



The Health of the Francophone Population Aged 65 and over in Ontario

A region-by-region portrait based on the Canadian
Community Health Survey (CCHS)

Louise Bouchard, Ewa Makvandi,
Golnaz Sedigh and Solange van Kemenade

2014



RRASFO

Réseau de recherche appliquée sur la
santé des francophones de l'Ontario



uOttawa

Acknowledgments

This study was supported by the Ontario Ministry of Health and Long-Term Care (MOHLTC). We are grateful for this financial contribution, and for the funding granted to the Réseau de recherche appliquée sur la santé des francophones de l'Ontario (RRASFO).

The analysis of the Canadian Community Health Survey data was conducted at the Carleton, Ottawa, Outaouais Research Data Centre (COOL-RDC) which is part of the Canadian Research Data Centre Network (CRDCN). The services and activities provided by the COOL RDC are made possible by the financial or in-kind support of the Social Sciences and Humanities Research Council (SSHRC), the Canadian Institutes of Health Research (CIHR), the Canada Foundation for Innovation (CFI), Statistics Canada, Carleton University, the University of Ottawa and the Université du Québec en Outaouais. The views expressed in this paper do not necessarily represent the CRDCN's or that of its partners.

Report Reviewers/Editors

Report review and editing has been ensured by Solange van Kemenade, research associate at the University of Ottawa and Joanne de Montigny, Ph. D candidate at the Institute of Population Health, University of Ottawa.

Table of Contents

Introduction.....	6
Methodology	7
The data source	7
Definition of Linguistic Groups	7
Study population.....	8
Statistical analyses.....	8
What should you know about the study.....	9
Snapshot of results	10
Highlights.....	12
Socio-demographic profile	12
Physical and mental health.....	12
Lifestyle and health behaviours.....	13
Prevention and screening	14
Contact with certain healthcare professionals (physicians and nurses).....	15
Need for healthcare services and difficulties with access	15
Satisfaction with the healthcare system.....	16
Social participation and sense of community belonging	16
Policy implications and Recommendations	17
Ontario – Regional breakdown.....	19
Chapter 1: Respondents’ socio-demographic profile	20
Gender	20
Age distribution.....	20
Education.....	21
Income.....	21
Household type.....	22
Employment.....	22
Living in rural area	23
Immigrant status	23
Chapter 2: Physical and mental health.....	24
Perception of health.....	24
Perception of mental health.....	24
Perception of daily life stress	24

Perception of work-related stress	25
Health status index	25
Restrictions of activities.....	26
Help needed with activities in daily life.....	26
Chronic diseases.....	27
Chapter 3: Lifestyle and health behaviours	29
Changes made for health improvement purposes	29
Body Mass Index (BMI)	29
Daily Energy Expenditure index – physical and recreational activities.....	30
Daily fruit and vegetable consumption	30
Type of smoker	31
Exposure to second-hand smoke	31
Types of alcohol consumers.....	32
Injury sustained in the previous 12 months	32
Chapter 4: Prevention and screening	33
Mammogram.....	33
Pap test (screening for cervical cancer)	34
Screening for colorectal cancer	34
Influenza virus vaccine	35
Vision tests.....	35
Dental care (visiting a dentist).....	36
Chapter 5: Contact with healthcare professionals	37
Having a regular physician	37
Language spoken with the physician	37
Reason for not having a physician	37
Consulting a family physician/ a nurse.....	37
Chapter 6: Needs and difficulties accessing healthcare services	39
Medical specialists	39
Non-urgent surgery.....	39
Routine healthcare services.....	39
Immediate care for a minor problem.....	39
Need for health information	40
Hospitalization.....	40
Home health care.....	40

Chapter 7: Satisfaction with healthcare system.....	42
Access to provincial healthcare services.....	42
Quality of provincial healthcare services.....	43
Access to community health services	43
Quality of community health services	43
Satisfaction with the quality of services received	43
Satisfaction with health care received in hospital.....	43
Chapter 8: Social participation and sense of community belonging	44
Involvement with a non-profit organization.....	44
Sense of community belonging	44
Appendix A. Socio-demographic and economic factors for the total population of Ontario and Francophones aged 65 and over in the three regions of Ontario	45

Introduction

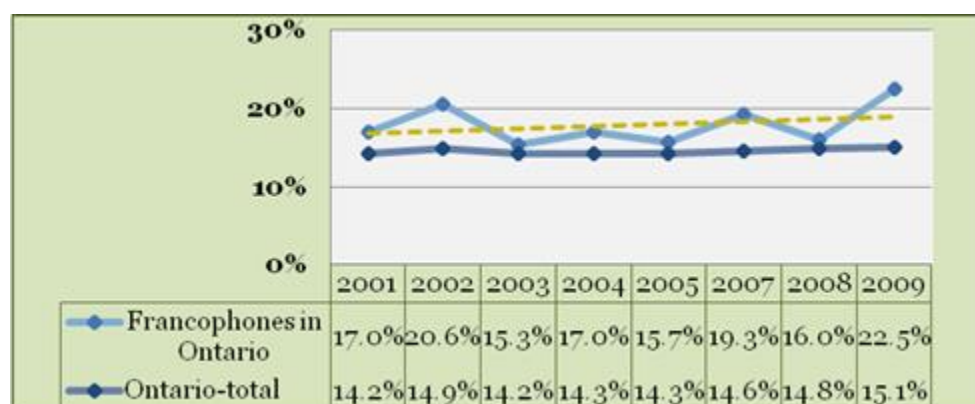
This report presents a portrait of the health of francophone seniors (65 years and over) in Ontario, as compared with the rest of the provincial population. The report is based on data from the Canadian Community Health Survey (CCHS), a cross-sectional multi-stage survey that collects information related to health status, health care utilization and health determinants for the Canadian population. Eight CCHS cycles, undertaken between 2001 and 2009, and covering responses from 130,000 respondents were used to complete this report. A combination of consecutive cycles was used to increase the effective sample size and to describe more thoroughly the health of the aging francophone population in the three main regions of Ontario: Central/South-West, East/South-East, and North.

Large databases to study the aging population of Canada's official-language minority are not, as to this moment, available. Despite an overall large population of Francophones aged 65 and over throughout the province (i.e. 328,759 in total), the sample size of francophone seniors remains insufficient to draw meaningful estimates at the regional level. However, this report describes extensively the population of interest and highlights the main health issues and health behaviours of francophone seniors in Ontario. This information can be especially useful to inform knowledge users and guide future healthcare planning and policy decisions.

The report is divided into eight chapters that reflect the general themes of the CCHS: a socio-demographic profile of respondents, their physical and mental health, lifestyles and behaviours, prevention and screening, healthcare services and contacts with professionals, needs and access to healthcare services, satisfaction with healthcare systems, and social participation and sense of community belonging. Each chapter contains key survey results based on the indicators used to describe a particular health-related theme, accompanied by the corresponding series of graphs and/or charts.

Based on the 2001 CCHS survey, Ontarians aged 65 and over constituted approximately 14% of the total provincial population. This proportion slightly increased over the years to 15.1% in 2009. In comparison to the total population, the proportion of francophone seniors in Ontario maintained higher demographic levels, increasing from 17% in 2001 to 22.5% in 2009. Overall, the francophone population aged 65 and over grew faster over the study period than the Ontario population of the same age group (Fig. 1).

Figure 1. Population 65 years and older: Francophones in Ontario and total population of Ontario between 2001 and 2009. Source: CCHS cycles.



Methodology

The Data Source

The data for this report were derived from eight cycles of the Canadian Community Health Survey (CCHS), conducted by Statistics Canada in 2001 (Cycle 1.1), 2002 (Cycle 1.2), 2003 (Cycle 2.1), 2004 (Cycle 2.2), 2005 (Cycle 3.1), 2007 (Cycle 4.1), 2008 and 2009, in order to produce up-to-date cross-sectional estimates of health determinants and utilization of healthcare services in 133 Health Regions across Canada, as well as the territories.

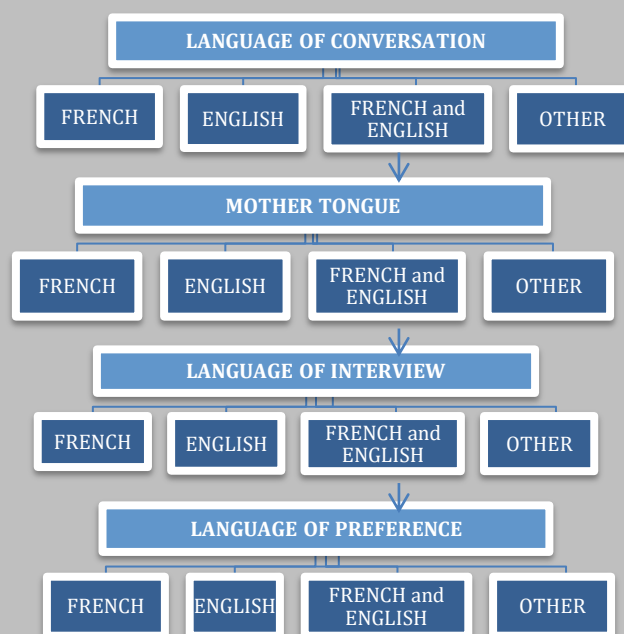
The CCHS target population comprises Canadians of both genders who were at least 12 years of age and lived in private residences in the country's ten provinces and three territories, excluding residents of native reserves and Crown lands, people in institutions, full-time members of the Armed Forces, as well as the inhabitants of some remote regions. The original sample consisted of 130,000 respondents per cycle for surveys conducted between 2001 and 2005, and 65,000 per cycle for those carried out between 2007 and 2009.

Ontario's francophone minority represents approximately 5% of the provincial population. To increase the effective sample size and improve the accuracy of estimates, the eight cycles of the CCHS micro-data were combined into one dataset using the pooled approach described in *Combining Cycles of the Canadian Community Health Survey* (Statistics Canada, 2009). Prior to the analysis, the structure of variables and regions within the province were checked to ensure their compatibility and comparability across cycles. The combined data represent the average populations of Ontarians and senior Franco-Ontarians over the period of 2001-2009.

Two populations were therefore considered in this report, the total Ontario population and the population of Francophones aged 65 years and older residing in Ontario.

Definition of Linguistic Groups

To define the francophone population, an algorithm was created using linguistic variables found in the Canadian Community Health Survey (CCHS): language for conversation, mother tongue, language of interview and preferred language for contact during the study. This algorithm enabled the most accurate identification possible of French speakers – either by origin or immigrant status.



The goal of this report is to provide the most useful indicator data to support decision making at the regional level to better serve the senior francophone population in Ontario. The authors elected to compare senior Francophones with the total provincial population, as is the customary practice with other provincial reports.

Provincial policy makers normally use the mean of the total population as a barometer. This metric is the one that make the most sense to them.

Study Population

For this study, the Local Health Regions of Ontario (as defined by Statistics Canada) were grouped into three larger geographical regions, as described below:

Sample size by region for Francophones 65 and older (n)	
Ontario-total	1,593
Central/South-West	173
East/South-East	607
North	813

Central/South-West: Erie St-Clair (3501), South West (3502), Waterloo Wellington (3503), Hamilton Niagara, Haldimand Brant (3504), Central West (3505), Mississauga Halton (3506), Central-Toronto (3507), Central (3508), Central East (3509), and Simcoe Nord Muskoka (3512).

East/South-East: South East (3510), and Champlain (3511).

North: North-East (3513), and North-West (3514).

Ontario's total population and population of Francophones aged 65 and over living in these three regions were considered for analysis. These regions covered six smaller geographical units: Central West, Southwest, East, Central East, Northwest, and Northeast (See map on p. 19).

Statistical Analyses

Descriptive statistics (i.e. proportions, totals) were used to compare and highlight similarities and disparities among the aging francophone populations in Ontario's regions. To emphasize the differences and varying needs of aging Francophone population, estimates for the regions were presented in relation to estimates for the Ontario's total population. Topics that are covered include self-perceived health, stress, disabilities, chronic diseases, lifestyle, preventive behaviours and healthcare services.

The reported proportions were based on weighted frequency distribution in order to represent the entire target population. Sample weights were used to maintain consistency with the complex CCHS sample design. Some response categories were grouped together in order to achieve the minimal number of observations according to Statistics Canada's results disclosure rules.

Even with the eight CCHS cycles combined, data analysis for certain variables was statistically impossible due to a small sample size. The variables for which proportions could not be obtained are listed at the beginning of each corresponding chapter.

What you should know about this study

Obtaining regional estimates is important especially for minority groups for which economic and health issues are often specific not only to each geographical region within a province but also to regional health authorities covering smaller areas. However, nationwide surveys carried out by Statistics Canada, such as the Canadian Community Health Survey, are restricted by their limited ability to study small populations, particularly at a regional level. In addition, the prevalence of certain characteristics in a population may affect the reliability of estimates. For certain characteristics, producing reliable estimates for subpopulations with the attributes of interest can only be possible by increasing the sample size within these subpopulations (i.e. oversampling). Special methods such as combining surveys must be applied in order to draw meaningful conclusions. The method however is not free of statistical challenges such as the heterogeneity of definitions and variables used in merged cycles and the stationarity assumption of the populations of interest over long periods of time.

Combining cycles in this multi-wave study also compromises the temporal aspect of data analysis. Estimates represent the average across cycles and do not reflect the effect of demographic evolution. This restriction is probably larger in scale for variables such as education, where changing trends are observed year-to-year, and less so for other, more stable, variables. Another restriction is inherent to the self-reporting nature of the CCHS data, which consequently are subjected to reporting errors. Although combining CCHS cycles helps reduce the problem of a small francophone sample, it does not fully eliminate the problem, which continues to recur in the regional analyses where results for certain regions still cannot be presented.

Regarding the francophone population in Ontario, undercoverage is often related to a higher proportion of francophone minority in remote areas who are often difficult to reach and therefore omitted from sampling. It is also possible that the complicated task of defining the francophone minority population, in addition to language mobility, may result in misclassification of Francophones and lead to the further undercoverage of this population.

Additionally, if reported information could be linked to diagnostic information held by hospital and administrative health databases, analyzing the francophone population would become more efficient. However, due to the lack of database identifiers to track francophone minority populations in Canada, documenting conditions for official-language minority communities becomes impossible. Matching census-based social data with administrative health data could help to define viable social and healthcare profiles for various geographic scales.

Snapshot of results

Health Welfare

Compared with the total population of Ontario, a higher proportion of **Francophones aged 65 and over**:

- belonged to low-income group, were unemployed, less educated, and lived in rural areas (except for the Central/South-West region);
- were overweight or obese and less physically active;
- reported poor overall health (although 50% declared that they have taken measures to modify health behaviours);
- suffered from at least one chronic disease, experienced restriction of daily activities often, needed help with daily activities, and felt pain or discomfort;
- did not visit a dentist in the past 12 months;
- did not have a regular doctor due to a doctor's departure or retirement;
- needed a specialist's care;
- needed routine health care either for themselves or a family member;
- needed hospitalization and home-based health care services; and
- spoke French to their doctor.

Compared to the francophone senior population in the East/South-East and Northern regions, a higher proportion of the francophone senior population **in the Central/South-West** region:

- were women;
- were immigrants;
- consumed alcohol regularly;
- consumed less fruits and vegetables;
- had arthritis;
- did not perform a regular mammography.

Compared to the francophone senior population in the Central/South-West and Northern regions, a higher proportion of the francophone senior population **in the East/South-East** region:

- smoked on a daily basis;
- had asthma;
- needed a specialist's care;
- needed routine care or immediate care for a minor health problem; and
- needed hospitalization and health care services.

Compared to the francophone senior population in the Central/South-West and East/South-East regions, a higher proportion of **francophone seniors in the North** region:

- belonged to a low-income group, were unemployed (twice as many), and had less than a secondary education;
- were more likely to live in rural areas;
- reported poor overall and mental health;
- had a heart disease and back problem and felt pain or discomfort; and
- did not undergo a regular colorectal cancer screening or they go less often.

Highlights

Socio-demographic Profile

At the provincial level, the distribution of men and women in the survey sample was fairly equal. In contrast, there was a higher proportion of women in the older francophone population in all of the Ontario regions. For instance, women represented a higher proportion in the Central/South-West regions where they constituted 63% of the aging francophone population.

Almost half of the older Francophones in the Central/South-West and East/South-East regions and two thirds in the North had less than a secondary education. These proportions were much higher compared with the population of Ontario with less than a secondary education (23%).

The proportion of Francophones aged 65 and over with low income was close to that of the provincial estimate in the Central/South-West region (20%), but was substantially higher for Francophone seniors in the East/South-East (37%) and Northern (47%) regions.

More than half of francophone seniors in the three targeted regions were living alone, with the highest proportion found in the Northern region (55%). The rate for the total population of Ontario stood at 23%.

Senior Francophones in the Northern region were less actively employed; only 6% were still in the workforce compared to 14% and 16% in the Central/South-West and East/South-East regions, respectively. They were also more likely to live in rural communities (30% in the North vs 21% in the East/South-East and 11% in the Central/South-West regions).

The highest proportion of immigrants was found among the aging francophone population in the Central/South-West region, where 43% of respondents held an immigrant status. Only 9% of Francophones aged 65 and over in the East/South-East and 2% in the North regions self-identified as immigrants. The total immigrant population across Ontario was estimated at 31%.

Physical and Mental Health

Approximately 1 in 10 Ontarians reported a poor state of general health, and 1 in 20 poor mental health. On average, one quarter of Ontario's population have experienced a high level of stress in their life. Approximately 20% of Ontarians live with pain or are unwell, and 25% have some difficulty with activities in their daily lives. Overall, more than 1 respondent in 10 needed help with daily activities.

Statistics for self-perceived physical and mental health for the older francophone population in the Northern region were higher than those in the other regions of Ontario and Ontario overall. For instance, 32% of the francophone population in the North reported poor overall health, compared with 23% in the Central/South-West region and 22% in the East/South-East region. Likewise, mental health was perceived as poor by 8% of older Francophones in the North, but only by 3% in the remaining two regions of Ontario.

However, life and work related stress was lower in the aging francophone population than in the total population of Ontario: 12% of older Francophones in the Central/South-West, 8% in the East/ South-

East and 14% in the Northern regions population felt highly stressed in general (compared to the 24% of total Ontario), and 19% of aging Francophones in the Central/South-West, 15% in the East/South-East and 18% in the North reported high work-related stress (compared to 29% in total Ontario).

Reduced stress in the aging Francophone population compared to the total population might be related to the fact that most of the respondents were already retired. When comparing the older Francophones across the three regions, life stress was the highest while work related stress was the lowest in the North. The Northern francophone population also felt more pain and discomfort than the same age group in the other regions and at the provincial level (35% vs 24% in the East/South-East, 19% in the Central/South-West, and vs 18% in the province. Also, the proportion of respondents who suffered from at least one chronic disease was the highest in the North (77%). The incidence of chronic diseases was the lowest in the Central/South-West region: 64% versus 72% in the East/South-East region and 77% in the Northern region, respectively.

The Northern aging francophone population was more likely than Francophones in the other two regions to suffer from back problems, mood disorder, or heart disease. Older Francophones in the Central/South-West and Northern regions had comparable proportions of respondents suffering from high blood pressure, asthma, stomach/intestinal ulcers, and diabetes. Cancer and mood disorder rates were similar in the Central/South-West and East/South-East regions. For older Francophones, arthritis seemed to be a more serious problem in the Central/South-West region than in the remaining two regions (60% vs 47% and 50%, respectively). Similar findings were reported for heart diseases: 27% of the older francophone population in the North reported heart problems compared with 19% in the Central/South-West region and 16% in the East/South-East region. The prevalence of stroke, heart disease, high blood pressure, diabetes, stomach ulcers, and arthritis was the lowest in the East/South-East region.

As expected, the prevalence of chronic conditions (except for asthma and mood disorder) was higher in the older francophone population than in the general Ontario population.

Lifestyle and Health Behaviours

Approximately 50% of francophone seniors made changes in their lives over the 12-month period preceding the survey, with the intention to improve their health.

Francophone seniors in the three regions were slightly more overweight or obese than the Ontario general population; 55% in the Central/South-West, 57% in the North and up to 59% in the East/South-East had a BMI index over 25. Central/South-West francophone seniors were the least overweight (55% vs. 59% in the East/South-East and 57% in Northern regions) and the most physically active (45% vs. 42% in the East/South-East and 39% in Northern regions) among the three regions of Ontario. However, in terms of healthy-eating habits, a greater proportion of the aging francophone population in the Central/South-West region (68%) were less likely to eat on average fruits and vegetables five times per day than the same age group of Francophones in the East/South-East (52%) and the North (53%). In comparison, 60% of the Ontario population consumed less than five daily servings of fruits and vegetables. Francophones aged 65 and over in the East/South-East and North exhibited better eating habits than the overall Ontario population.

In Ontario, 21% of respondents reported daily/occasional smoking, 75% regular or occasional drinking, and 24% exposure to second-hand smoking. These rates were lower for the older francophone population in the three regions of Ontario. The highest number of regular smokers and drinkers was observed in the East/South-East (15% and 72% respectively) and the proportions of regular smokers and drinkers decreased in the North (10% and 65%, respectively) and Central/South-West (9% and 65%, respectively) regions. The rates of exposure to second-hand smoking for the older francophone population were 8% in the Central/South-West, 16% in East/South-East, and 15% in North regions.

Francophones aged 65 and over reported fewer injuries in the past 12 months than the general population (13%); the rates stood at 8% in the Central/South-West region, and 6% in both East/South-East and North regions.

Prevention and Screening

A high proportion of Francophone women aged 65 and over had undergone at least one mammography in their lives. The highest number of mammograms was recorded for the Central/South-West region (95%), followed by the Northern region (87%), and East/South-East region (84%). These figures were higher than that for Ontarian women 50 years and older. Among women who went for a mammogram, Francophone women aged 65 and older in Central/South-West region (60%) were less likely than those in the East/South-East (81%) and North (76%) regions to get regular-checkups.

Among women aged 18 years or over in Ontario, 88% said that they had had a Pap test to screen for cervical cancer at some point in their lives. Pap tests were less prevalent among older Francophone women in the Central/South-West (76%) and East/South-East (80%) regions. Francophone women in the North went for Pap tests as often as women in the general population of Ontario.

By contrast, colorectal cancer screening rates were generally higher in the population of Francophones aged 65 and over than in Ontario's general population aged 50 years and over. Twice as many Francophones in the East/South-East region underwent screening at least once in their lives (59%), compared with the total population in Ontario (30%). The screening prevalence for the Central/South-West and Northern regions stood at 37% and 43% respectively. The proportion of the older francophone population who underwent regular screening was the highest in the Central/South-West region (80%). Both the Central/South-West region (80%) and the East/South-East region (77%) had higher rates for regular screening than the general population of Ontario (68%). Francophones in the Northern region were more likely than the general population to go for a one-time colorectal test (43% versus 30%); however, they were less likely to commit to screening on a regular basis (63% versus 68%).

Flu shots were more prevalent among older Francophones (approximately 80% in all the regions) than they were in the Ontario's total population (60%).

Older Francophones in the East/South-East (68%) and in the Central/South-East (66%) regions were more likely than those in the North (53%) to have an eye exam. However, dentist visits were more prevalent among aging Francophones in the Central/South-West (51%) than in the East/South-East (44%) and Northern (34%) regions.

Contact with Certain Healthcare Professionals (Physicians and Nurses)

More than half of the francophone seniors (56%) throughout the province were speaking French with their family doctor, compared to only 1.4% of the total province population. 7% of the aging francophone population did not have a regular doctor while in the total population of Ontario the proportion stood at 10%. Among aging Francophones without a family doctor, 36% attributed this fact to their doctor's departure or retirement, 32% did not try to have one, and 23% did not have access to a doctor in their area. One out of five respondents (20%) were not able to have a family doctor because doctors in their region were not accepting new patients.

On the other hand, from the perspective of Ontario's total population, reasons for not having a regular physician were as follows from the most to the least often stated: not looking for one (35%), absence of a doctor in the area (24%), and doctor's departure or retirement (24%). A similar percentage of Ontarians (24%), nevertheless, did not have a family doctor because none in their area were accepting new patients.

Overall, 11% of francophone seniors did not see a doctor and 23% did not see a nurse during the course of a 12-month period. At the provincial level, twice as many respondents did not see a doctor (20%) and half as many respondents did not see a nurse (10%). Compared to the total population of Ontario (28%), a significantly higher number of aging Francophones did not visit a dentist within the year: 60% in the Central/ South-West, 45% in East/South-East, and 64% in the North.

Need for Healthcare Services and Difficulties with Access

In the 12 months preceding the survey, more than half of Ontario respondents stated that they needed routine care for themselves or a family member, while 45% reported a need for health related information, 36% needed immediate care for a minor health problem, 28% needed to see a specialist, and 7% required a non-urgent surgery. As expected, the older francophone population needed routine care either for themselves or for their family more often (75% in the East/South-East, 58% in the Central/South-West, and 67% in the Northern regions). Their need to see a specialist was also higher than in the general population: 42% in the East/South-East, 34% in the Central/South-West and 30% in the Northern regions versus 28% for Ontario in total. However, in contrast to the general population, they reported a lower need for immediate care for a minor problem (26%, 8% and 21% in the East/South-East, Central/South-West and Northern regions, respectively) and for health related information (32%, 28% and 32% in the East/South-East, Central/South-West and Northern regions respectively). A comparable proportion of the older francophone population (8%) required a non-urgent surgery. Overall, Francophones aged 65 and over in the East/South-East region reported a greater need for health care services than those in the Central/South-West and Northern regions. The Central/South-West francophone population seemed to need immediate care, routine care and health information the least.

A substantially lower proportion of francophone seniors experienced difficulties in obtaining health-related services, compared to Ontario's general population: 15% versus 23% reported problems with access to a specialist's care, 6% versus 16% with access to routine healthcare services, 27% versus 17% with access to immediate care for minor health problem and 17% versus 7% with obtaining health information. Two health services, access to immediate care and a specialist's care, seemed to be the least accessible to both the general and the aging francophone populations in Ontario.

Compared to the other two regions, older Francophones in the Central/South-West region were hospitalized the least (19% versus 34% in the East/South-East region and 27% in the Northern region), and received less home care (10% versus 17% in the East/South-East region and 11% in the Northern region). Furthermore, Francophones aged 65 and over in the Central/South-West region were hospitalized fewer times (19%) than those in Ontario overall (28%).

Satisfaction with the Healthcare System

At the community level, Francophones aged 65 and over rated the accessibility to health services higher than the general population in Ontario did (62%). In effect, 68% of older Francophones in the Central/South-West, 65% in the North, and 71% in the East/South-East reported that access to health services was “good or excellent”. Similarly, quality of care was rated higher by the aging francophone population in all the regions. Whereas 73% of Ontario’s general population gave a high rating for the quality of care they received, 81% of francophone seniors in the Central/South-West and the East/South-East and 74% in the North reported receiving “good or excellent” care. Along a similar trend, the northern aging francophone population rated the availability and quality of care at the community level the lowest.

Francophone seniors in the Northern region rated accessibility and quality of health care the lowest. For instance, 59% of the aging francophone population in the North stated that access to health care was “good or excellent”, compared with 67% in the East/South-East and 72% in the Central/South-West; the average rating at the provincial level is 62%. With regards to the quality of health care services received, only 68% of older Francophones in the North said that the care was “good or excellent” compared with 76% in the Central/South-West, and 81% in the East/South-East. These figures show the variation in perceived quality existing across regions for specific sub-groups of the Ontario population, where 73% overall gave a high rating for service quality.

Overall, Francophones aged 65 and over tended to be more satisfied than Ontarians in general with the quality of health services (96% versus 87%) and with the quality of services received in hospitals (90% versus 82%).

Social Participation and Sense of Community Belonging

Francophones in the Central/South-West region were the least interested in undertaking voluntary work: only 32% claimed a membership in a voluntary organization versus 40% and 41% in the East/South-East and Northern regions, respectively. The provincial proportion of declared voluntary work stood at 37%. Francophones aged 65 and over in the Central/South-West and East/South-East regions had a weaker attachment to their communities than the older Francophone population in the Northern region: 59% and 61% versus 68% of the aging francophone population respectively reported a strong sense of community belonging. Province-wide, the rate was reported at 64%.

Policy Implications and Recommendations

Inequalities in health

Francophone seniors in Ontario belong more often than the rest of Ontarians to a low income category, have a lower level of education, and are more likely to reside in rural or remote areas.

Regarding health indicators, a greater proportion of Francophone seniors (65 and older) are overweight or obese and less physically active compared to the total population of Ontario. They are more likely to report poor physical and mental health, suffer from at least one chronic disease, a restriction of daily activities and they often need help with daily activities. At the same time, they are more likely to not visit a dentist on an annual basis, and to not have a family doctor.

Inequalities persist when examining the prevalence of chronic diseases. The rates of diabetes, heart disease and cancer were all higher among Francophones aged 65 and over compared to the rest of Ontarians.

Most vulnerable seniors

The analysis of eight cycles of the CCHS allowed to identify three most vulnerable groups within the Francophone population of Ontario aged 65 and over:

• Seniors in the North

Health indicators for these groups are clearly worse than for seniors living in the other two regions of Ontario and compared to the general population of the province. Seniors in the North are more likely to perceive their physical and mental health as poor; they are also more likely to report pain and discomfort, back problems, mood disorders, and heart problems than the population of the same age in the two other regions of Ontario. They are more likely to suffer from at least one chronic disease.

• Senior immigrant women in the Centre/South-West

The francophone population aged 65 and over in this region tends to have a high proportion of women and a higher proportion of immigrants. As was previously mentioned, 43% of the population aged 65 years and over in this region is composed of immigrants and more than half are women. These women are, based on CCHS data, less likely to use preventive services and screening such as a mammogram regularly, they were less likely to pass a screening for cervical cancer, the arthritis rate was higher among this group, and, they exhibit not so good health behaviors (e.g. low consumption of fruits and vegetables).

• The isolated seniors

Seniors from two of the three targeted regions were living in rural areas. They generally belonged to a group of low-income and were less educated than the Ontario population as a whole. Research shows that seniors who wish to remain in rural communities may face barriers when choosing to stay in their home, as well as in maintaining their active participation in the community. Among other things, there is limited amount of support services available to help them remain independent, as well as a very little choice in housing and transport. Moreover, they often need to travel outside their

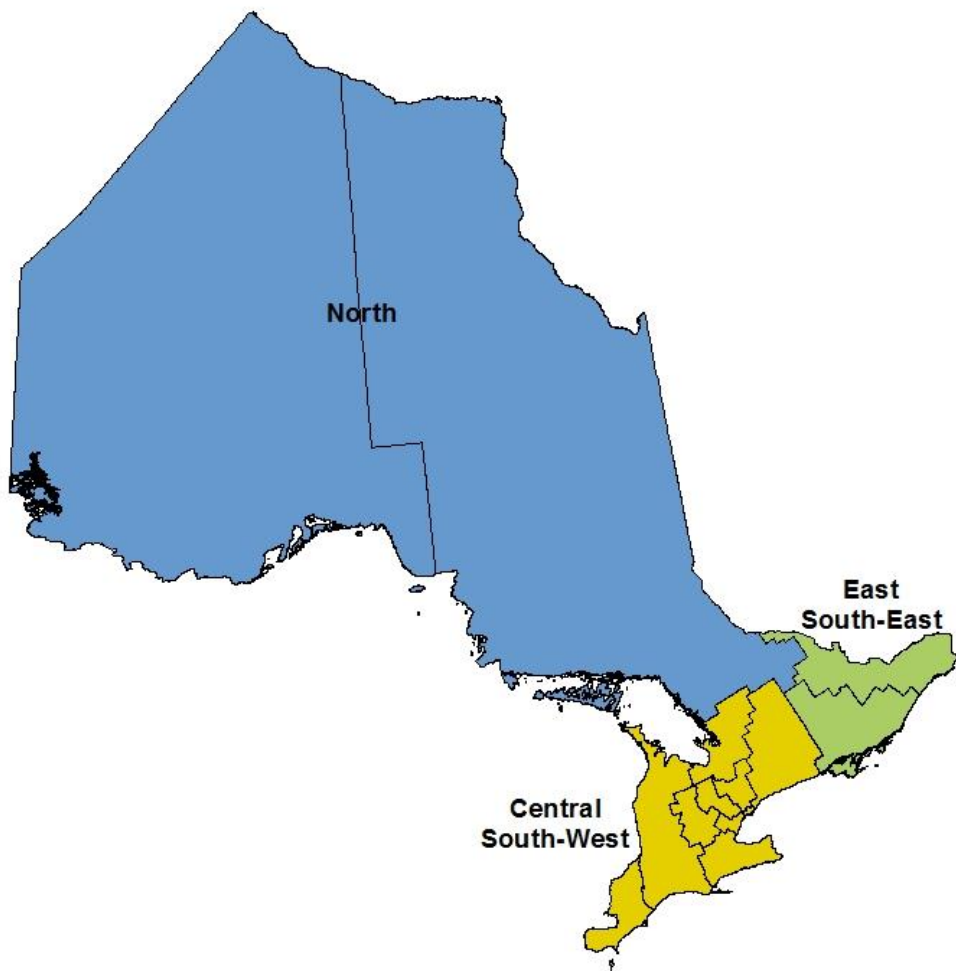
community to access to health services, which poses various challenges.

Recommendations

Ontario has already implemented significant resources to better serve the francophone minority populations, including the *Entités de planification de services de santé en français* (EPSSF) associated with the *Local Health System Integration Networks* (LHINs). In this context, we suggest strengthening population-based interventions to :

- Foster collaboration between different levels and sectors to promote access to services and resources for francophone seniors;
- Facilitate conditions and access to information, prevention, screening, health professionals and the health system in general;
- Include seniors' organizations, cultural communities and newcomers' organizations, as well as organizations representing the Francophones in the process of consultation, coordination and planning of health services including prevention programs;
- Develop specific interventions for the three vulnerable groups identified in this analysis.

Ontario Regions, 2014

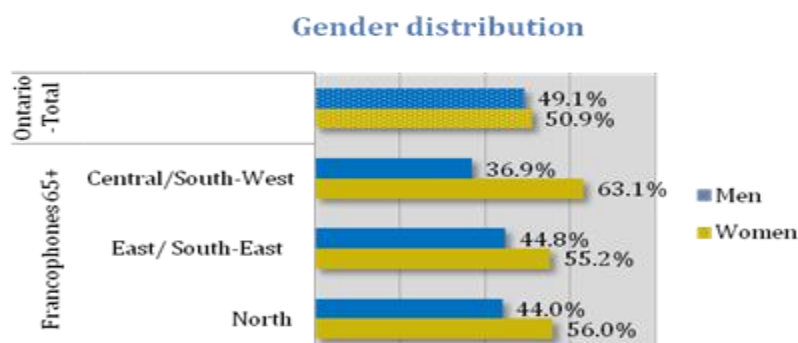


Chapter 1: Respondents' Socio-demographic Profile

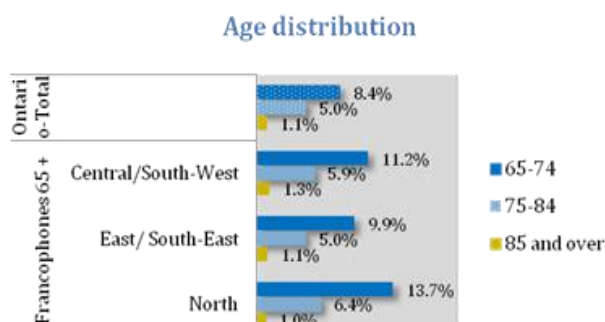
Key Survey Results

The socio-economic profile compares firstly francophone seniors men and women data among the three regions targeted by this study. Secondly, data on the francophone population aged 65 and over is compared with data on the rest of the Ontario population¹.

Gender: The distribution of men and women at the provincial level was fairly equal. The largest difference in the proportion of francophone men and women aged 65 and over was noticed in the Central/South-West region where women represented almost two third of the population. In the remaining regions, women constituted approximately 55% of the population.

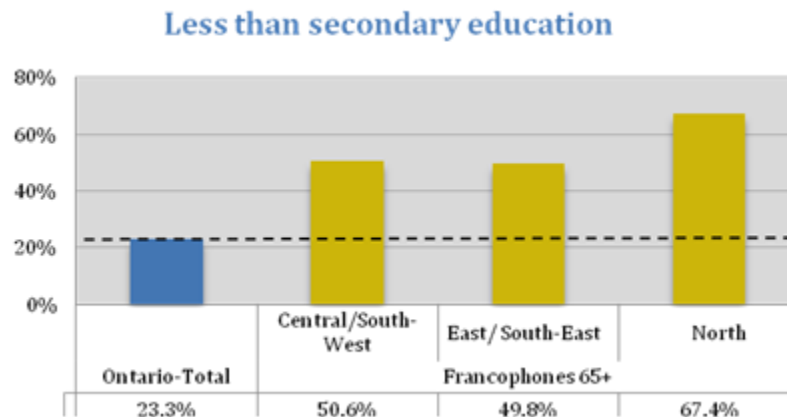


Age 65 and over: In Ontario, people aged 65 years and over constituted 14.6% of the total population. The proportion of seniors among the francophone minority was higher in all the targeted regions, with the highest proportion residing in the North and making up almost one fifth of the total population in that region.

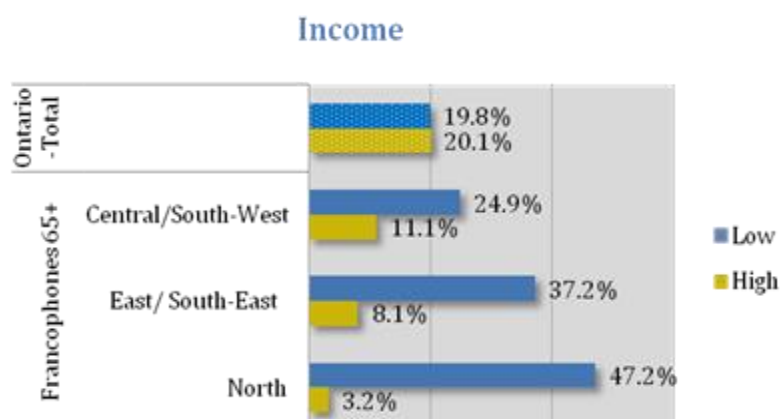


¹ The number of Francophones in the sample was inadequate to report results for certain variables such as occupation in the Ontario regions targeted by this study.

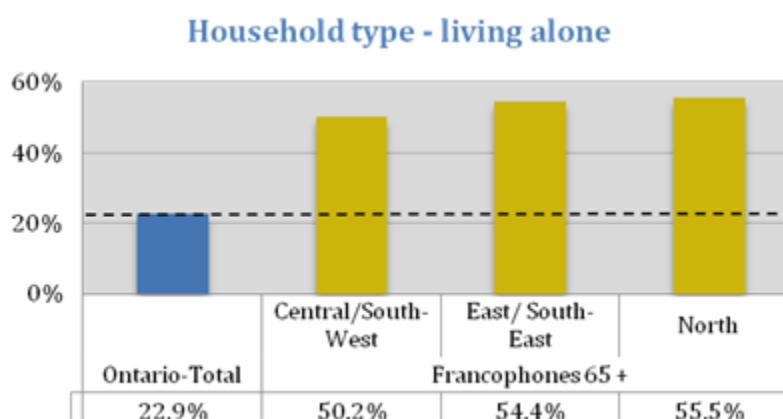
Education: The highest number of respondents with a low level of education among older Francophones was in the North of Ontario (67% vs approximately 50% of the same age group in the remaining two regions).



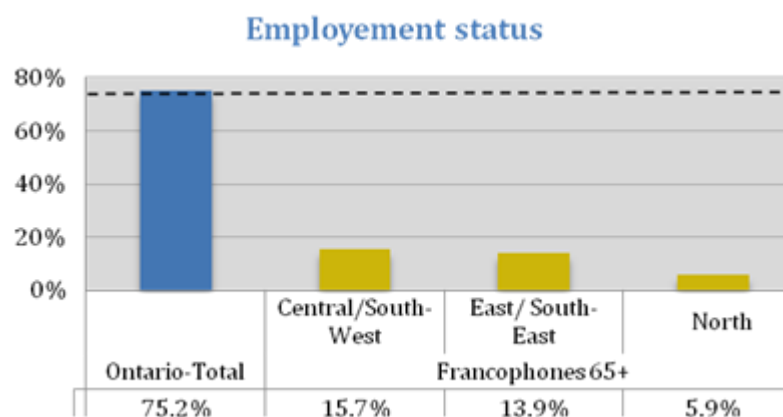
Income: More Francophones aged 65 and over fall into quintile 1 (the lowest income bracket) than do Ontarians overall (20%); the proportion of low-income earners within the senior francophone population range from 24% in the Central/South-West region to 37% in the East/South-East region and 47% in the North. Likewise, less older Francophones fall into the highest income quintile, with 11% in the Central/South-West, 8% in the East/South-East, and 3% in the North as opposed to 20% for the total population of Ontario.



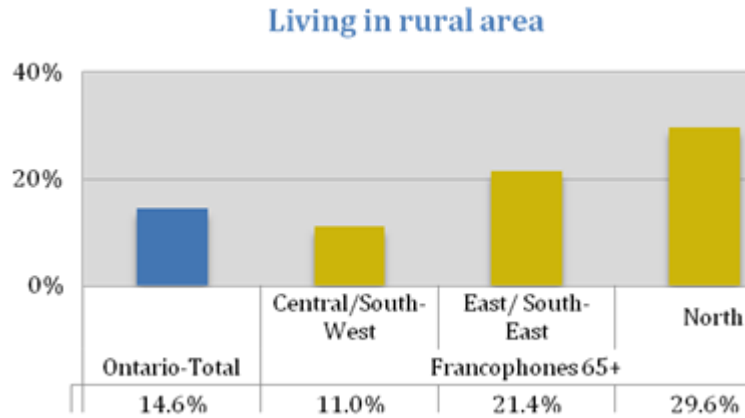
Household type: Approximately half of the older francophone population lived alone compared to the provincial rate of 23%.



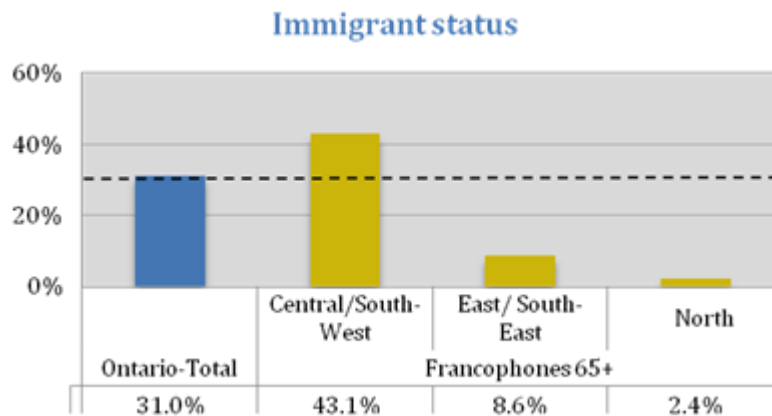
Attachment to the workforce: The proportion of francophone seniors still working in the Central/South-West region and the East/South-East region were 16% and 14%, respectively. The proportion of employed francophone seniors decreased substantially in the Northern region where only 6% remained in the workforce.



Urban/Rural residents: Compared to the Ontario population who were from rural areas (15%), the proportions of Francophones aged 65 and older living in rural communities were higher in the East/South-East (21%) and Northern (30%) regions, and lower in the Central/South-West region (11%).



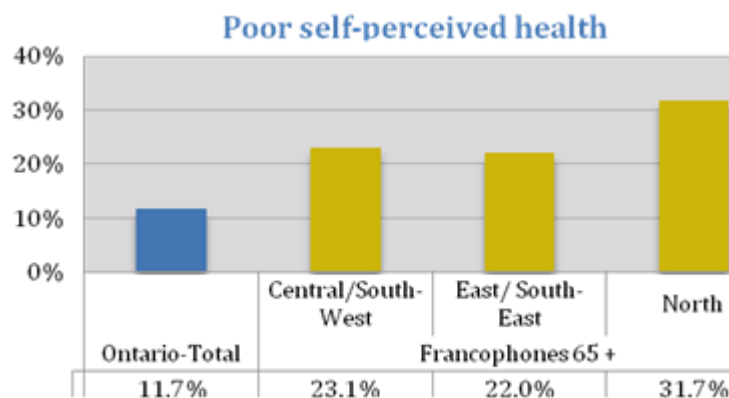
Immigrant status: Substantially fewer older Francophones in the East/South-East region (9%) and the Northern region (2%) self-identified as immigrants compared with the total Ontario population (31%). An opposite situation was observed in the Central/South-West region where 43% of the aging population were immigrants.



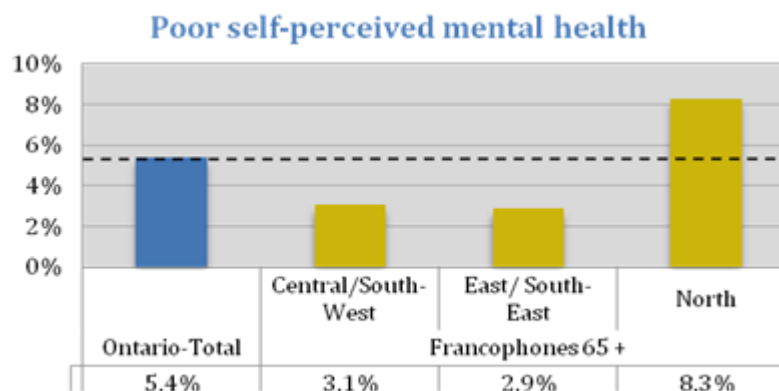
Chapter 2: Physical and Mental Health

Key Survey Results

Perception of physical health: The francophone population aged 65 and over in the Central/South-West, East/South-East, and Northern regions were two to three times more likely to assess their physical health as poor than the general population of Ontario (11.7%): 23% in the Central/South-West, 22% in the East/South-East and 32% in the North reported poor self-perceived health.²



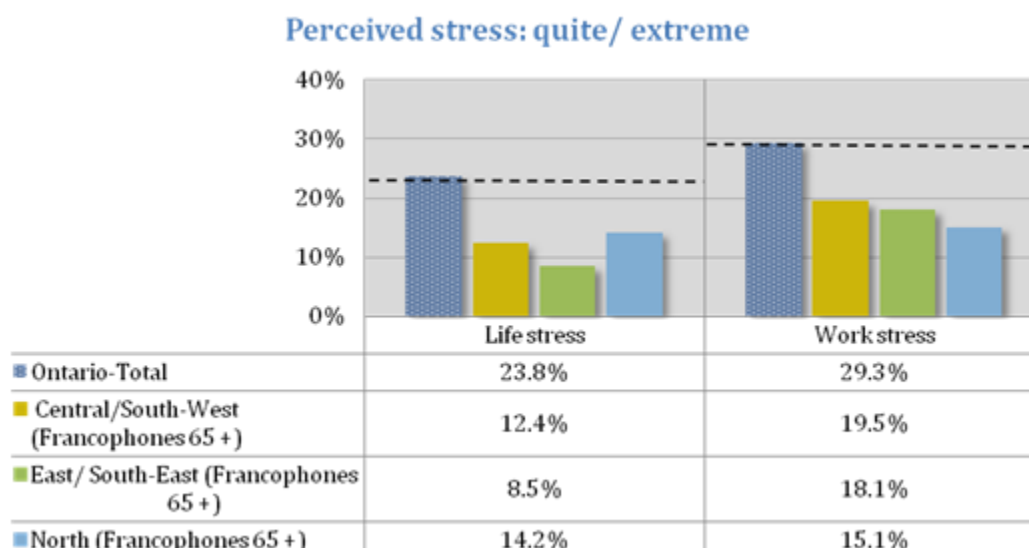
Perception of mental health: Except for the aging Francophones in the Northern region (8%), Francophones aged 65 and over in the remaining regions were feeling better about their mental health than the general population in Ontario. In these regions approximately 3% of the respondents reported poor self-perceived mental health compared with 5% of Ontarians, in general.



Perception of stress in daily life: The aging Francophones in all the regions were approximately twice less likely to perceive daily life as stressful compared to the total population of Ontario: only

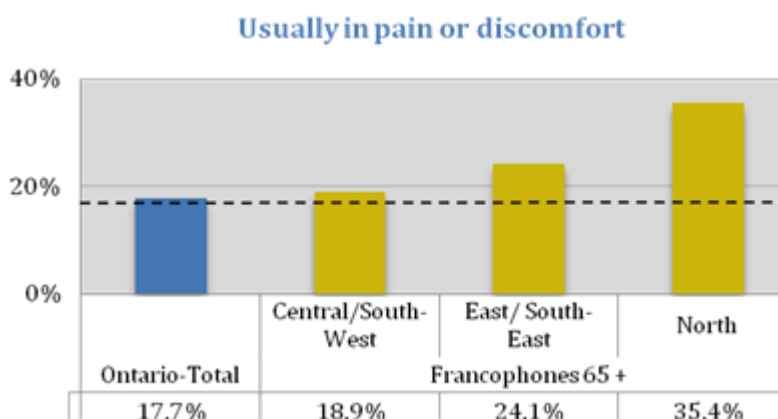
² The number of Francophones in the sample was inadequate to report results for certain variables such as anxiety disorders in the Ontario regions.

12% of respondents in the Central/South-West region, 8% in the East/South-East region, and 14% in the Northern region reported high levels of daily life stress compared with 24% in the general population.

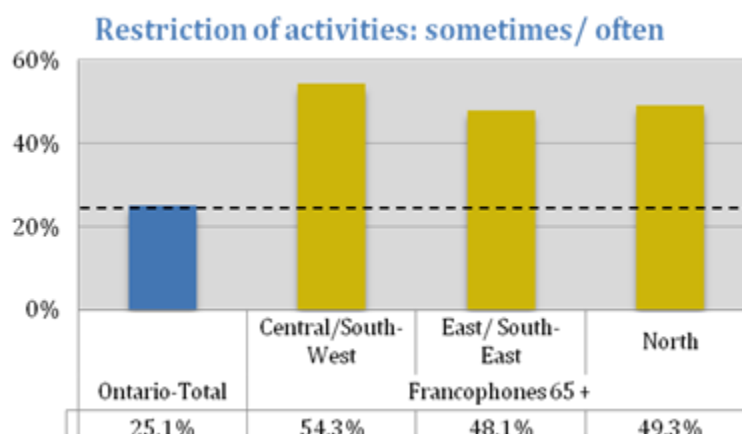


Perception of work-related stress: Fewer Francophones aged 65 and over reported a high level of stress at work: 19% in Central/South-West, 18% in East/South-East, and 15% in North compared with 29% in the general population.

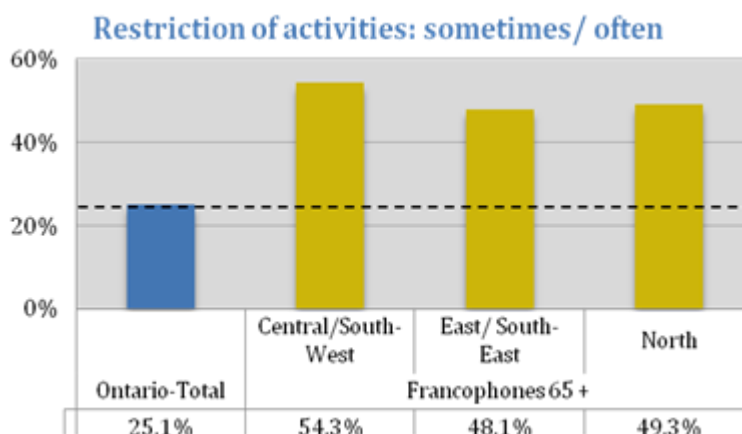
Health status index (usually in pain/unwell): Slightly less than one in five francophone seniors in the Central/South-West (18.9%), were experiencing pain or discomfort, paralleling the same trend in the total population of Ontario. Aging Francophones in the other regions were more likely to report persistent pain or discomfort: 24% in the East/South-East and 35% in the North.



Restrictions of activities: Of the total Ontario population, 25% were experiencing difficulty carrying out their daily activities either some of the time or often. By contrast, about half of the aging Francophones in all of the regions, to a varying extent, could not always engage in their day-to-day activities: 54% in the Central/South-West, 48% in the East/South-East and 49% in the North.



Help needed with daily life activities: An equivalent proportion of Francophones aged 65 and over in the East/South-East (30%) and the North (29%) needed assistance with daily activities. This proportion was lower in the Central/South-West region (24%). In Ontario's total population, only 12% needed help to carry out their daily activities.



CHRONIC DISEASES

Incidence of chronic diseases: 65% of Francophones aged 65 and over in the Central/South-West, 72% in the East/South-East, and 77% in the North suffered from at least one chronic disease. These proportions were higher than in the total population (47%).

Back pain (other than fibromyalgia): Approximately one Ontarian in five experienced back pain. For the older francophone population, the proportion rose from one in five in the Central/South-West region to one in four in the East/South-East region and to one in three in the Northern region.

Arthritis: Nearly two-thirds of Francophones aged 65 and over (60%) in the Central/South-West region suffered from arthritis. This proportion decreased to 50% in the Northern region and to 47% in the East/South-East region. By contrast, only 17% of the general population were affected by arthritis.

High blood pressure: This medical condition was experienced by 43% of aging Francophones in the Central/South-West region and 44% in the Northern region. Fewer Francophones aged 65 and over had hypertension in the Central/South-West region (37%). The proportion of hypertensive Ontarians stood at 15%.

Asthma or chronic obstructive pulmonary disease (COPD): 13% of Ontarians suffered from asthma or COPD. Comparable proportions were found for aging Francophones in the Central/South-West (11%), East/South-East (15%), and Northern (10%) regions.

Mood disorders: While 6% of Ontarians were affected by a mood disorder such as depression, bipolar disorder, mania or dysthymia, the prevalence of mood disorders among francophone seniors in the Central/South-West, East/South-East, and Northern regions were lower or similar: 3%, 4%, and 6%, respectively.

Intestinal disorders (Crohn's disease, colitis, stomach or intestinal ulcers): The prevalence of intestinal disorders in Francophones aged 65 and over stood at 11% in both the Central/South-West region and the Northern region and was the lowest in the East/South-East region (7%). These proportions were higher than that found for Ontario in general (6%).

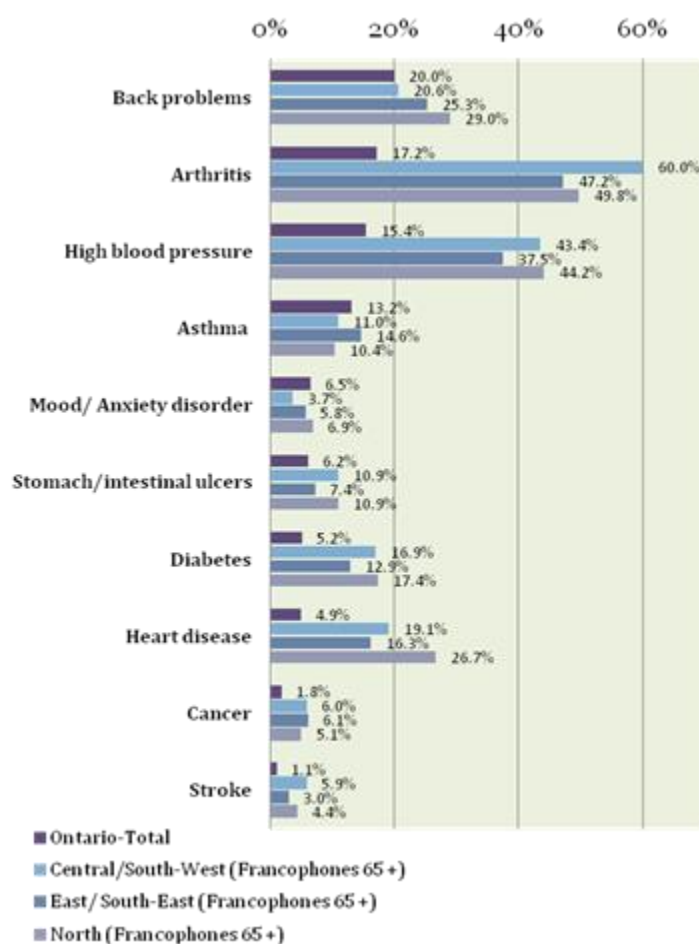
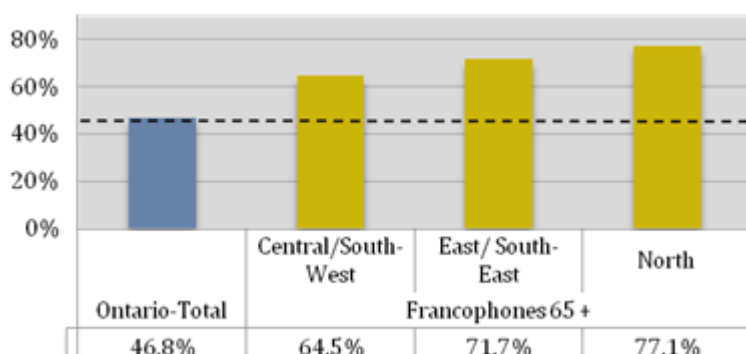
Diabetes: While 5% of Ontarians are diabetic, the proportions were much higher for the older francophone population: 17% in both the Central/South-West and Northern regions and 13% in the East/South-East region.

Heart disease: The prevalence of heart disease was much higher among older Francophones, from 16% in the East/South-East, to 19% in Central/ South-West and 27% in the Northern region, than in the general population of Ontario (5%).

Cancer: From 5% to 6% of Francophones aged 65 and over in the three regions of Ontario contracted cancer. Cancer prevalence for the general population in Ontario stood at 2%.

Stroke: One in a hundred Ontarians had a disorder resulting from stroke. This number increased from 3% for older Francophones in the East/South-East region, to 4% in the Northern region and 6% in the Central/South-West region.

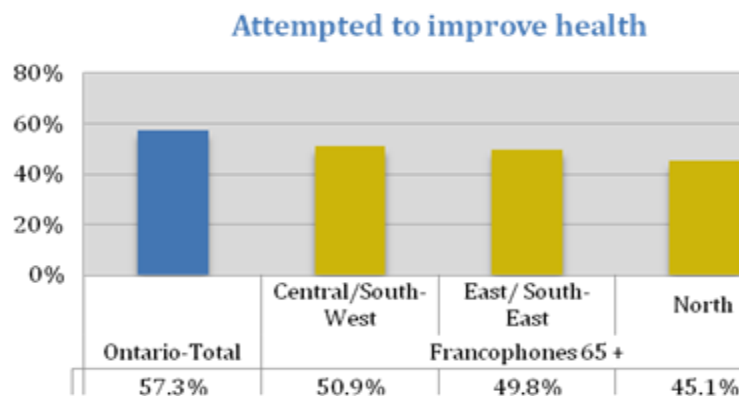
At least one chronic disease



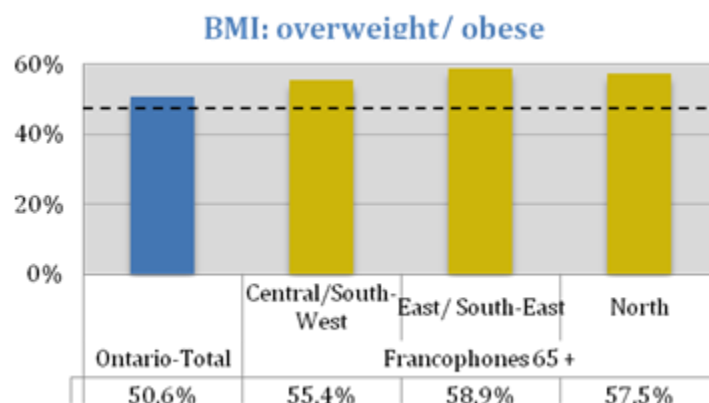
Chapter 3: Lifestyle and Health Behaviors

Key Survey Results³

Changes made for health improvement purposes: 57% of Ontarians made changes to improve their health over the 12-month period preceding the study. Fewer francophone seniors made such improvements in all three regions: 51% in the Central/South-West, 50% in the East/South-East, and 45% in the North.

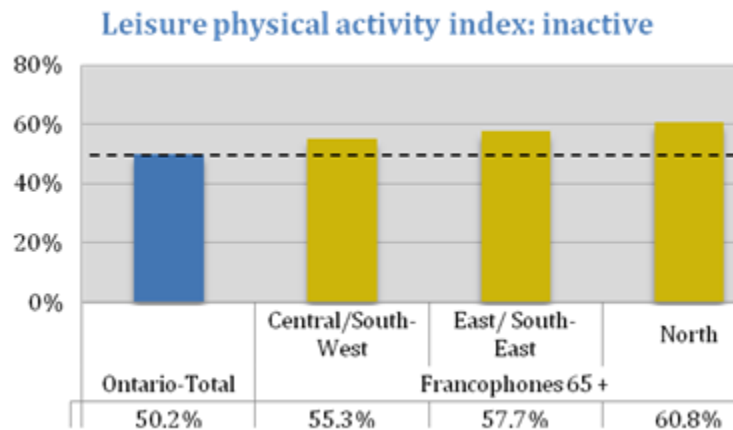


Body Mass Index (BMI): Approximately half of Ontarians (51%) have a body mass index indicating overweight or obesity. Slightly more francophone seniors have a weight issue: 55% in the Central/South-West, 59% in the East/South-East, and 57% in the North.



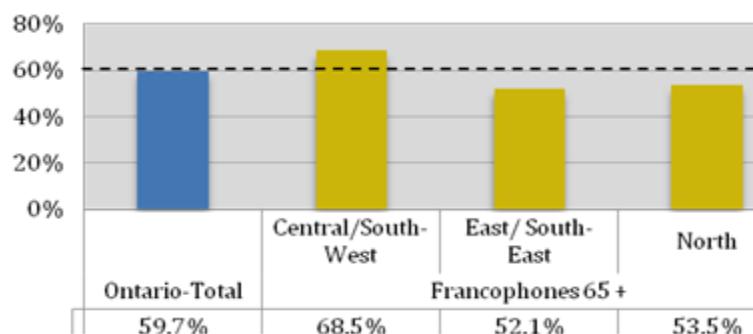
³ The number of Francophones in the sample was inadequate to report results for certain variables such as cannabis use. Categories related to the Body Mass Index variable needed to be combined for reporting purposes

Daily Energy Expenditure index – physical and recreational activities: In Ontario, 50% of the population do not take part in physical and recreational activities. The proportion of inactive Francophones aged 65 and over was higher in all three regions, ranging from 55% in the Central/South-West region to 58% in the East/South-East region and 61% in the Northern region.

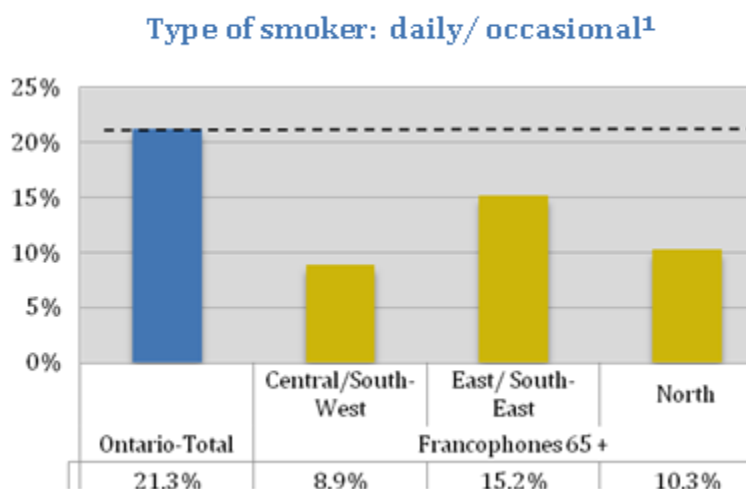


Daily fruit and vegetable consumption: Francophones aged 65 and over in the Central/South-West regions (68%) were less likely to eat fruits and vegetables on average five times per day than the same age group of Francophones in the East/South-East (52%) and the North (53%). Standing in the middle of this range is the proportion of the Ontario population (60%) who consumed less than five daily servings of fruits and vegetables.

**Daily consumption of fruits and vegetables:
Less than 5 times per day**

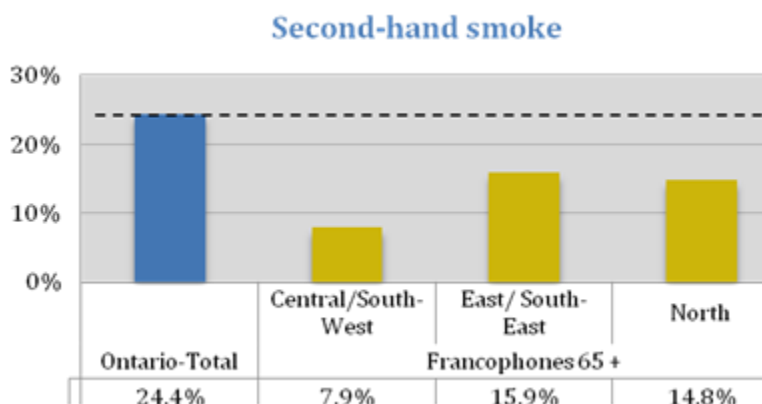


Type of smoker: Province-wide, the proportion of daily or occasional smokers was substantially higher (21%) than the proportion of smokers among the older francophone population in the Central/South-West (9%) and the Northern regions (10%). A higher number of francophone seniors in the East/South-East (15%) smoked either daily or occasionally.

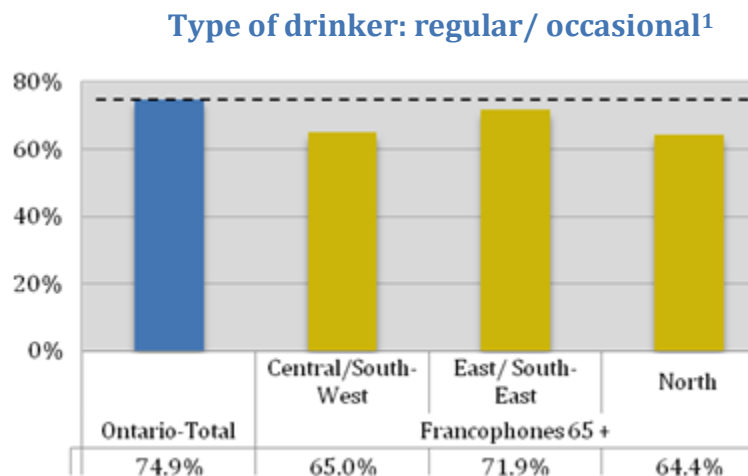


¹ The categories of daily and occasional smokers were combined and compared with those who did not smoke at all.

Exposure to second-hand smoke: One in four Ontarians aged 18 years or over (24%) have been exposed to second-hand smoke. Much fewer aging Francophones in the East/South-East region (16%) and in the Northern region (15%) experienced this type of exposure, and fewer still in the Central/South-West region (8%).

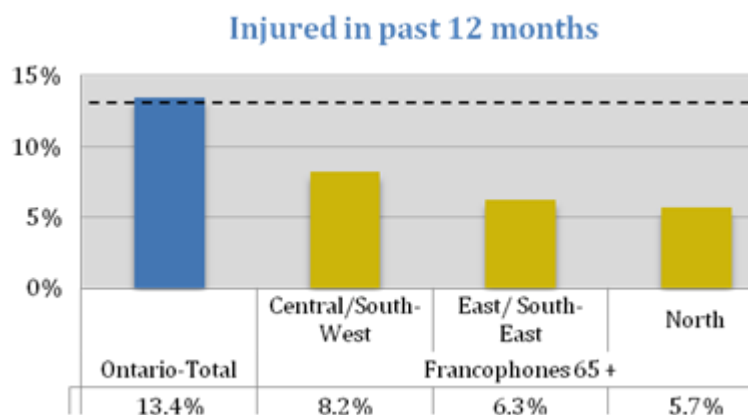


Types of alcohol consumers: Across Ontario, three-quarters of the adult population (75%) were regular or occasional drinkers. Within the older francophone population, approximately 65% in both the Central/South-West and Northern regions drink on a regular or occasional basis. This proportion rose to 72% in the East/South-East region.



¹The categories for regular and occasional drinker were combined and compared against those who did not drink at all.

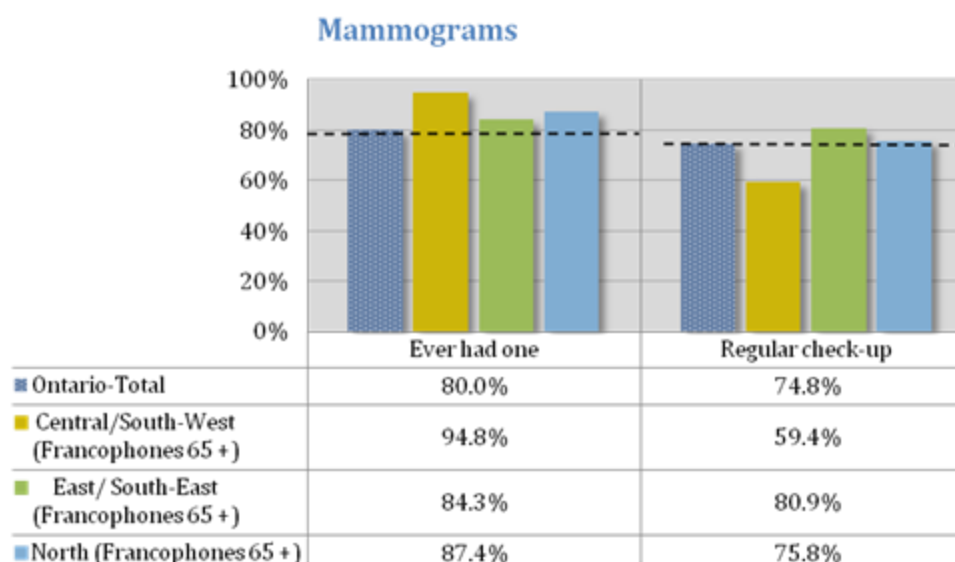
Injury sustained in the previous 12 months: Approximately 6% of older Francophones in both the East/South-East and Northern regions, and 8% in the Central/South-West region suffered an injury within the span of 12 months. Injuries happened about twice as often (13%) in the general population of Ontario.



Chapter 4: Prevention and Screening

Key Survey Results⁴

Mammogram: A significant proportion of women in Ontario aged 50 years and over (80%) had undergone a mammography once in their lifetime, and 75% had regular examinations. Among francophone women aged 65 and over, 95% in the Central/South-West, 84% in the East/South-East, and 87% in the North had at least one mammography at some point in their lives. However, aging francophone women in the Central/South-West region (60%) were less likely than those in the East/South-East (81%) and in the Northern (76%) regions to get regular-checkups.

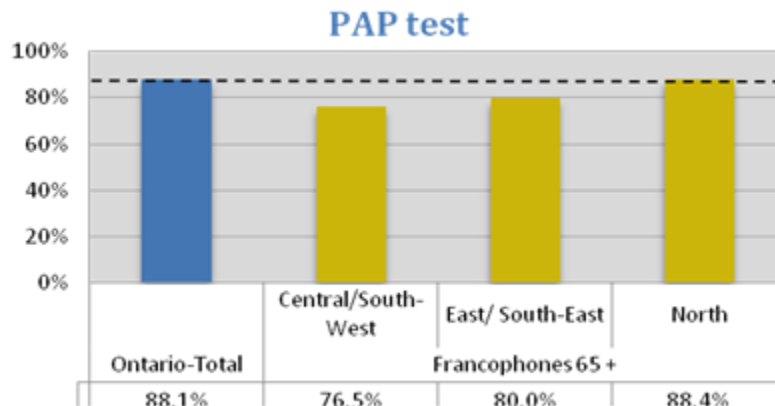


The risk of getting breast cancer increases with age. More than 80% of breast cancers are found in women over 50 years old, and most women who are diagnosed with breast cancer have no family history of the disease. The [Ontario Breast Screening Program](#) (OBSP) recommends regular mammograms to women aged 50 to 69⁵.

⁴ The number of Francophones in the sample was inadequate to report results for certain variables such as the prevalence of prostate cancer screening for men, breast self-examination for abnormalities for women, time of the last eye exam, and time of the last visit to dentist in the Central/South-West, East/South-East, and Northern regions.

⁵ <http://www.health.gov.on.ca/en/public/programs/breastcancer/screened.aspx>

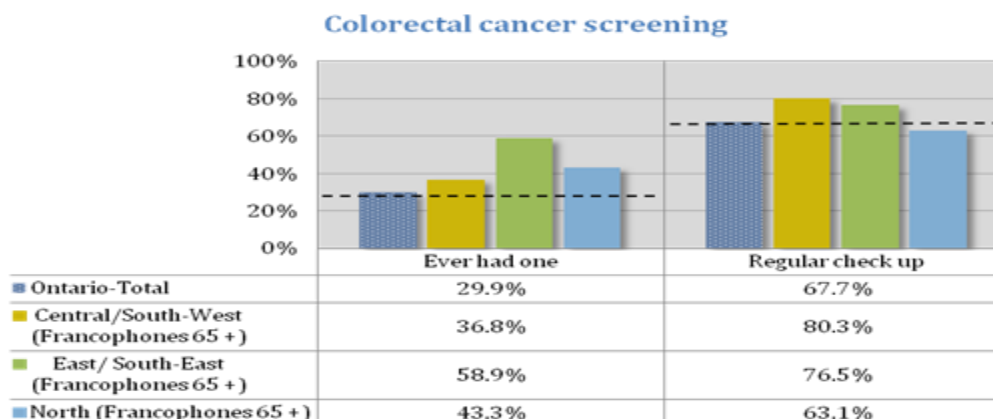
Pap test (screening for cervical cancer): Pap tests were less prevalent among older Francophone women in the Central/South-West (77%) and East/South-East (80%) regions. Francophone women in the North (88%) went for Pap tests as often as women in the general population of Ontario.



Ontario recommends that women have regular Pap tests starting at age 21 and continuing until age 70. The risk of getting cancer of the cervix does not decrease with age. Pap tests are recommended every three years. They can be stopped at the age of 70 if there has been at least three or more normal tests in the past 10 years⁶.

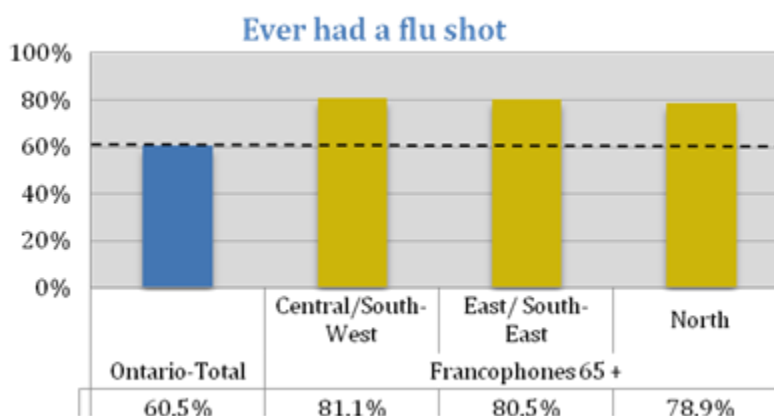
Screening for colorectal cancer: In Ontario, about one in three people aged 50 years and over (30%) had undergone screening for colorectal cancer at some point in their lives.. This proportion doubled among the older francophone population in the East/South-East region (59%). In the Central/South-West and the Northern regions, the prevalence of first screening increased to 37% and 43% respectively. Similarly, francophone seniors in the East/South East (77%) and the Central/South West (80%) were more likely to be screened on a regular basis, compared to the general population (68%), while francophone seniors were less likely to do so (63%).

⁶ <http://www.health.gov.on.ca/en/public/programs/cervicalcancer/paptest.aspx>



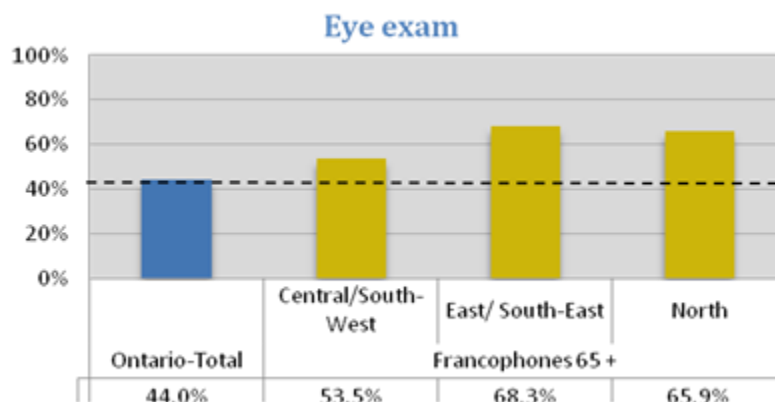
The Ontario Colon Cancer Check program recommends that people aged 50 to 74 and average risk for colorectal cancer to get screened for colorectal cancer with an FOBT kit every two years. For those at higher risk, such as having a family history of colorectal cancer in a first degree relative (e.g. parent, sibling or child), the program recommends a colonoscopy to screen for colorectal cancer⁷.

Influenza virus vaccine: Approximately 80% of Francophones aged 65 years and over in all three regions of Ontario received the flu shot. On the other hand, the provincial average for the same age group is much lower, at 60%.

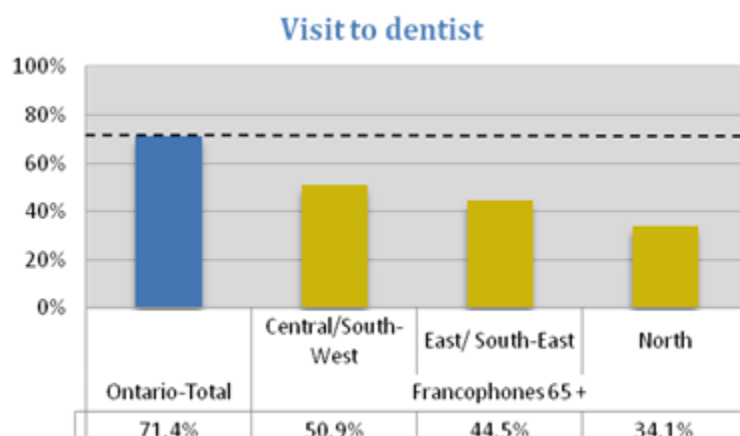


Eye exam: 68% of the francophone seniors in the East/South-East and 66% in the North had an eye exam over the course of 12 months. The lowest rate was observed in the Central/South-West region where only 54% of the population underwent an eye examination. Nevertheless, Francophone seniors were more likely, overall, to have their eyes examined than the general population (44%).

⁷ <http://www.health.gov.on.ca/en/public/programs/coloncancercheck/program.aspx>



Dental care: The reversed trend was noted for dentist visits. Fewer francophone seniors in the Central/South-West region (51%), the East/South-East region (45%), and the Northern region (34%) went to see a dentist, compared with the general population (71%).



Chapter 5: Contact with Health Professionals

Key Survey Results⁸

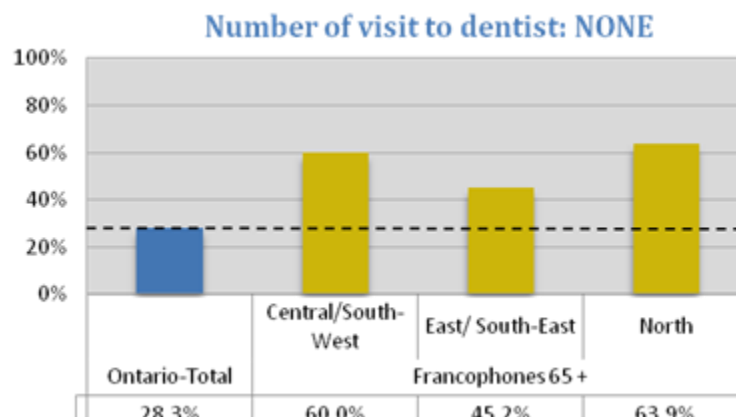
Having a regular physician: 90% of Ontarians had a regular family doctor; whereas 88% of Francophones in general and 93% of the francophone population aged 65 and over were able to consult regularly with a physician.

Language spoken with the physician: 1.5% of Ontarians spoke French to their doctors. 56% of Francophones aged 65 and over spoke French to their doctors.

Reason for not having a physician: Among Ontarians who did not have a family doctor, 35% had not tried to get one, and 24% were no longer able to have access to one because their doctor had either left the area or retired. In addition, one in four Ontarians were not able to receive the regular care of a physician because either none were currently practicing in the area or they were not accepting new patients.. The trend for francophone seniors is somewhat different. Whereas 32% of Francophones aged 65 and over did not try to get a regular physician, doctors' departure or retirement was most often the reason for not have access to regular care (36%). For 20% of francophone seniors, doctors in their area were not accepting new patients, and for 23%, physicians were absent in their area.

Consulting a physician/nurse: Overall, 11% of francophone seniors did not see a doctor and 23% did not see a nurse during the course of a 12-month period. At the provincial level, twice as many respondents did not see a doctor (20%) and half as many respondents did not see a nurse (10%).

Visiting a dentist: Compared to the total population of Ontario (28%), a significantly higher number of aging Francophones did not visit a dentist within the year prior to the survey: 60% in the Central/South-West, 45% in East/South-East, and 64% in the Northern regions.



⁸ The number of Francophones in the sample was inadequate to report results for variables such as having a regular doctor, language spoken to a doctor, reason for not having a family doctor, number of consultations with a doctor or a nurse practitioner, and difficulties to receive health services for the three Ontario's regions.

Having a regular family physician and language spoken

93% reported having a regular family physician

11% has not seen a doctor and 23% a nurse in the last 12 months

56% speaks French to their doctors

Reasons for not having a family doctor:

- ❖ None in the region: 23.0%
- ❖ Not accepting new patients: 20.0%
- ❖ Not tried to have one: 32.4%
- ❖ Doctor's departure or retirement: 35.6%

Chapter 6: Needs and Difficulties Accessing Healthcare Services

Key Survey Results⁹

Medical specialists: At the provincial level, 28% of the population needed to consult with a specialist. For the aging francophone population, the need to see a specialist was highest in the East/South-East region (42%). Fewer francophone seniors are in need of a specialist's care in the Central/South-West region (34%) and the Northern region (30%). On the other hand, 23% of the general population of Ontario and 15% of aging Francophones find it difficult to access the care of a specialist.

Non-urgent surgery: 7% of the general population and 8% of Francophones 65 and over had needed non-urgent surgery during the course of a 12-month period.

Routine healthcare services: Overall, 52% of Ontarians needed routine healthcare services for themselves or a family member. The need for routine healthcare for Francophones aged 65 and over rose to 58% in the Central/South-West, 67% in the North, and 75% in the East/South-East. Across the province, however, Francophone seniors appeared to have less difficulty in obtaining routine care compared with the general population (6% versus 16%).

Immediate care for a minor problem: About one in three Ontarians (36%) needed immediate care either for themselves or their family member for a minor health problem during the course of a 12-month period. This proportion dropped substantially for the older francophone population in the Central/South-West region (8%), and decreased fairly significantly in the East/South-East region (26%) and the Northern region (21%). Difficulties in obtaining immediate care were more pronounced in the general population (36%) than in the aging francophone population (20%).

Francophones aged 65 and older

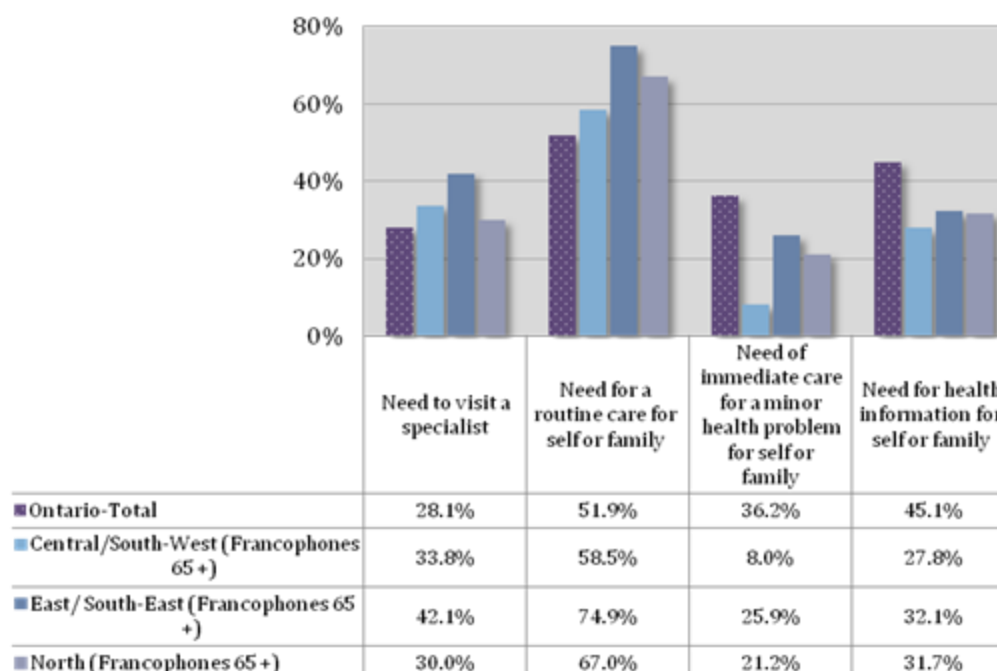
Difficulties in receiving health care services

- ❖ Medical specialist: 14.6%
- ❖ Routine healthcare services: 6.5%
- ❖ Immediate care for a minor problem: 32.4%
- ❖ Health information: 6.7%

8% reported a need for non-urgent surgery

⁹ The number of Francophones in the sample was inadequate to report results for variables such as difficulties to receive health services for the three Ontario's regions. In this case, proportions for Francophones 65 and older from across Ontario were given instead.

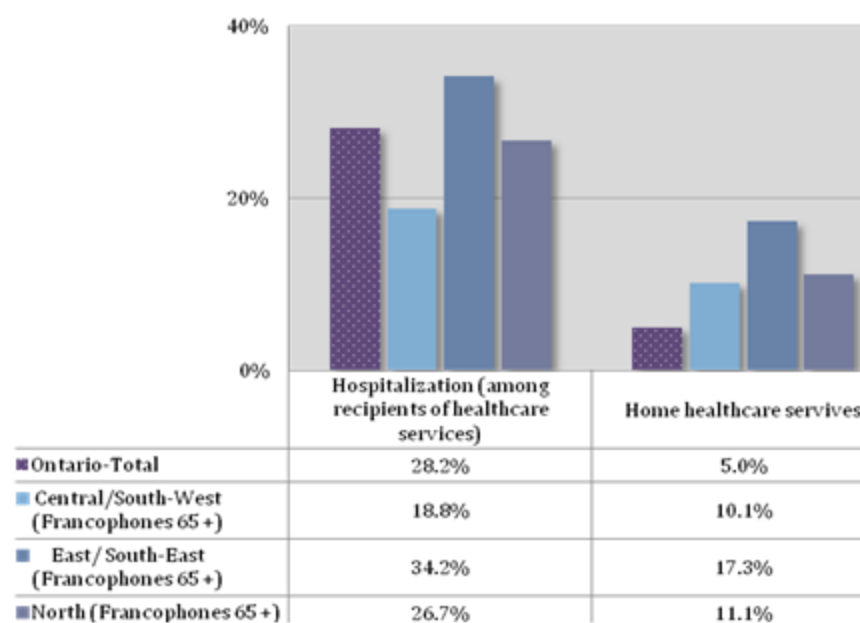
Need for health information: Overall, 45% of Ontarians needed health-related information for themselves or a family member during a 12-month period. Data available at the regional level revealed that 32% of Francophones aged 65 and over in both the East/South-East and the North regions, and 28% in the Central/South-West region had a need for health information. However, 17.5% of Ontarians and 7% of the older francophone population experienced difficulties in obtaining health-related information.



Hospitalization: Need for hospitalization for the aging francophone populations was higher in the Central/South-West (34%), approximately the same in the North (27%), and lower in the Central/South-West (19%) compared with the total population of Ontario (28%).

Home health care: One in twenty Ontarians (5%) received home healthcare. By contrast, at least twice as many older Francophones could access home care services in the Central/South-West region (10%), the Northern region (11%), and the East/South-East region (17%) during the course of a 12-month period.

Hospitalization and Home Care

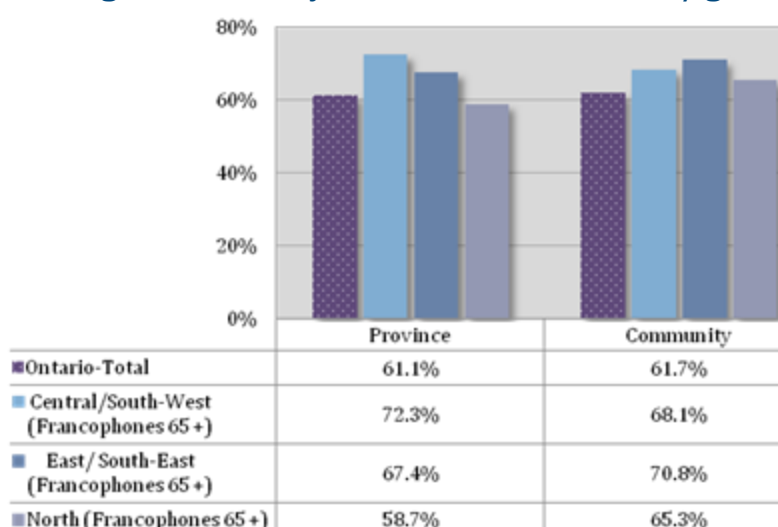


Chapter 7: Satisfaction with the Healthcare System

Key Survey Results¹⁰

Access to provincial healthcare services: The proportion of Ontarians who rated healthcare access as “good or excellent” stood at 61%. Satisfaction with the availability of services was similarly rated by a comparable proportion of francophone seniors in the Northern region of Ontario (59%), and an even higher proportion of francophone seniors in the East/South-East region (67%) and the Central/South-West region (72%)

Rating of availability of health care: excellent/ good



Quality of provincial healthcare services: A significant majority of Ontario’s population rated the quality of care that they received as “good or excellent” (73%). This proportion was higher for Francophones aged 65 and older living in the Central/South-West region (76%) and East/South-East region (76%) region and lower in the Northern region (68%).

Access to community health services: The quality of community health services was found to be “good or excellent” by 62% of Ontarians. This proportion was greater for the aging francophone populations in the North (65%), the Central/South-West (68%), and the East/South-East (71%).

Quality of community health services: The quality of health services received in the communities was found to be “good or excellent” by 73% of Ontarians. More francophone seniors in all of the regions were similarly approving of the quality of care at the community level: 81% in both the

¹⁰ The number of Francophones in the sample at the regional level was inadequate to report results for certain variables such as satisfaction with quality of care received. In this case, proportions were generated at the provincial level only.

Central/South-West and East/South-East regions and 74% in the Northern region.

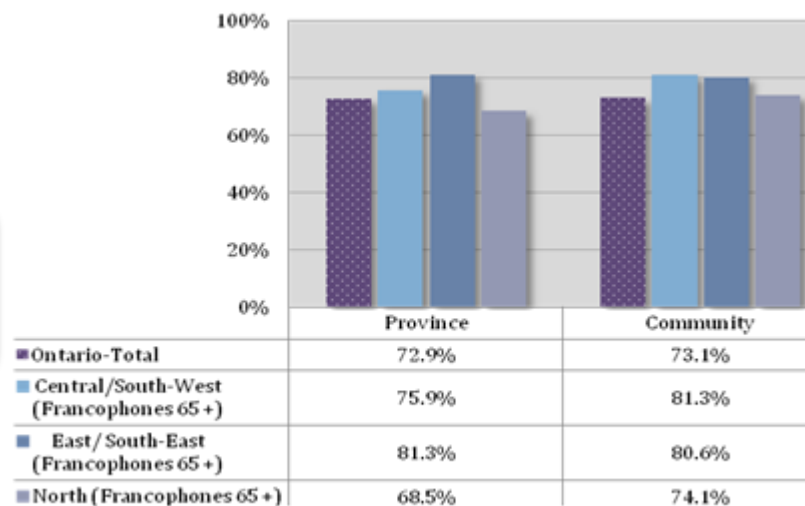
Satisfaction with quality of services received: Overall, 87% of Ontarians were satisfied with the quality of care that they received. A far greater proportion of Francophones aged 65 and over were equally satisfied (96%).

Satisfaction with health care received in hospital: A large majority of Ontarians (82%) were satisfied with the health care that they received in hospitals (82%) while an even greater majority of the aging francophone population (90%) expressed similar satisfaction.

Rating of quality of health care: excellent/ good

90% of Francophones aged 65 and older were satisfied with quality of health care received in hospitals

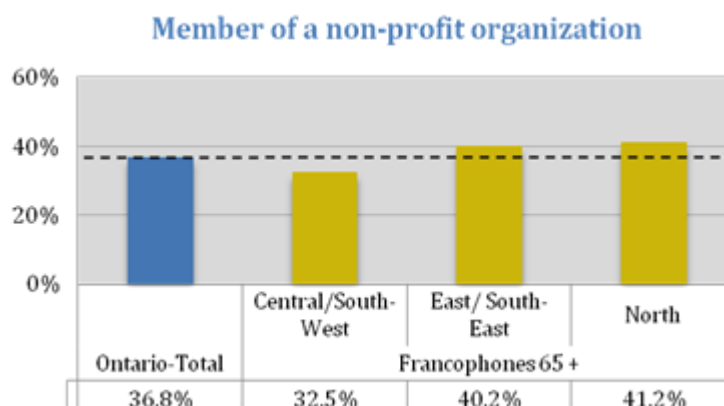
96% of Francophones 65 and older were satisfied with quality of health services



Chapter 8: Social Participation and Sense of Community Belonging

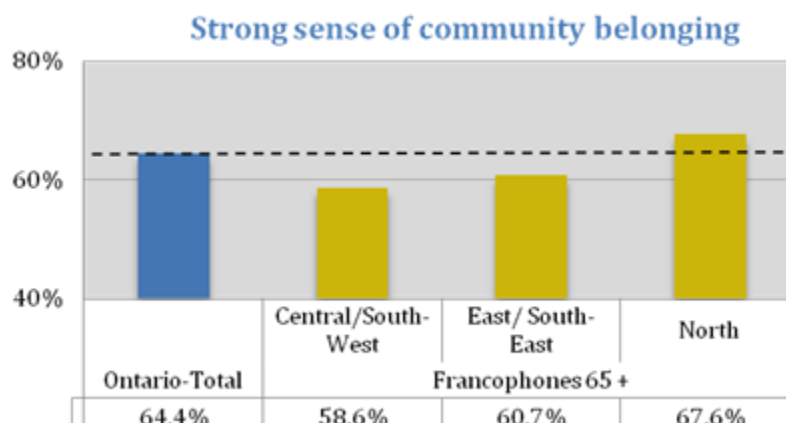
Key Survey Results

Involvement with a non-profit organization: The proportion of Francophones aged 65 and older who were members of a charitable organization was higher in the East/South-East region (40%) and the Northern region (41%), compared with that found for the province in general (37%). Older Francophones in the Central/South-West region were the least involved in voluntary work (32%).



Sense of community belonging: More francophone seniors felt a strong attachment to their communities in the Northern region (68%) than in the Central/South-West region (59%) and East/South-East region (61%)

The stronger sense of community belonging among Northern francophone seniors may be attributed to their tendency to be more involved in the community than the francophone seniors in the other two targeted regions.



Appendix A. Socio-demographic and economic factors for the total population of Ontario and Francophones aged 65 and over in the three regions of Ontario

SOCIODEMOGRAPHIC PROFILE				
	Ontario- Total	Central/South- West	Francophones 65 + East/ South- East	North
Sex				
Men	49.1%	36.9%	44.8%	44.0%
Women	50.9%	63.1%	55.2%	56.0%
Age				
65-74	8.4%	11.2%	9.9%	13.7%
75-84	5.0%	5.9%	5.0%	6.4%
85 and over	1.1%	1.3%	1.1%	1.0%
Education level: less than secondary school	23.3%	50.6%	49.8%	67.4%
Income				
Low	19.8%	24.9%	37.2%	47.2%
High	20.1%	11.1%	8.1%	3.2%
Household type				
Living alone	22.7%	50.2%	54.4%	55.5%
Living with others/ Other type of household	9.5%	4.9%	4.6%	4.1%
Actively worked in the last 12 months	75.2%	15.7%	13.9%	5.9%
Living in a rural area	14.6%	11.0%	21.4%	29.6%
Immigrant status	31.0%	43.1%	8.6%	2.4%
PHYSICAL AND MENTAL HEALTH				
	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Self-perceived health: poor/fair	11.7%	23.1%	22.0%	31.7%
Self-perceived mental health: poor/fair	5.4%	3.1%	2.9%	8.3%
Perceived stress: quite/extreme				
Life stress	23.8%	12.4%	8.5%	14.2%
Work stress	29.3%	19.5%	18.1%	15.1%
Health Status Index: usually feel pain or discomfort	17.7%	18.9%	24.1%	35.4%
Need help with daily activities	11.6%	23.8%	29.7%	29.5%
Restriction of activities: sometimes/often	25.1%	54.3%	48.1%	49.3%

CHRONIC DISEASES				
	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Incidence of chronic condition: more than 1	46.8%	64.5%	71.7%	77.1%

Incidence of chronic condition by disease

Back problems	20.0%	20.6%	25.3%	29.0%
Arthritis	17.2%	60.0%	47.2%	49.8%
High blood pressure	15.4%	43.4%	37.5%	44.2%
Asthma	13.2%	11.0%	14.6%	10.4%
Mood/ Anxiety disorder	6.5%	3.7%	5.8%	6.9%
Stomach/intestinal ulcers	6.2%	10.9%	7.4%	10.9%
Diabetes	5.2%	16.9%	12.9%	17.4%
Heart disease	4.9%	19.1%	16.3%	26.7%
Cancer	1.8%	6.0%	6.1%	5.1%
Stroke	1.1%	5.9%	3.0%	4.4%

LIFESTYLE AND HEALTH BEHAVIOURS				
	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Attempted to improve health (lost weight, quit smoking, increased exercise)	57.3%	50.9%	49.8%	45.1%
Self-reported Body Mass Index (BMI): overweight/obese	50.6%	55.4%	58.9%	57.5%
Leisure time physical activity index: inactive	50.2%	55.3%	57.7%	60.8%
Daily consumption of fruits and vegetables: less than 5 times/servings per day	59.7%	68.5%	52.1%	53.5%
Type of smoker: daily/occasional	21.3%	8.9%	15.2%	10.3%
Type of drinker: regular/occasional	74.9%	65.0%	71.9%	64.4%
Exposure to second-hand smoke	24.4%	7.9%	15.9%	14.8%
Injury sustained in the previous 12 months	13.4%	8.2%	6.3%	5.7%

PREVENTION AND SCREENING				
	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Mammogram				
Ever had one	80.0%	94.8%	84.3%	87.4%
Regular check-up	74.8%	59.4%	80.9%	75.8%
PAP test	88.1%	76.5%	80.0%	88.4%

Colorectal cancer screening				
Ever had one	29.9%	36.8%	58.9%	43.3%
Regular check up	67.7%	80.3%	76.5%	63.1%
Ever had a flu shot (65 years and over)	60.5%	81.1%	80.5%	78.9%
Last time had an eye exam (less than 12 months ago)	44.0%	53.5%	68.3%	65.9%
Last time visited a dentist (less than 12 months ago)	71.4%	50.9%	44.5%	34.1%

CONTACT WITH HEALTH PROFESSIONALS				
	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Having a regular family physician (15 years of age and over)	9.7%	7.0%		
Language spoken to doctor: French	1.4%	56.0%		
Number of consultations with a family physician/general practitioner: none	19.6%	11.0%		
Number of consultations with a nurse: none	10.4%	22.6%		
Number of consultations with a dentist: none	28.3%	60.0%	45.2%	63.9%
Reason for not having a family doctor				
None in the region	23.6%	23.0%		
Not accepting new patients	23.6%	20.0%		
Not tried to have one	34.8%	32.4%		
Doctor's departure or retirement	23.8%	35.6%		

NEEDS AND DIFFICULTIES ACCESSING HEALTH CARE SERVICES				
	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Need to visit a specialist	28.1%	33.8%	42.1%	30.0%
Need for a non-urgent surgery	7.0%	8.4%		
Need for a routine care for self or family	51.9%	58.5%	74.9%	67.0%
Need of immediate care for a minor health problem for self or family	36.2%	8.0%	25.9%	21.2%
Need for health information for self or family	45.1%	27.8%	32.1%	31.7%
Difficulty to receive specialist's care	23.3%	14.6%		
Difficulty to receive routine healthcare	15.7%	6.5%		
Difficulty to receive immediate care for a minor health problem for self or family	27.3%	16.7%		

Difficulty in obtaining health information	17.5%	6.7%		
Hospitalization (among recipients of healthcare services)	28.2%	18.8%	34.2%	26.7%
Home healthcare services	5.0%	10.1%	17.3%	11.1%

HEALTH CARE SYSTEM SATISFACTION

Rating of availability of health services: excellent/ good

	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Province	61.1%	72.3%	67.4%	58.7%
Community	61.7%	68.1%	70.8%	65.3%

Rating of quality of health services: excellent/good

Province	72.9%	75.9%	81.3%	68.5%
Community	73.1%	81.3%	80.6%	74.1%
Satisfaction with quality of services received	87.3%	95.7%		
Satisfaction with quality of services received in hospitals	82.1%	89.9%		

SOCIAL PARTICIPATION

	Ontario- Total	Francophones 65 +		
		Central/South- West	East/ South- East	North
Member of a voluntary organization	36.8%	32.5%	40.2%	41.2%
Sense of community belonging	64.4%	58.6%	60.7%	67.6%