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

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

Age 50+

- FRENCH as language of conversation
- FRENCH as language most spoken at home
- FRENCH as language of interview
- FRENCH as first official lang. spoken
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+)

<table>
<thead>
<tr>
<th>Region / Province</th>
<th>Sample size SVOLM</th>
<th>CCHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maritimes</td>
<td>1,845</td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>1,757</td>
<td></td>
</tr>
<tr>
<td>Western Canada</td>
<td>1,289</td>
<td>4,888</td>
</tr>
<tr>
<td>Territories</td>
<td>Excluded</td>
<td></td>
</tr>
<tr>
<td>Quebec</td>
<td>3,161</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>8,049</td>
<td>24,803</td>
</tr>
</tbody>
</table>
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 and hands-on or hands-off approach
Methods: Rossell framework & policies

- Policy Content
  - Criteria for choosing alternatives
    - Equity
    - Efficiency
    - Effectiveness
    - Health impact
    - Political feasibility
  - Choice of compliance characteristics
    - Command-and-control
    - Market incentives

- Strategy for achieving values
  - Rational-Comprehensive
  - Incremental
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.
<table>
<thead>
<tr>
<th>Provinces &amp; Territories</th>
<th>Evaluation Criteria (Adapted from Rossell)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equity</td>
</tr>
<tr>
<td>NB</td>
<td>+</td>
</tr>
<tr>
<td>Quebec</td>
<td>+</td>
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<td>Manitoba</td>
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<tr>
<td>Ontario</td>
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<td>NS</td>
<td>+</td>
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<td>P.E.I</td>
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<tr>
<td>SK</td>
<td>+</td>
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<tr>
<td>Alberta</td>
<td>+</td>
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<tr>
<td>BC</td>
<td>-</td>
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<tr>
<td>Nfld &amp; Lb</td>
<td>-</td>
</tr>
<tr>
<td>Yukon</td>
<td>+</td>
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<tr>
<td>Nunavut</td>
<td>+</td>
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<tr>
<td>NWT</td>
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</tbody>
</table>
Canada’s Policy Environment as a Bilingual Country

- 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.
- Polices & 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.
References

Merci!