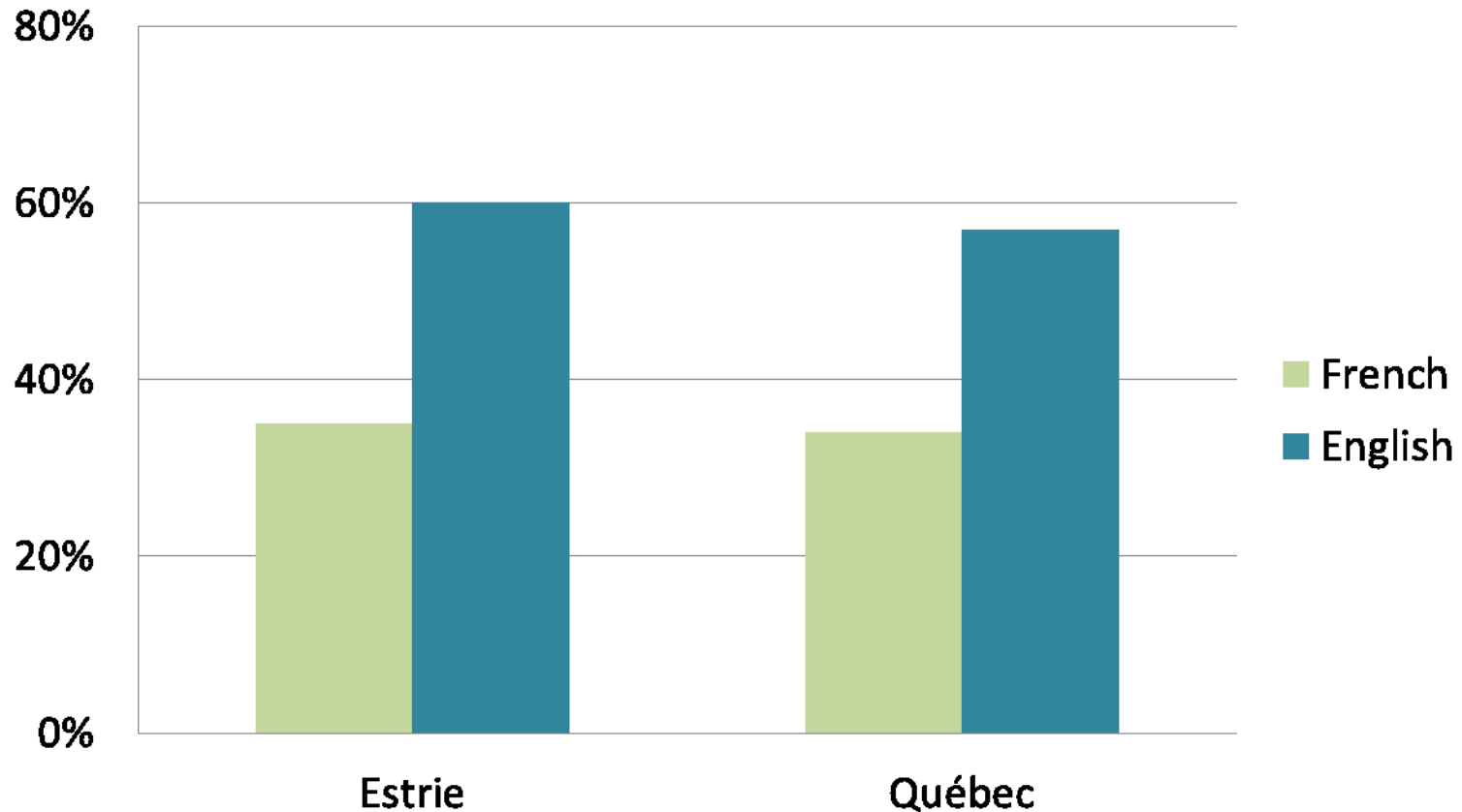
In high school, the teenagers attending **English schools** (compared to those in French schools) :

- are more likely to consume sweetened drinks, salty snacks or sweets on a daily basis (**33 % vs 24 %**)
- are more likely to consume junk food in a restaurant 2 times per week or more (**23 % vs 15 %**)
- are less likely to eat breakfast every day before school (**53 % vs 65 %**)

The students attending the French high schools of the region have better eating habits than those of Québec. However, the students of English schools in Estrie do not have this advantage.

# Social environnement and well-being

High school students victim of violence (at school or on the way to school )or cyberbullying, Estrie and Québec (2010-2011)



# Lifestyle habits (adults)

Lifestyle habits, drug and alcohol use by language spoken most often at home among non-immigrant adults, Estrie (2014-2015)

	Language spoken most often		Difference by language
	French (%)	English (%)	
<b>Lifestyle habits</b>			
Tobacco use	16.5	19.6	Yes
Less than 30 minutes of physical activity daily	32.7	20.9	Yes
Less than 5 fruits or vegetables daily	56.3	61.8	Yes
At least one unhealthy lifestyle habit	70.9	62.9	Yes
<b>Drugs and alcohol</b>			
Drug use over the past year	12.1	14.0	No
Excessive alcohol use (5 glasses or more) once a week or more	10.1	13.5	Yes

# Chronic diseases (adults)

Lifestyle habits, drug and alcohol use by language spoken most often at home among non-immigrant adults, Estrie (2014-2015)

	Language spoken most often		Difference by language
	French (%)	English (%)	
<b>Reported chronic physical diseases</b>			
Asthma	6.7	7.1	No
Hypertension	17.7	23.6	Yes
Chronic obstructive pulmonary disease (COPD)	3.4	3.0	No
Diabetes	7.3	8.8	No
Heart disease	6.4	8.2	No
Cancer	2.3	2.9	No
At least one chronic physical disease	30.9	37.9	Yes
<b>Other reported health problems</b>			
Health perception (fair/poor)	13.6	21.8	Yes
Excess weight (BMI of 25 or above)	55.3	55.7	No
Obesity (BMI of 30 or above)	21.0	25.0	Yes
Back pain	17.1	21.0	Yes

# Healthcare services

Adults who have a family physician

**English-speakers :**

**86 %**

**French-speakers :**

**82 %**

Breast cancer screening

**English-speakers :**

**59 %**

**French-speakers :**

**70 %**

The English-speakers that participated to the focus groups reported some difficulties:

- Many health care workers do not have enough English language skills;
- Lack of English documentation;
- Lack of services in rural communities.

# Recommendations

16 recommendations addressed to the *Direction de santé publique*, the *CIUSSS de l'Estrie - CHUS* and to partners of different areas :

1. Surveillance;
2. Research and evaluation;
3. Training of health professionals;
4. Accessibility, adaptation and improvement of services;
5. Communications;
6. Community development and intersectoral activity.

**Thank you!**  
**Any questions?**

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