

Manitoba's Francophone Children: Assessing their Health and Well-being

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Premise

- Too few studies on health of Francophones living in linguistic minority settings ⁽¹⁾
- Most French-minority studies originate from Ontario or New Brunswick ⁽²⁾
- **Clear lack of knowledge about the health of the Franco-Manitoban population**

Main Purpose

To describe the determinants of health of Franco-Manitoban children

Introduction

- Limited access to French-language services**
- Over 50% of Francophones living outside Quebec rarely have access to French-language health services ⁽³⁾
- Language barriers**
- Can have negative consequences
 - Discouraging use of preventive services ⁽⁴⁾
 - Lower satisfaction ⁽⁵⁾
 - Reduced treatment compliance ⁽⁶⁾
 - **Most vulnerable clients are CHILDREN and the elderly** ⁽⁷⁾
- Early Childhood Development**
- Important for long-term health and well-being ⁽⁸⁾

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Method



- **Compare health & well-being of Franco-Manitoban children to other children in Manitoba**
 - Ages 0 to 18
 - Francophone children = children attending French first language schools (FL1) in the Division scolaire franco-manitobaine (DSFM)
- **Using the Population Health Research Data Repository**
 - Housed at the Manitoba Centre for Health Policy



Child Health Indicators

Perinatal Health

Teen Pregnancy/Teen Birth
Preterm Birth
Size at Gestational Age
Breastfeeding Initiation

Infant and Child Mortality

Health Care Utilisation

Immunization
Hospitalization for Preventable Infections
Hospitalization for Injury
Physician Visits
Continuity of Care

Childhood Chronic Conditions

Asthma
Diabetes
ADHD
Disabilities
Autism Spectrum Disorders

Use of Prescription Medication

Any Prescription
Antibiotic Prescriptions

Education

EDI
School mobility
Grade 9 completion of credits
Grade 12 Standards Test
High School Graduation

Community and Social Services

Licensed Child Care Spaces
Receipt of Income Assistance
Children in Care
Children in Families Receiving Protection/Support Services

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Expected and Possible Findings

- Poor health will be associated with poorer socioeconomic status (SES) ⁽⁹⁾
- Education and children in care are child health indicators that will be associated/predictive of longer term health outcomes
- Lack of French-language health services may affect families' willingness or comfort in bringing children to an English-speaking physician, this could lead to:
 - ↓ Physician Visits
 - ↓ Continuity of Care
 - ↑ Hospitalization for Preventable Infections

Potential Policy Implications

- Inform the Division scolaire franco-manitobaine (DSFM), school board, parents' committees and major players in the Ministry of Education about the health / well-being status of the Francophone students
- Develop initiatives within the Francophone community that would target child outcomes that show to be poorer than other children in Manitoba
- If health services are part of the issue:
 - Increase health services offered in French
 - Encourage current Francophone students to consider a career in health

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