

Francophone men and women in Ontario: A health portrait

Introduction

This short report highlights the main health status and health behaviors differences between francophone men and women in three regions of Ontario. It summarizes the results of a longer study which compared as well francophone men and women with the total population of Ontario. To do so, eight Canadian Community Health Surveys (CCHS) were used. These surveys cover the health information of almost 130 000 individuals in each cycle. This portrait presents some of the general themes of the CCHS such as socio-demographic characteristics, physical and mental health perceptions, lifestyles and behaviors, needs and access to healthcare services, satisfaction with healthcare systems, and social participation and sense of community belonging.

Methods

Health regions of Ontario (as defined by Statistics Canada) were grouped into three larger regions representing Central/South-West, East/South-East, and Northern. They covered six smaller units recognized by the public health divisions: Northwest, Northeast, East, Central East, Central West, and Southwest. The total Ontario population and the population of Francophone men and women living in the three regions were both considered for analysis.

Weighted proportions were used to compare and focus on similarities and differences between francophone men and women in Ontario's regions. The estimates are presented in relation to the general population of the province. A wide variety of topics were analyzed including perceptions of health, stress, disabilities, chronic diseases, lifestyle, preventive behaviors and healthcare services.



Francophone men and women population distribution

Based on the CCHS surveys, the distribution of men and women in the francophone population is more skewed towards the women. All of the three main regions have a higher percentage of the women population than average Ontario (50.9%), with the highest difference in Central/South-West Ontario (58.1% women) and lowest in North Ontario (51.8%).

Sample size by region for Francophone men and women (n)

| | Men | Women |
|--------------------|-------|-------|
| Ontario-total | 2,648 | 3,706 |
| Central/South-West | 1,259 | 1,673 |
| East/South-East | 1,113 | 1,591 |
| North | 276 | 442 |

Socio-demographic characteristics: Overall, the **proportion of francophone women aged 65 years or more** is higher than **men** in all regions. The largest difference is in the Central/South-West Ontario (See Figure below) followed with the North. The **proportion of seniors is higher in the francophone population** than in the total Ontario population, and this in all regions and for both men and women.

| | | Central/South-West | | East/ South-East | | North | |
|---|--------------|--------------------|-------|------------------|-------|-------|-------|
| | | Men | Women | Men | Women | Men | Women |
| Population aged 65 and over | | 16,3% | 20% | 15,0% | 16,8% | 19,3% | 22,9% |
| Less than secondary education | 23.3% | 33.8% | 22.6% | 25.7% | 24.7% | 36.6% | 38.3% |
| Income | | | | | | | |
| Low | 19.8% | 16.2% | 17.6% | 14.2% | 25.1% | 12.5% | 25.8% |
| High | 20.1% | 32.2% | 21.8% | 27.3% | 20.2% | 26.5% | 14.2% |
| Worked at job or business in the last 12 months | 75.2% | 67.6% | 68.6% | 79.0% | 68.8% | 70.5% | 59.6% |
| Live in rural area | 14.6% | 17.8% | 10.2% | 27.6% | 22.2% | 29.2% | 29.7% |
| Immigrant | 31.0% | 27.8% | 27.9% | 11.5% | 10.1% | 1.1% | 1.1% |

Physical and mental health

*Question: In general, would you say your **health** is: fair or poor?*

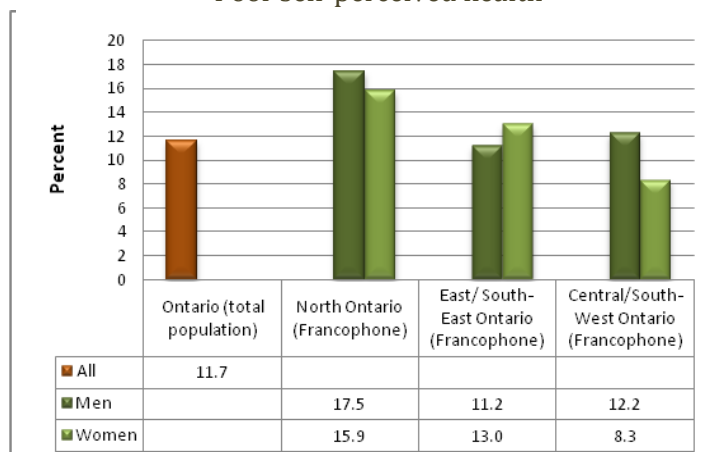
While more francophone men describe their health status poor than their women counterparts in the North and in the Central/South West Ontario, slightly more women than men describe their health status poor in East/South East Ontario. (Figure at the right)

*Question: In general, would you say your **mental health** is: fair or poor?*

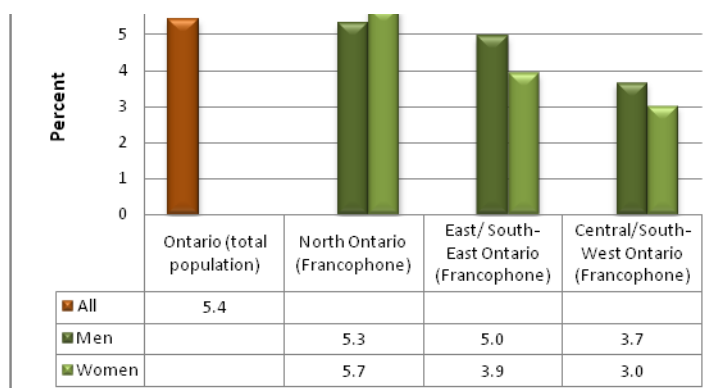
Francophone men and women living in North Ontario have the poorest self-perceived mental health, and women are slightly more numerous than men to report having poor/fair mental. They are even slightly more numerous than Ontarians in general (Figure at the right).

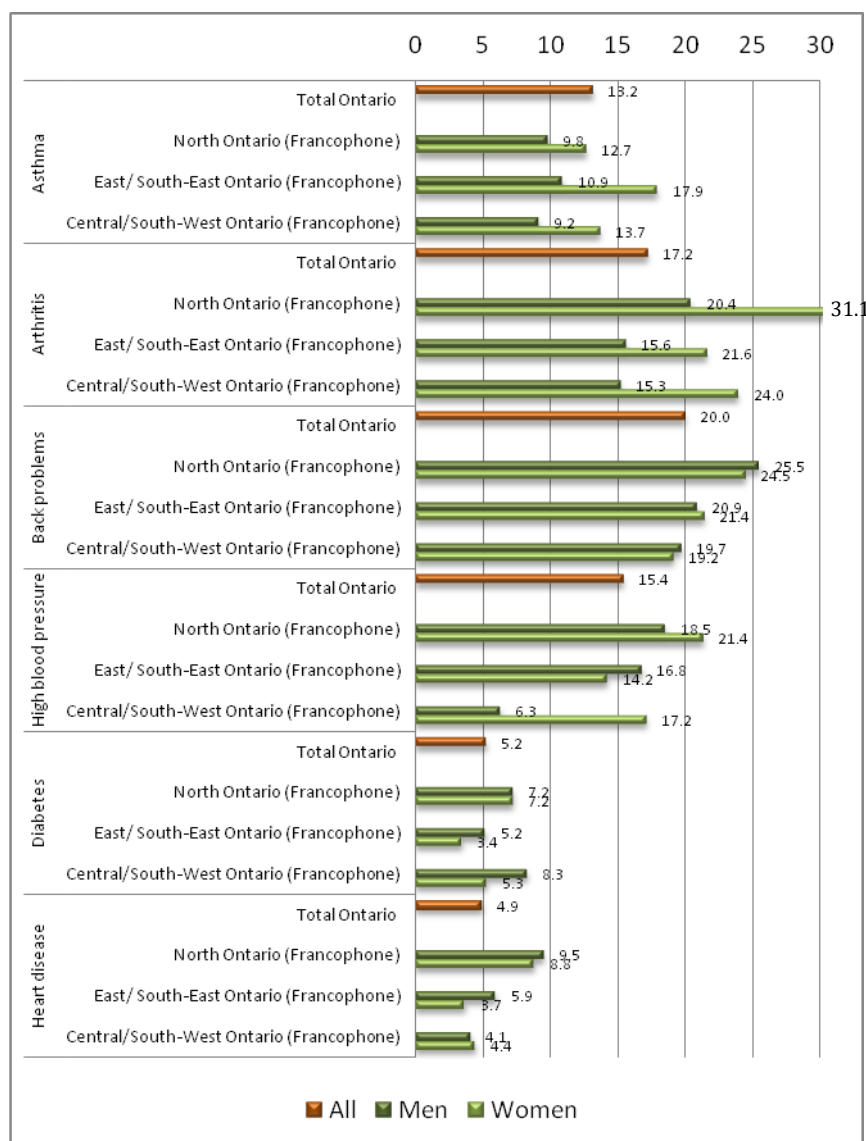
In the East/South-East region, francophone men are proportionally more numerous than women to report having poor/fair mental health.

Poor self-perceived health



Poor self-perceived mental health





Chronic diseases

In all regions, a larger proportion of francophone women than francophone men report that they have at least one chronic disease.

As well, a higher proportion of francophone women than men suffer from **asthma** and **arthritis** in all regions.

Finally, slightly higher proportions of men suffer from **back problems** in the North and the Central/South-West regions.

Francophone women in the North and Central/South-West Ontario tend to suffer more from **high blood pressure** than their men counterparts. On the other hand, this measure is higher for francophone men than women in the East/South-East region of Ontario (Figure on the top left).

Francophone men in the East/South-East and Central/South-West Ontario are more likely to have **diabetes** than their women counterparts. This measure is same for francophone man and women in North Ontario.

Also, francophone men in the North and East/South-East regions are more likely to suffer from **heart diseases** than women. This measure is higher for francophone woman in North Ontario.

Francophone women suffer, more than men, from **mood disorders** in all regions, and in the North and the East/South-East regions, women are also more likely to suffer from **anxiety disorders** than men. On the other hand, this measure is slightly higher for francophone men than women in the Central/South-West region of Ontario.

Needs, access, and quality of health care services

Francophone women in the Central/South-West and East/South-East regions are more likely than their men counterparts to **have a regular family doctor** (Figure below).

While a higher proportion of francophone men than women in the East/South-East Ontario **had consulted their family doctor at some point in the 12-month period** prior to the survey, more francophone women than men had visited their family doctor in North Ontario in the same period.

Reason for not having a physician:

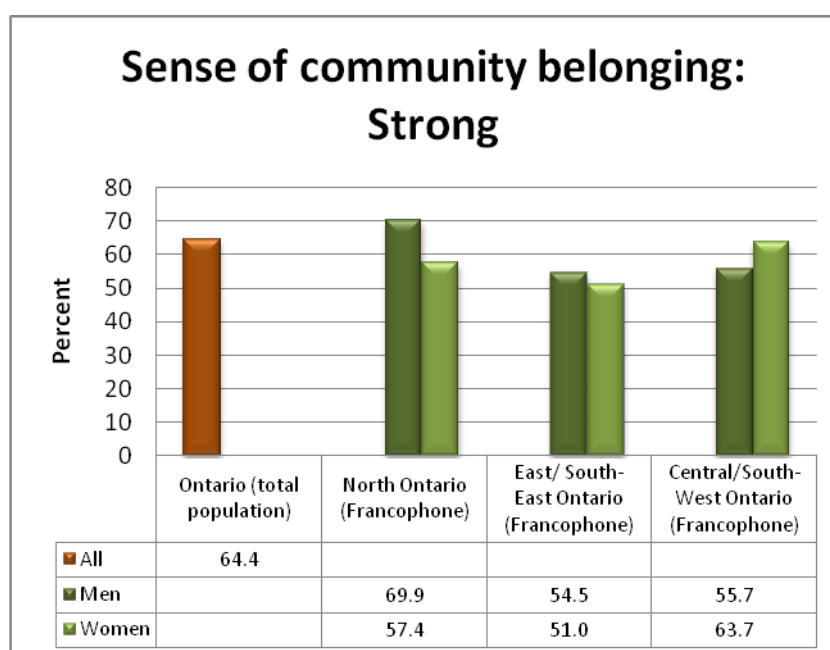
Among Ontarians who do not have a family doctor, 23.6% cited the **absence of a physician in their region**. This proportion is as high as 42.5% among Francophones in the North region and as low as 13.2% among Francophones in the East/ South-East region of Ontario.

| | | Central/South-West | | East/ South-East | | North | |
|--|--------------|--------------------|-------|------------------|-------|-------|-------|
| | | Men | Women | Men | Women | Men | Women |
| Need to visit a specialist | 28.1% | 18.8% | 24.8% | 32.0% | 37.7% | 14.3% | 29.3% |
| Need for a routine care for self or family | 51.9% | 38.9% | 54.7% | 70.2% | 72.0% | 46.0% | 60.6% |
| Need of immediate care for a minor health problem for self or family | 36.2% | 18.9% | 33.3% | 40.1% | 44.7% | 31.5% | 35.7% |
| Need for health information for self or family | 45.1% | 27.0% | 38.5% | 45.5% | 46.0% | 30.7% | 45.1% |

Sense of Community Belonging

More francophone men than women in the North and the East/South-East regions have **strong sense of community belonging**.

On the other hand, a proportionally higher number of francophone women in the Central/South-West region have **strong sense of community belonging**.



Difficulties in receiving health care services

A higher proportion of francophone men than women in the North and East/South-East regions **rated the availability and quality of provincial healthcare systems as excellent or good**. However, more francophone women in the Central/South-West region rated the services as excellent or good.

While a higher proportion of francophone men than women in the North and East/South-East regions of Ontario **rated the availability and quality of community health services as excellent or good**, more francophone women in the Central/South-West region rated the services as excellent or good.

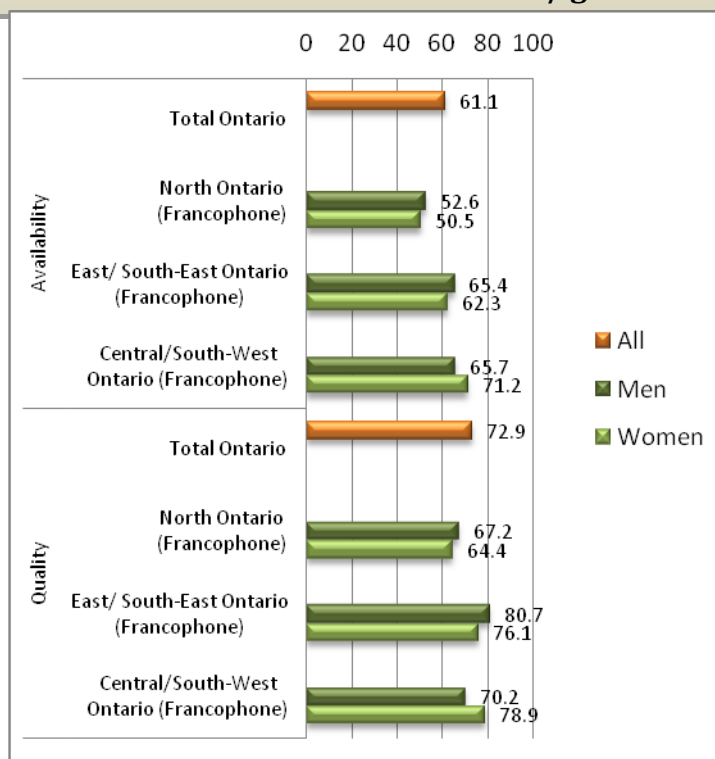
On average, Francophones (91.4%) are more **satisfied with respect to the quality of health services** compared to Ontarians in general (87.3%).

On average, Francophones (83.3%) are slightly more **satisfied with the quality of hospital services** compared to Ontarians in general (82.1%).

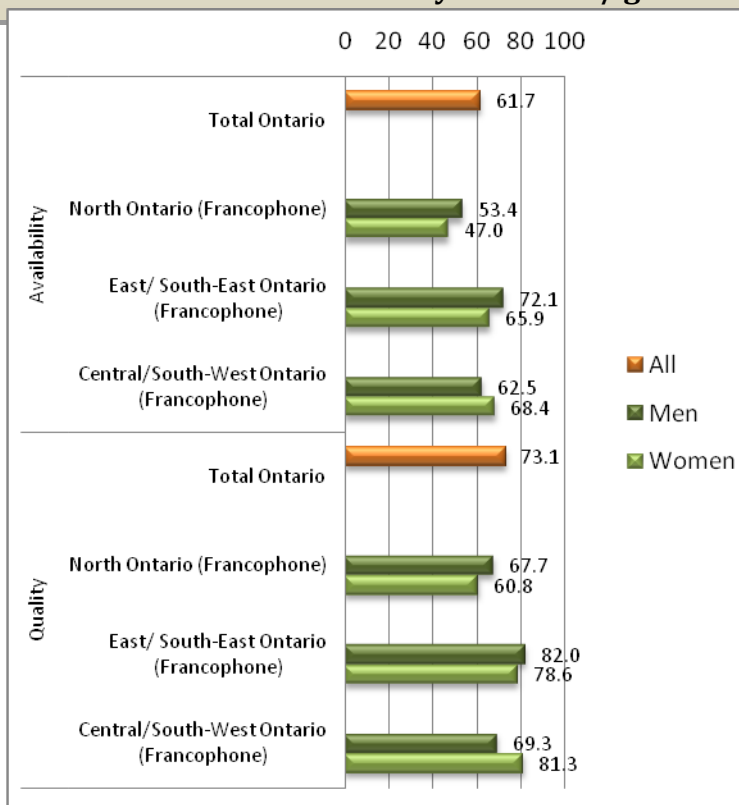
Francophone women required more **health services** than men. These services include visits to medical specialists, non-urgent surgery, routine care for self or family, immediate care for a minor health problem for self or family, and health information for self or family.

A higher proportion of francophone women than men in the North and East/South-East regions (20.8% and 22.6%, respectively) **had been hospitalized** in the 12-month period prior to the survey. This proportion is not very different in the Central/South-West region (19.1% men and 17.5% for women).

Rating of availability and quality of health care - Province: excellent/ good

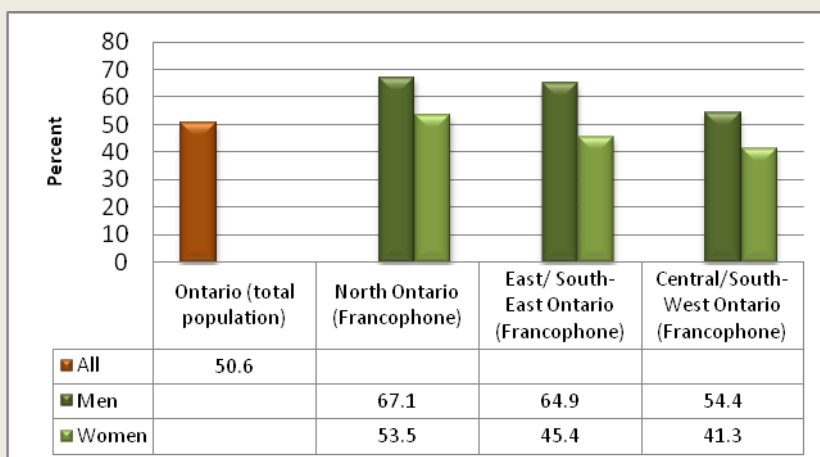


Rating of availability and quality of health care - Community: excellent/ good

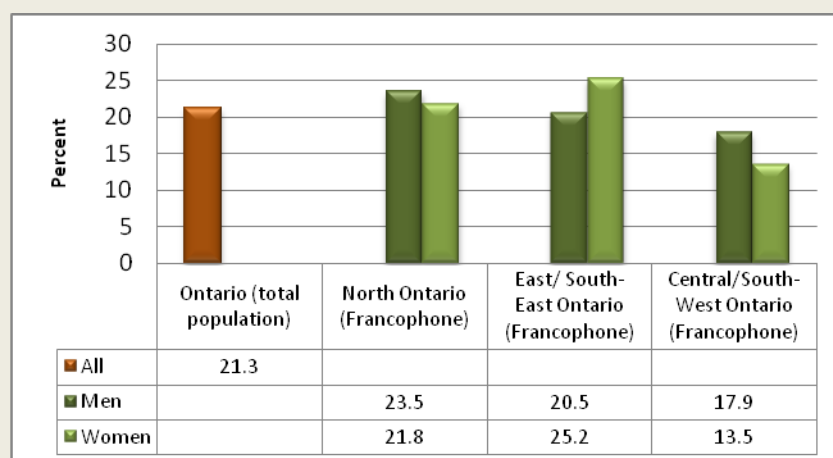


Lifestyle

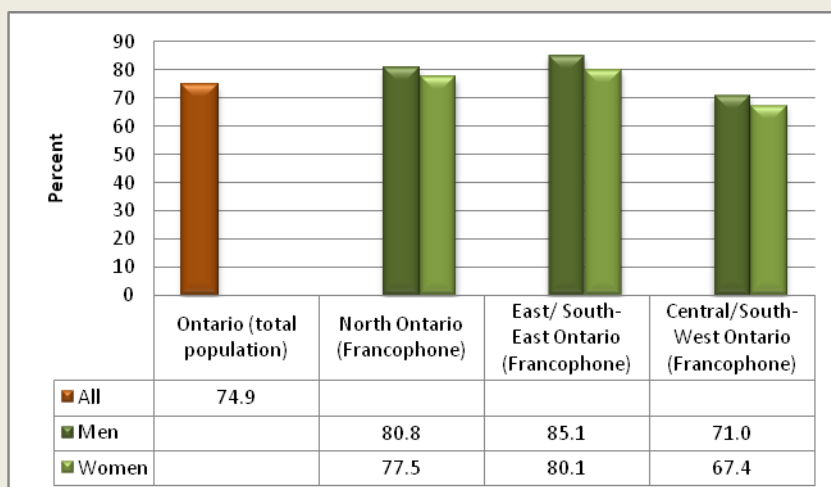
BMI: overweight/obese



Smoking: daily/occasionally



Alcohol: regular/occasional



In all regions, francophone women compared to men and to Ontarians made more attempts to **improve their health**.

Francophone men tend to be proportionally more **overweight or obese** compared to women in the three targeted regions.

However, francophone women are proportionally more **inactive** compared to francophone men.

A higher proportion of francophone men than francophone women **report fruit and vegetable consumption equivalent to fewer than five servings or less than five times daily**. While the consumption of fruit and vegetable of francophone men using this measure is lower than average Ontarians in all regions.

The consumption of fruit and vegetable of francophone women is higher than average Ontarians.

While the proportion of daily/occasional francophone men **smokers** is higher in North and Central/South-West Ontario than their women counterparts, the proportion of daily/occasional francophone women smokers is higher in the East/South-East region compared to their men counterparts.

Francophone men are more likely to be **regular/occasional drinkers** than francophone women in all regions. This measure is higher than among the total Ontario population and for both francophone men and women in North and East/South-East Ontario, while lower than average Ontarians for both men and women in Central/South-West Ontario.

Conclusions

Our study shows that francophone women are more numerous than men in the group aged 65 years or more in the three examined regions, and more numerous in the lowest income quintile. Women also present less good health indicators compared to men. They are proportionally more likely to: feel pain, need help with activities in daily life in all the three regions, and particularly in the North. They have at least one chronic disease in all regions, and particularly in the North.

They are more likely than men to suffer asthma or chronic obstructive pulmonary disease (COPD), arthritis, intestinal and stomach disorders and mood disorders in the three targeted regions. They are also more likely than men to suffer from high blood pressure in two regions, and finally, a higher proportion of women compared to men in the Central/South-West region reported having a stroke.

Regarding their needs and difficulties to accessing healthcare services, francophone women required more health services than their male counterparts (visits to medical specialists, non-urgent surgery, routine care for self or family, etc.).

Additionally, comparing their health indicators, francophone women living in the North seem to be a more vulnerable group compared to women living in the two other targeted regions.

Strengthening interventions based on a population health approach, especially in Northern Ontario where francophone women show less favourable health indicators should be a priority for health planning units.

L. Bouchard, G. Sedigh, E. Sucha, and S. van Kemenade (2014). Francophone men and women in Ontario. A health portrait based on the Canadian Community Health Survey (CCHS). Réseau de recherche appliquée sur la santé des francophones de l'Ontario, University of Ottawa.

This study 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.

We thank the Ontario Ministry of Health and Long-Term Care for funding applied health research networks including RRASFO.