Determinants of Health Concerning OLMCs

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Science Colloquium on the Health of Canada's Official Language Minority Communities
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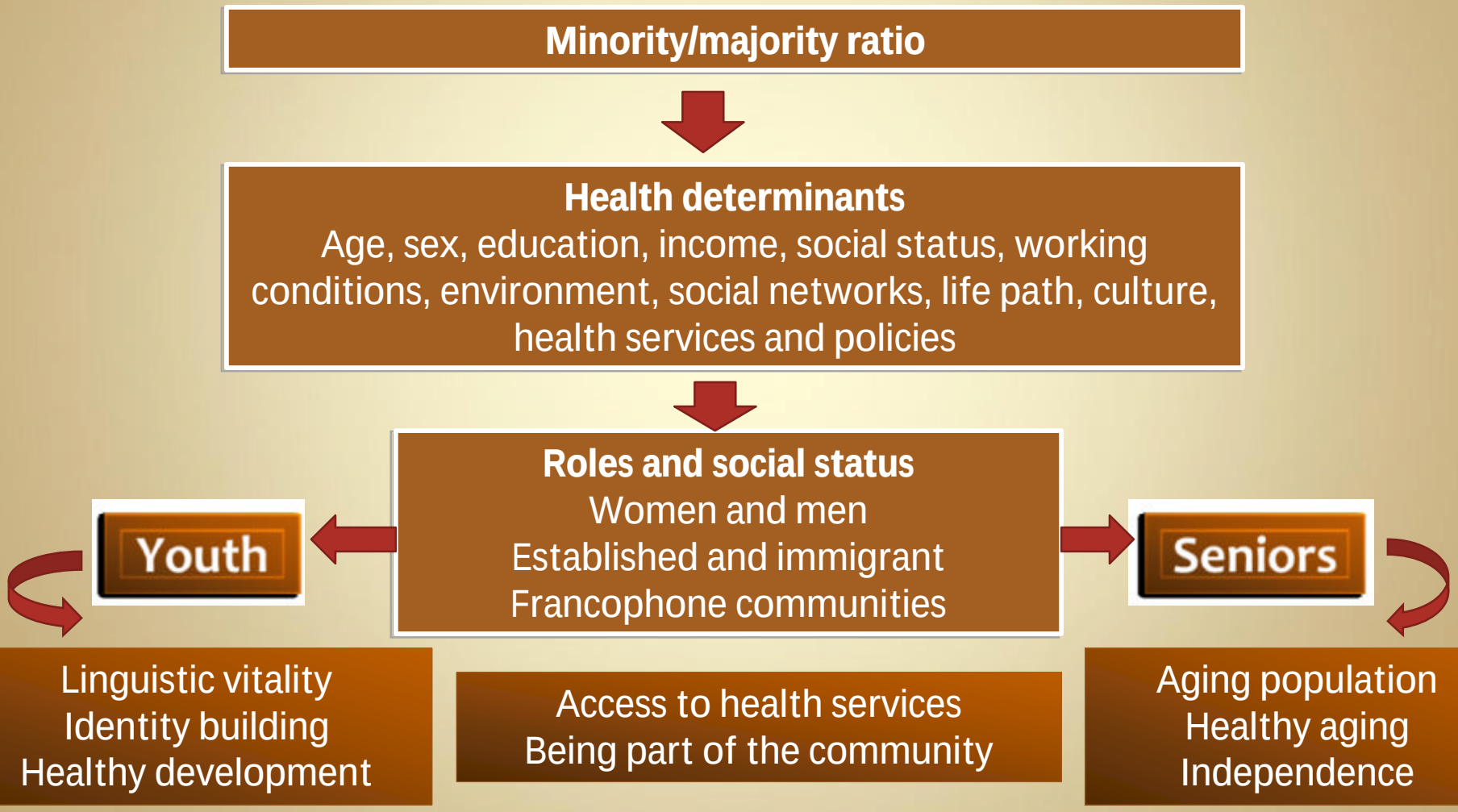
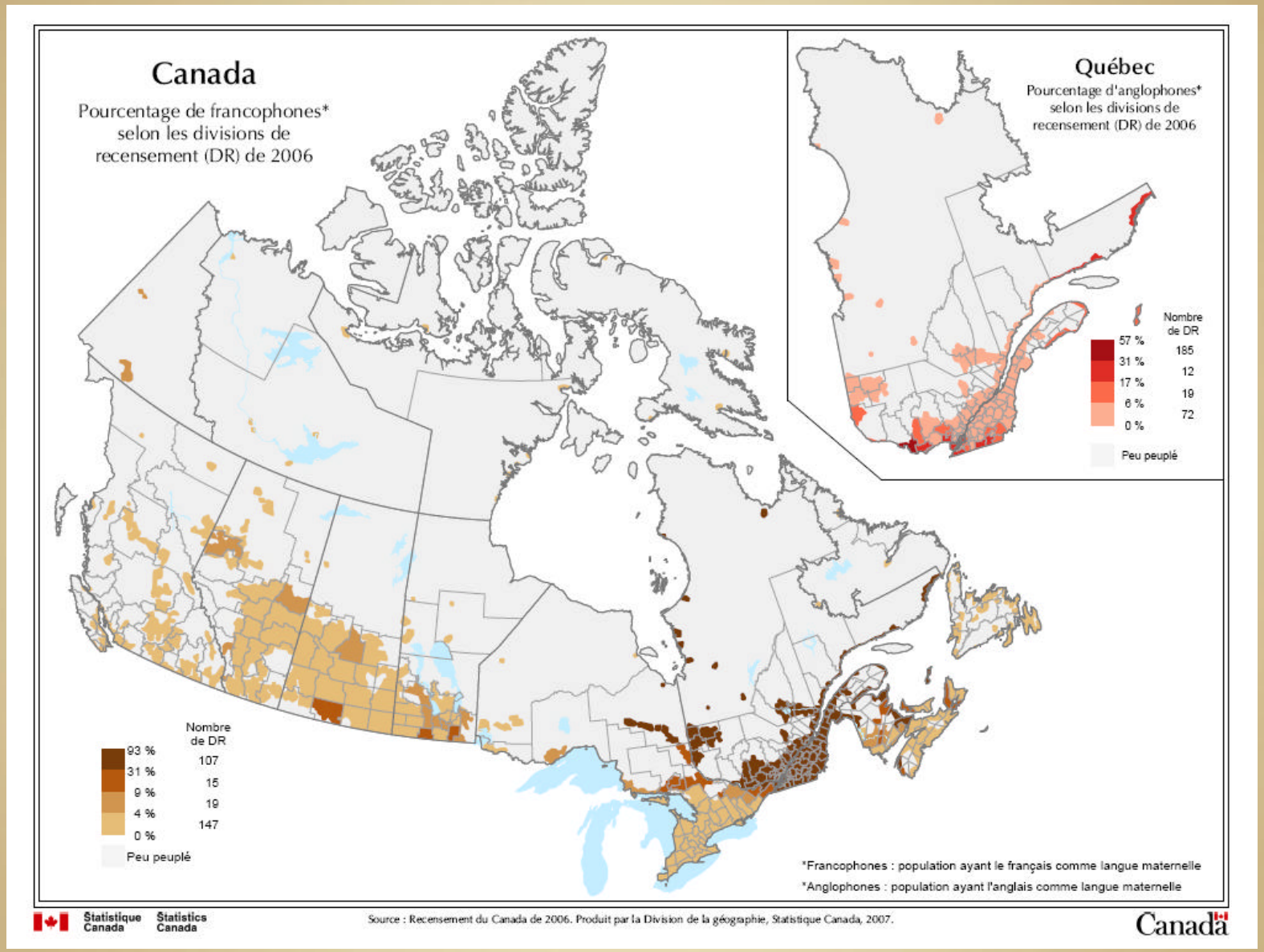
uOttawa.ca

Conceptual Framework Ensuring Fairness for Official Language Minority Communities



Bouchard et al, 2009



Bouchard et al, 2009

Health Inequalities: Concepts

- Health inequalities correspond to variations or differences observed in health status as a result of social status and structural constraints. Health inequalities reflect social and economic inequalities that determine the risk of disease and early death, as well as action to take to prevent and treat disease. Health inequalities are thus deemed to be unfair and avoidable causes of health problems.
- Social status is a sociological concept proposed by Max Weber, which combines wealth, social prestige and power. Social stratification refers to all positions occupied in the social hierarchy and their status.
- "Health gradient" means that, for all diseases, the poorer you are, the less healthy your are - the more unfavourable a person's socio-economic status, the poorer his/her health. This gradient applies to the entire socio-economic spectrum, no matter how wealthy a country may be.
- The causes of health inequalities relate directly to how societies are organized, how work is divided, and what status work is assigned. People's social status determines how they live and their general living conditions.
- Health equity means a more imperative to correct health variations, which are deemed not only unnecessary and avoidable, but also inequitable and unfair.

Bouchard et al, 2009

Health Profile of Canada's Francophone Minority Communities

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Bouchard et al, 2009

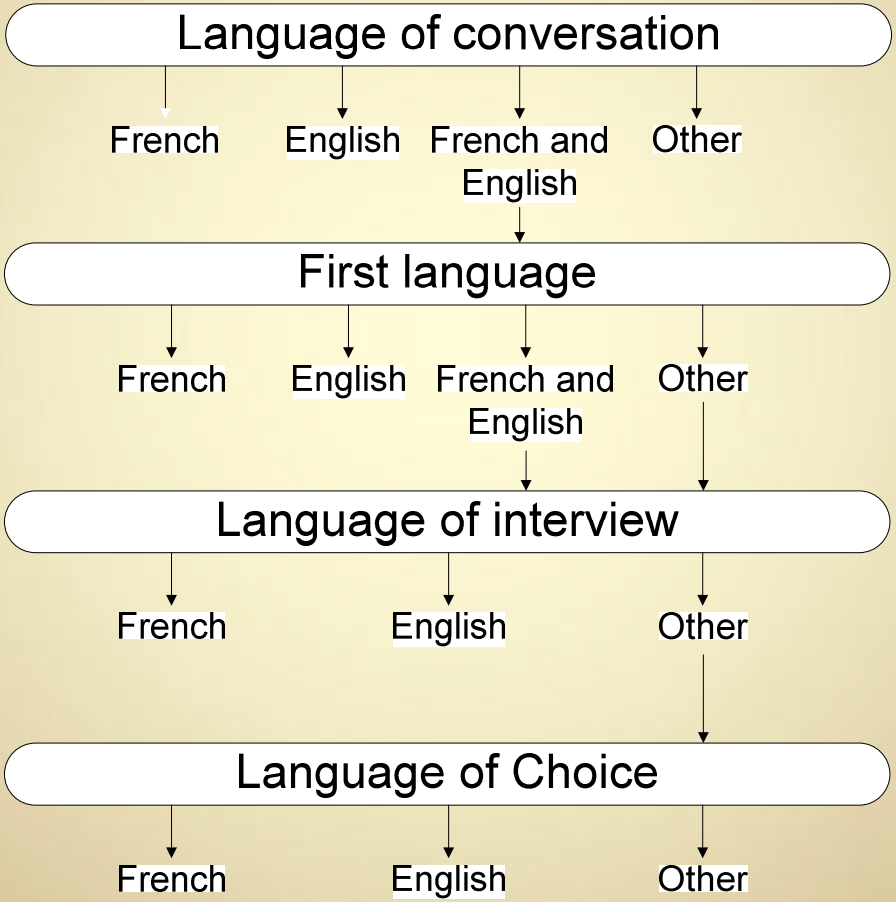
CCHS Secondary Analysis of Determinants of Health Concerning OLMCs

Consolidation of Canadian Community Health Surveys (CCHS)

2001 (Cycle 1.1), 2003 (Cycle 2.1), 2005 (Cycle 3.1)

Bouchard et al, 2009

Definition of language group



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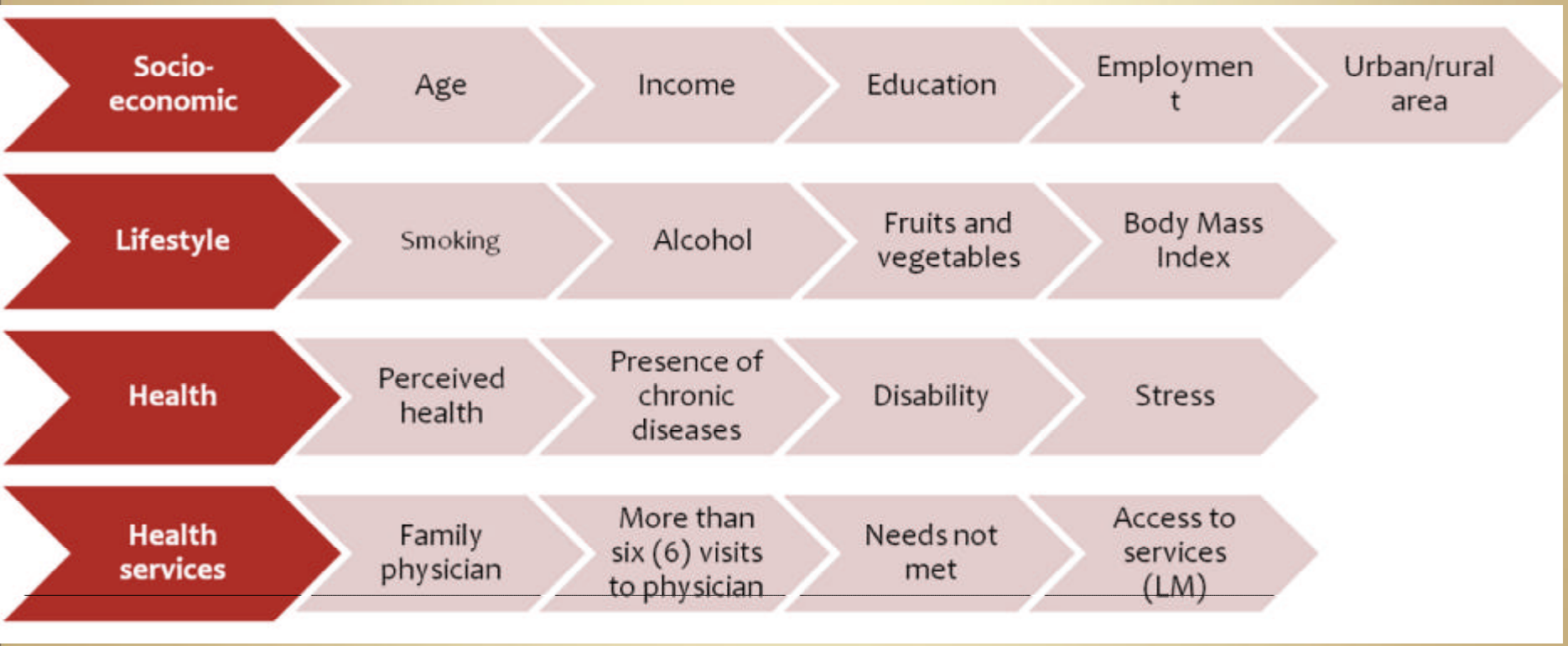
Indicators



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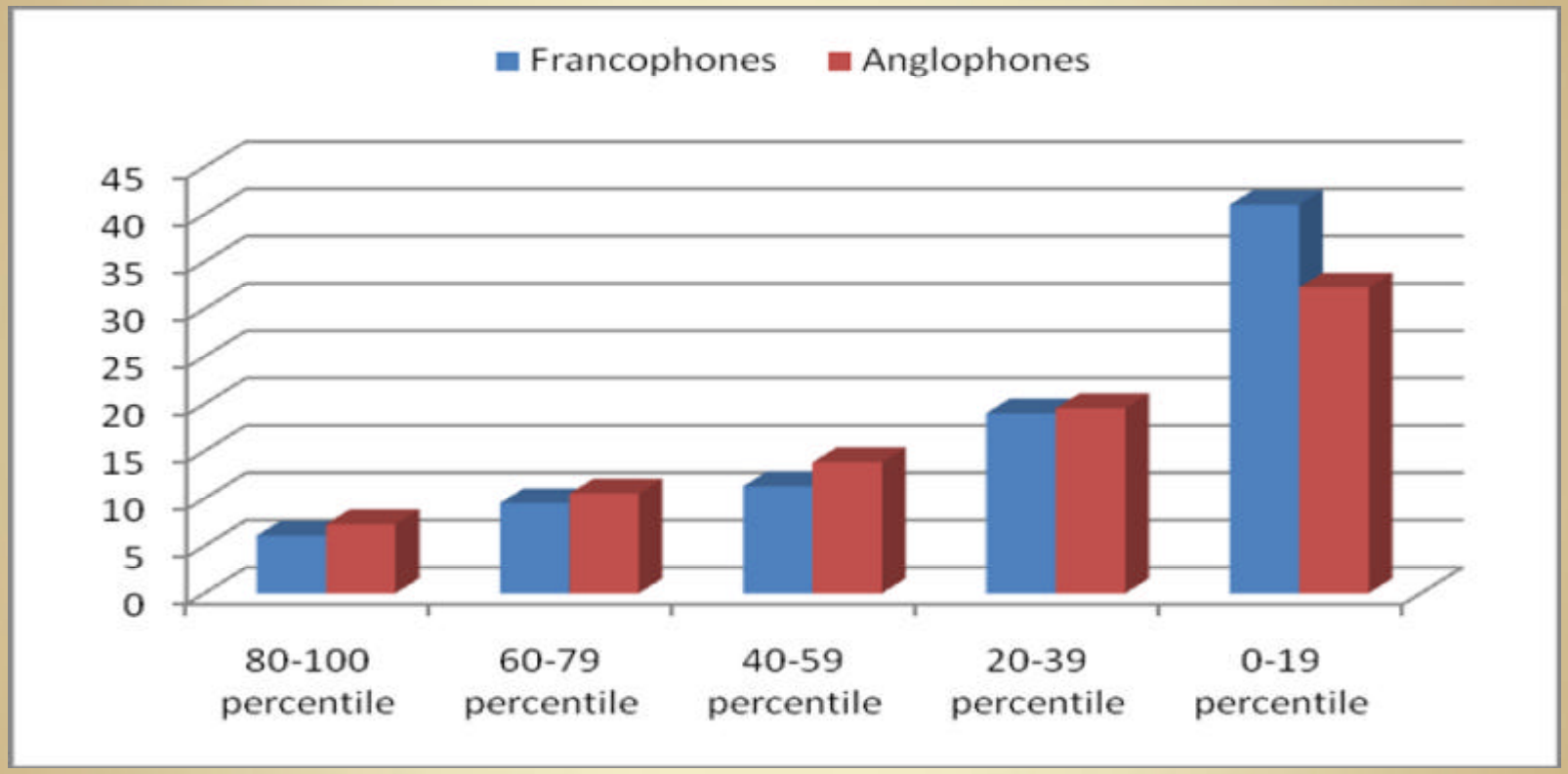
Health of minority Francophones in Canada, excluding Quebec

Indicators	Francophones (%)	Anglophones (%)
Perceived poor health*	16.65	13.14
65 or over*	19.46	17.74
Less than one level of secondary educ. *	20.73	12.39
Low income (0-19th percentile) *	20.43	17.28
Rural area*	29.53	17.75
Two or more chronic diseases *	20.08	17.17
Difficulty performing a task*	18.28	15.96
No physician	9.90	10.36
Under 5 portions of fruits and vegetables	60.35	60.54
Regular or occasional smoking*	72.43	65.83
Regular or occasional use of alcohol*	81.39	79.30
Physically inactive *	53.69	52.21
BMI +30 *	18.26	16.55
Poor sense of belonging *	37.42	34.49

Source: CCHS: Weighted data based on a sample of 244,382: 12,583 Francophones; 256,966 Anglophones
Bouchard et al. : Research data on determinants of health concerning OLMCs. CIHR grant, 2004

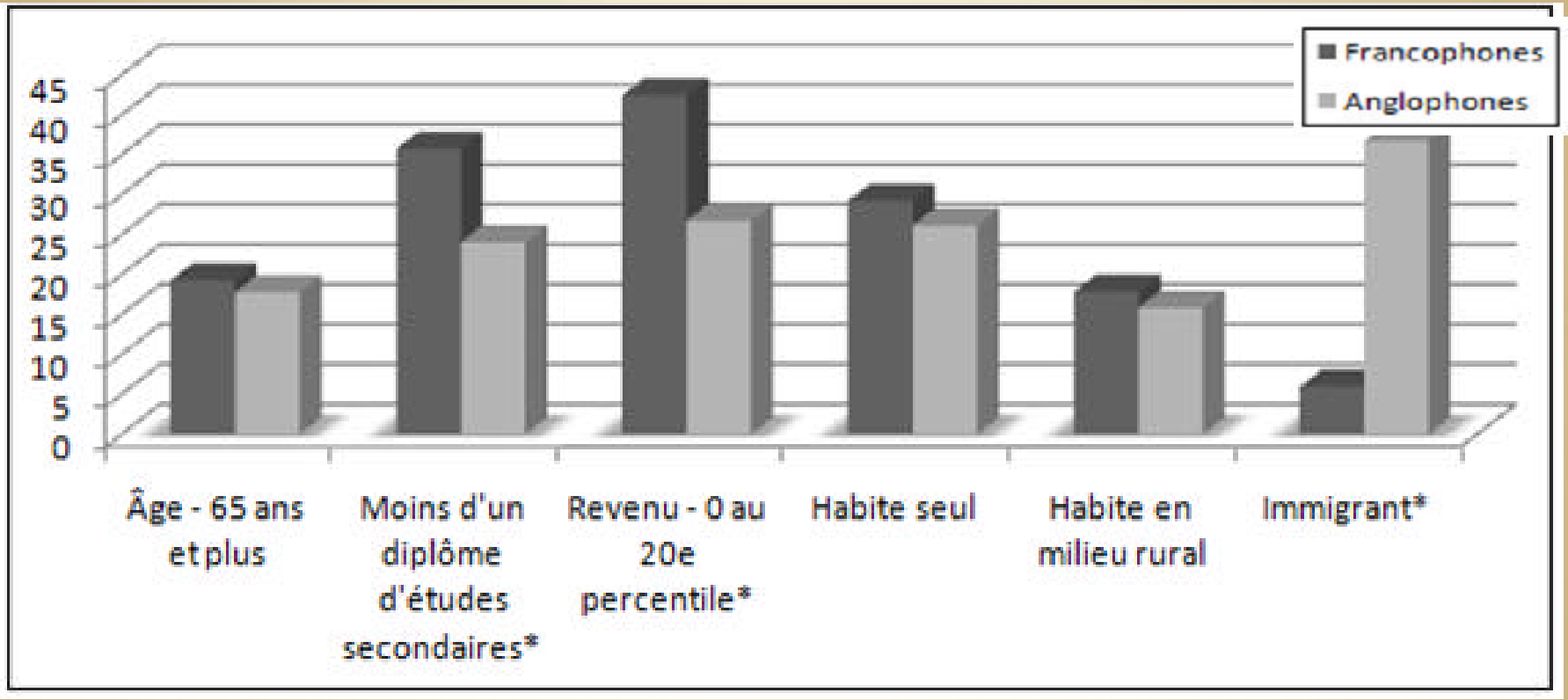
Perception of poor health and income percentile for the rest of Canada, excluding Quebec



Source: CCHS: Weighted data based on a sample of 244,382: 12,583 Francophones; 256,966 Anglophones (excluding Quebec)
Bouchard et al.: Research data on determinants of health concerning OLMCs. CIHR grant, 2004

Bouchard et al, 2009

Study of a vulnerable group - Status of seniors in Ontario

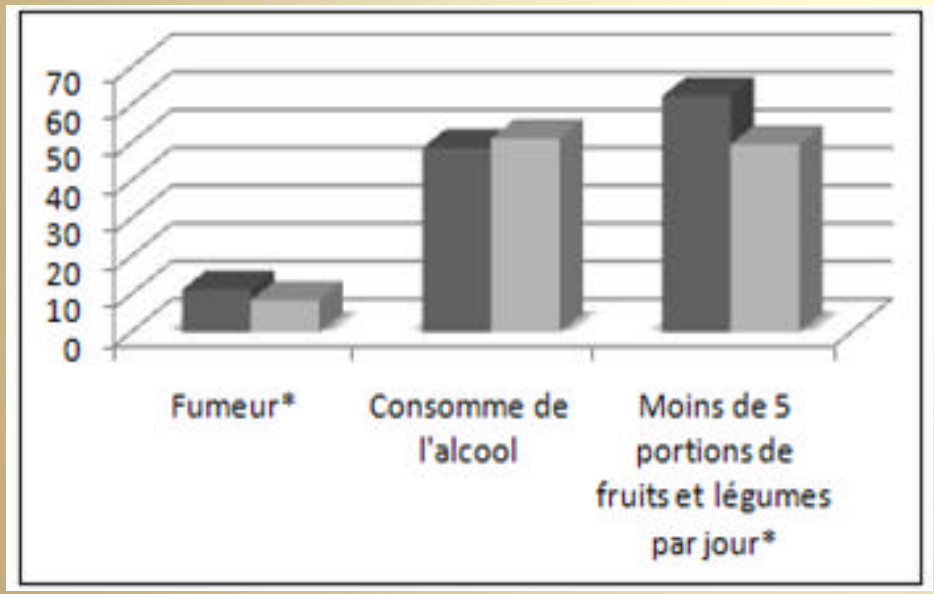


* Significant variable where the value of $p = < 0.05$
Source: CCHS - Thesis, V. Bourbonnais, 2007

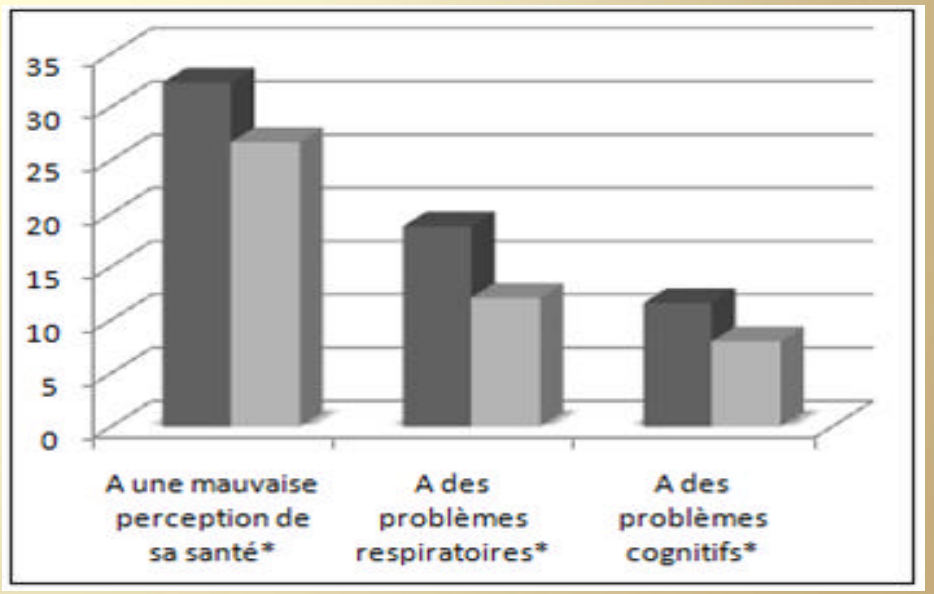
Study of a vulnerable group - Status of seniors in Ontario

Francophones
Anglophones

Lifestyle variables

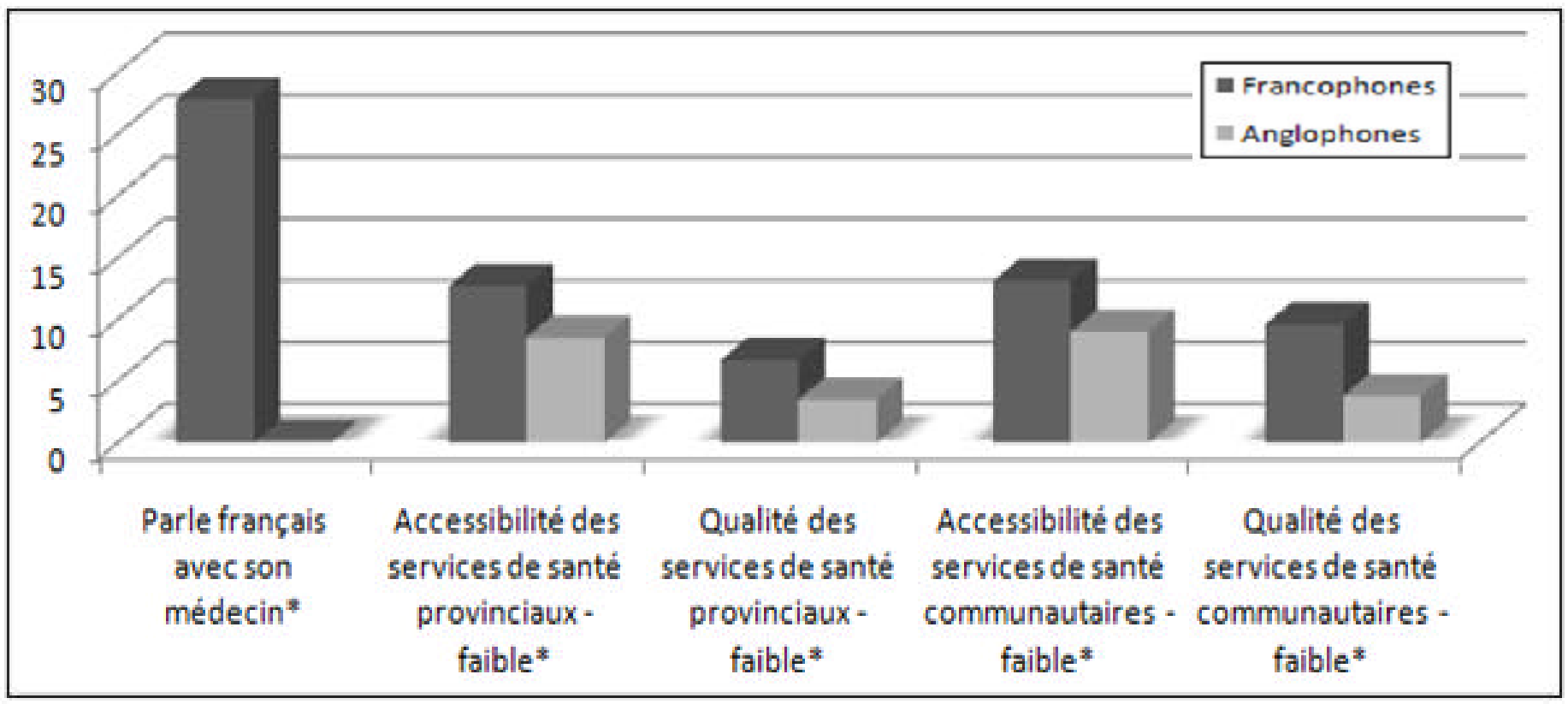


Health variables



* Significant variable where the value of $p = < 0.05$
Source: CCHS – Thesis, V. Bourbonnais, 2007

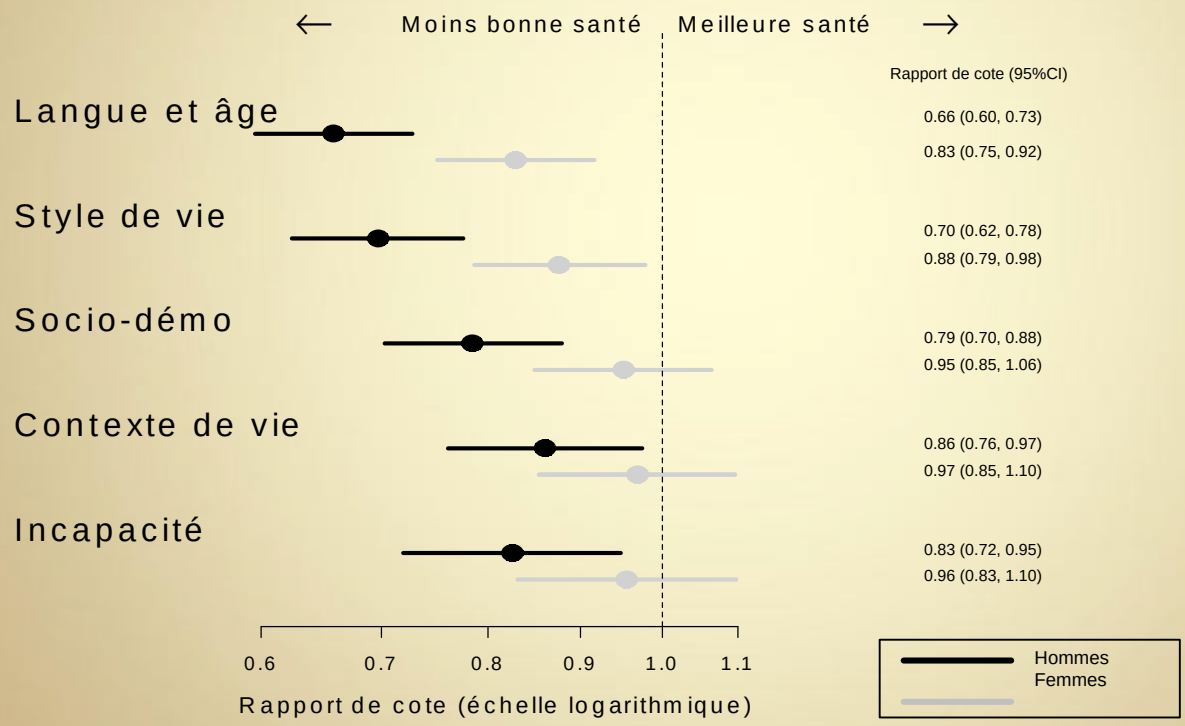
Study of a vulnerable group - Status of seniors in Ontario: Satisfaction with services



* Significant variable where the value of $p = < 0.05$
Source: CCHS - Thesis, V. Bourbonnais, 2007

Language: A determinant of health?

Regression models – Perceived health and language minority status as risk factors



CCHS – Data weighted based on a sample of 76,674 men (including 3450 Francophones) and 92,734 women (including 4729 Francophones)
Bouchard et al, 2009

Bouchard et al, 2009

Distribution of people with a perception of poor health by language minority status Quebec – Rest of Canada

	Francophones	Anglophones	Value of p
	%		
Rest of Canada	**17.64**	13.26	<0.001
Quebec	12.44	**14.11**	<0.001

CCHS: Weighted data. Bouchard et al, 2009

Bouchard et al, 2009

Anglophone minority

	Quebec			Quebec w/o Mtl	
	Franco n=60 260 %	Anglo n=6 434 %		Franco n=55 136 %	Anglo n=2 542 %
Perception of poor health	12.26	13.11		11.94	**13.69**
65 or over	17.69	22.09		17.13	**24.16**
Less than one level of secondary studies	20.37	13.70		21.03	17.62
Low income (0-19th percentile)	17.48	20.18		17.74	**21.04**
Rural area	20.91	10.25		26.54	**30.12**
Two or more chronic diseases	15.66	16.96		15.53	**20.26**
Difficulty performing a task	14.69	16.87		14.20	**16.33**
No physician	23.82	24.63		21.22	21.49
Less than 5 portions of fruit & vegetables	57.54	58.64		57.29	57.66
Regular or occasional smoker	72.95	63.32		73.98	67.56
Regular or occasional use of alcohol	84.4	77.30		85.04	78.01
Physically inactive	57.92	54.16		57.20	57.25
BMI+30	14.37	14.80		14.40	**18.71**
Poor feeling of belonging	49.27	39.69		49.32	40.38

CCHS: Weighted data. Bouchard et al. 2009

Bouchard et al, 2009

Minority status and health

- The notion of health includes some dimensions that need to be explored further, such as the feeling of social isolation, inferiority, poor self-esteem, poor social support, the feeling of having fewer opportunities, different use of social services (necessity versus routine prevention), difficulty gaining access to the health system and/or making oneself understood.
- Studies in neurobiology shed light on the physiological mechanisms by which social status translates into biological dysfunctions. These studies demonstrate the importance and role of social interaction in the genesis of physical or mental health problems.
- Wilkinson argues that the feeling of shame seems to be the key vector when a social experience transforms itself into a disease. Shame is the painful feeling of being inferior, unworthy, and lowered in the opinion of others. This social emotion results in frustration, value judgments, and discrimination. This may translate into resignation and depression (avoidance), or anger and rebelliousness (delinquency). We also know that, in more difficult living conditions, the biological reward-satisfaction system (dopaminergic neural reward system) is more likely to be under-stimulated and to result in a higher prevalence of behaviour involving addiction to alcohol, smoking, and drugs.

Bouchard et al, 2009

Health equity through action
CDSH, WHO, 2009

"The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives - their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities - and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics."

Bouchard et al, 2009

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