Characteristics and Determinants of Self-rated Health of Minority Francophone Seniors living in Canada and their Access to Health Services in French

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Abstract

The purpose of this study is to describe the factors associated with health services access and utilization by francophone seniors living in Canada outside the province of Quebec, and understand how these factors self-rated health.

The 2006 post-census Survey on the Vitality of Official-Language Minorities (SVOLM) carried out by Statistics Canada will be used as well as the 2007 Canadian Community Health Survey (CCHS). The SVOLM will help assess factors associated with the self-rated health of minority Francophones. The CCHS will complement the SVOLM and allow for comparability with the general population.

The results of the quantitative analyses will help engage dialogue with the community, educators, policy makers, health practitioners, and the healthcare system in order to help inform and shape policy with regards to health services access and utilization in the province of Saskatchewan, particularly in the Saskatoon Health Region.

Engaging the Francophone community in the research process will facilitate knowledge translation as well as improve the quality of findings. A variety of formats including key informant interviews, town hall meetings, briefing notes, and focus groups will be used to engage key stakeholder groups including the Fransaskois community, the government of Saskatchewan, the Saskatoon Health Region, health professionals associations and unions, and the Colleges of nursing and medicine at the University of Saskatchewan.

It is anticipated that this study will contribute to our understanding of the factors that affect access and use of health services by Francophone seniors living in the English Canada and how this affects the perception of their health. This research project will potentially affect health at the individual, community, population and policy levels.

Research Objectives

1. Identify, describe and characterize access to and use of health services in French by seniors in Canada outside the province of Quebec.
2. Determine the factors associated with the self-rated health of Francophone seniors in a minority setting using the 2006 post-census Survey on the Vitality of Official Language Minorities (SVOLM) and compare these factors with those of the Anglophone minority population in the province of Quebec.
3. Compare the self-rated language minority seniors with the general population of seniors using the 2007 Canadian Community Health Survey (CCHS).
4. Use the results of the quantitative analysis to engage dialogue with the community, educators, policy makers, health practitioners, the healthcare system, and educators in Saskatchewan in order to help inform and shape policy.

Objectives

Objective # 1

An in-depth descriptive analysis will be carried out. Patterns of use as well as reasons for use and other factors will be examined, described and analyzed. Statistics such as counts, means, ranges, and frequencies among others will be computed and used to understand the characteristics of each variable. Outputs of tables and graphs such as histograms, scatter plots, and box plots will be used to further identify issues of interest.

Objective # 2

A univariate analysis, multiple analyses, and logistic regression for the main model will be performed to investigate the relationship between the various environment, population characteristics and health behaviors variables (exposure) and their individual and collective impact on self-rated health (outcome). A particular focus will be placed on how language of service affects self-rated health. A proxy for Institutional Completeness (IT) will be determined, assessed and tested to determine whether IT is a strong predictor of self-rated health and how this varies in per province or geographic area. A secondary model with health services use as the dependent variable will be tested to examine the determinants of health services utilization and understand how self-rated health can be mediated by health services use.

Variables in the Andersen Model

Andersen's socio-behavioural model has been widely used for issues related to access to health services. It emphasizes three key influences that affect access to health services:

- Predisposing characteristics (Gender, Age, minority status, geography, beliefs, education, enabling factors, SES, Social support, etc.)
- Need (actual or perceived illness, need for care)
- Enabling characteristics (Health facilities, Employment, Income, Education, Telehealth, health policies, etc.)

Objective # 3

The CCHS offers the opportunity to assess the self-rated health of the general Canadian population which will be compared to that of the official language minorities in order to determine whether there is a disparity.

Since both the SVOLM and the CCHS surveys cover the same twelve-month period, there is assumption of no or little change in the population over that period of time. In order to maximize accuracy of generalizability, efforts will be made to ensure that the variables are the same.

Multivariable and logistic regression analyses will be performed for the purpose of forming a model for Quebec Francophones that will allow for comparisons with Francophones outside of Quebec. Comparisons will focus primarily on factors associated with self-rated health and secondarily on factors associated with use of health services. Table 1 shows how the variables from both the SVOLM and the CCHS will be entered in the model side by side for comparison purposes.

The results of the quantitative analysis will be synthesized and presented in appropriate formats for each of the five key stakeholder groups. The following dissemination formats will be used: pamphlets, briefings, nipples, posters and power point presentations. These dissemination opportunities will take place in the form of town hall meetings as a forum of dialogue with community groups, interviews of key informants from the government, the Saskatoon Health Region, and from some community groups, focus groups with health professionals. A content analysis of key documents, a careful analysis of records of various meetings, interviews and correspondences and a reflection will be carried out.

Key Stakeholders in the WHO “partnership Pentagon” model to optimize the delivery of health services to Francophone seniors in Saskatchewan (RIFS) which provides the framework for dialogue and the Assemblee Communaute Francaise (ACF), a community-based organization, a social marketing approach will be used to engage the following key stakeholders in dialogue according to the WHO Partnership Pentagon model in order to improve access to health services based on people’s needs.

Methods

Environment

Population Characteristics

Health Behavior

Use of Health Services

Self-rated health

Studies were presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the SK Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census. The results of the research will be disseminated to the community and government through presentations, pamphlets, and other media formats. Results will be presented to the Joint Commission on Health Care Research for Francophones in Minority Situations, the Legal Clinic, the Saskatchewan Medical Association, the Federal Of Francophones in Canada, the Canadian Community Health Survey and the 2007 Canadian Census.