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# The Health of Francophone Men and Women in Ontario

A region-by-region portrait developed from the  
Canadian Community Health Survey (CCHS)

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**RRASFO**

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

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### **Report Reviewers/Editors**

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## Introduction

This report presents a portrait of Francophones living in Ontario, differentiating between men and women in three different regions, as well as comparing their health indicators and health behaviours with the rest of the provincial population. The analysis 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 in each cycle 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 francophone population in the three main regions of Ontario: Central/South-West, East/South-East, and North.

This report describes extensively the population of interest and highlights the main health issues and health behaviours of francophone men and women 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.

The goal of this report is to provide the most useful data to support decision making at the regional level to better serve the francophone population in Ontario.

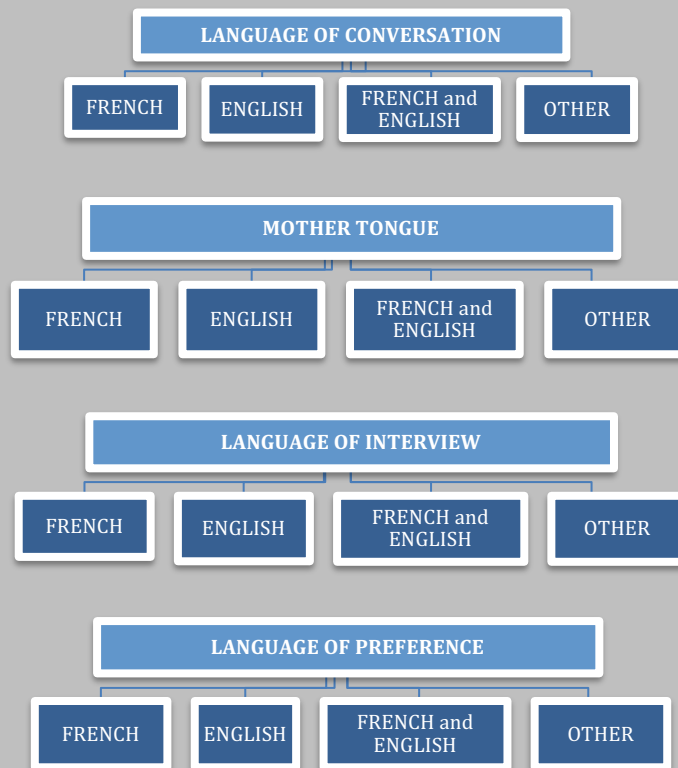
## Methodology

### The Data Source

This report uses eight cycles of the Canadian Community Health Survey (CCHS): 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. The eight cycles of the CCHS were used to have a better sample size since Francophones constitute only 5% of the population in Ontario. *Combining cycles of the Canadian Community Health Survey* (Statistics Canada, 2009) is used as a guideline to combine these eight surveys. This study focuses on health status of francophone men and women over 12 years old in three main regions of Ontario: North, East/South-East and Central/South-West. The sample does not include 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.

### Definition of Linguistic Groups

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



## Study Population

Our sample was drawn from a base of 130 000 individuals for each cycle residing in Ontario and 6,354 Francophones (2,648 men and 3,706 women) residing in the three selected Ontario's regions. The table below describes sample sizes by region and linguistic group.

Sample size for francophone men and women by region

Ontario region	Total Ontario (n)	Francophone men (n)	Francophone women (n)
Total Ontario	6,354	2,648	3,706
North	---	1,259	1,673
East/South-East	---	1,113	1,591
Central/South-West	---	276	442

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

**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 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. 14).

## Statistical Analyses

The use of descriptive data enabled a focus on similarities and differences between francophone men and women in Ontario. A wide variety of topics were analyzed including self-perceptions of health, stress, disabilities, chronic diseases, lifestyle, preventive behaviours and healthcare services.

The sample size was too small in some cases; therefore, some of the tables have missing information due to Statistic Canada's confidentiality rules and the disclosure rules. Also, we use sample weights because of the complexity of CCHS sample design. This means that the proportions reported were based on frequency distribution calculations weighted to represent the entire target population. Also, some response categories were grouped together to achieve the number of observations required for results disclosure based on Statistics Canada standards.

## Study Boundaries

Combining CCHS cycles helps reduce the problem of small francophone sample sizes in these surveys. However, this technique does not fully eliminate the problem, which continues to recur in the regional analysis, where results for certain regions still cannot be presented. Combining cycles also compromises the temporal aspect of this multi-wave study. Estimates arrived at 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.

Some data or cycles were also excluded because the information was not always polled regularly or consistently. An example is the nutrition cycle, which was only carried out in 2004. Another restriction is inherent in the self-reporting nature of the CCHS data, which are therefore subject to reporting errors. Interpretation of the questions could also vary across cultures, e.g., among francophone and anglophone populations.

## Highlights

### Socio-demographic Profile

The CCHS sample includes a slightly larger number of francophone women than francophone men in the three main regions. The proportion of francophone women aged 65 years and over is higher than their men counterparts in the three examined regions. Moreover, the proportion of the francophone population aged 65 years and over is higher than the population of the same age in the total population of Ontario. The percentage of francophone men who have not completed high school is higher than that of francophone women in all regions except North Ontario. However, except for francophone women in Central/South-West Ontario (22.6%), more Francophones, both men and women, do not have a high school degree compared to the total population of Ontario (23.3%). A higher proportion of francophone men than francophone women are in the high (fifth) income quintile and a lower proportion of francophone men than francophone women are in the low (first) income quintile. There is significantly less participation of women in the workforce than men in francophone communities except for Central/South-West Ontario. The percentage of Francophones living alone is higher than the provincial average for both men and women. This measure is also higher for francophone men compared to their women counterparts. The proportion of Francophones, both men and women, living in a rural community was significantly higher than in the general population of Ontario, except for francophone women in Central/South-West Ontario. This proportion is higher for francophone men living in the rural area in East/South-East Ontario and Central/South-West Ontario. Finally, the highest number of francophone immigrants are in the Central/South-West Ontario while the lowest number is in the North Ontario region.

### Physical and Mental Health

While more francophone men describe their health status poor than their women counterparts in the North and in the Central/South-West regions, slightly more women than men describe their health status poor in the East/South-East region. Slightly more francophone men in the East/South-East and Central/South-West regions report having poor/fair mental health (5.0% and 3.7%, respectively) than francophone women (3.9% and 3.0%, respectively). This proportion is almost the same for francophone men and women in the North (5.3% and 5.7%) and in the total population of Ontarians (5.4%). Slightly more francophone women in the North and in the East/South-East region report having high level of life stress in daily life (23.6% and 28.2%, respectively) than francophone men (21.8% and 25.9%, respectively). This proportion is almost the same for francophone men and women in the Central/South-West (24.3% and 23.9) and in the total provincial population (23.8%). Also, while a higher proportion of francophone men in the North and in the Central/South-West regions report having a higher level of work stress than francophone women, the situation is reversed for francophone men and women in the East/South-East Ontario. Francophone women experience pain or feel unwell more often than francophone men in the three regions. While francophone women in the East/South-East and Central/South-West regions report more restrictions on activities than francophone men, francophone men in the North report higher restrictions than their women counterparts. A larger proportion of francophone women than francophone men report that they need help for activities in daily life in all regions. Moreover, a larger proportion of francophone women than francophone men report that they have at least one chronic disease in all regions.

## **Lifestyle and Health Behaviours**

In the three regions, francophone women made more attempts to improve their health than francophone men and Ontarians in general. While a higher proportion of francophone men are overweight/obese compared to francophone women in all regions, a higher proportion of francophone women are inactive compared to francophone men. A higher proportion of francophone men report fruit and vegetable consumption equivalent to fewer than five servings or less than five times daily. The number of daily/occasional francophone men smokers is higher in the North and Central/South-West regions than their women counterparts in these regions and men are much more exposed to secondhand smoke in North Ontario. Francophone men are more regular/occasional drinkers than francophone women in all regions, and a higher proportion of francophone men reported that they had used cannabis at least once in their life or once in the past 12 months in all regions. Francophone men reported much higher incidences of injury in the previous 12 months prior to the survey in all regions compared to francophone women.

## **Prevention and Screening**

Similar proportions of francophone women aged 50 years and over in the North (78.5%), and in the East/South-East regions (78.8%), as well as women in the total Ontario population (78.3%) reported that they have performed breast self-exams to detect any abnormal mass. Among francophone women aged 50 years or more, 64.9% in the North, 66.2% in the Central/South-West, and 72.7% in the East/South-East regions of Ontario had undergone a mammogram once in their lifetime. Among francophone women who were at least 18 years of age, 92.4% in North Ontario, 90.3% in East/South-East Ontario, and 85.3% in Central/South-West Ontario reported having undergone a Pap test at some point in their lives.

Among francophone men, 50.2% in the North, 56.5% in East/South-East and 41.0% in the Central/South-West regions of Ontario reported having undergone a blood test to screen for prostate cancer. A higher proportion of francophone men aged 50 years or more had undergone screening for colorectal cancer at some point in their lives than their women counterparts. A higher proportion of francophone women aged 65 years and over had flu shots compared to their men counterparts in the North and Central/South-West regions. Also, a lower proportion of Francophones in the North (61.8%) and East/South-East regions (67.5%) visited a dentist in the 12-month period prior to the survey compared to Ontarians in general (71.4%). A proportionally higher number of francophone women than men in the North and East/South-East regions had undergone a vision test in the 12 months leading up to the survey.

## **Contact with Certain Healthcare Professionals (Physicians and Nurses)**

A higher proportion of francophone women in the Central/South-West (92.3%) and East/South-East (91.9%) regions have a regular family doctor compared with their men counterparts (81.6% and 87.1%, respectively) Throughout Ontario, 1.4% of the population speak French with the doctor. This proportion is 68.8% for the Francophone in East/South-East region. While a higher proportion of francophone men (86.4%) than women (83.0%) in the East/South-East region consulted their family doctor at some point in the 12-month period prior to the survey, more francophone women (79.2%) than men (64.0%) visited their family doctor in North Ontario in the same period. Also, while a higher proportion of francophone women in the East/South-East (73.6%) and Central/South-West regions (73.3%) visited a dentist at some point in the 12-month period prior to the survey (compared to 68.5% and 61.2% for men), more francophone men (63.0% versus 56.9% for women) visited a dentist in North Ontario in the same period.

### **Need for Healthcare Services and Difficulties with Access**

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 in the North (30.3%) and East/South-East regions (30.6%) than francophone men (20.8% and 22.6%, respectively) had been hospitalized in the 12-month period preceding the survey. This proportion is similar for francophone men (19.1%) and francophone women (17.5%) in Central/South-West region. A higher proportion of francophone women in the North (6.9%) and East/South-East regions (5.9%) than francophone men (3.9% and 4.6%, respectively) received home healthcare services in the same period.

### **Satisfaction with the Healthcare System**

While a higher proportion of francophone men than women in the North and East/South-East regions rated the availability and quality of provincial and community health services as excellent or good, more francophone women in Central/South-West region rated the services as excellent or good. On average, Francophones are more satisfied than the total population of Ontario with respect to the quality of health services. Francophones' satisfaction with the quality of hospital services is similar to the average Ontarians.

### **Social Participation and Sense of Community Belonging**

A proportionally higher number of francophone men than women in the North and in the East/South-East regions were members of a non-profit organization (37.0% and 31.3% versus 35.6% and 28.8%). On the other hand, a proportionally higher number of francophone women in Central/South-West Ontario were members of a non-profit organization (48.6% versus 27.8%). This measure is 36.8% for average Ontarians. Also, a proportionally higher number of francophone men than women in the North and in the East/South-East regions had a sense of community belonging (69.6% and 54.5% versus 57.4% and 51.0%). On the other hand, a proportionally higher number of francophone women than men in Central/South-West Ontario had a sense of community belonging (63.7% versus 55.7%). This measure is 64.4% for average Ontarians.

## Policy Implications and Recommendations

Our study shows that francophone women tend to be more numerous than men in the group aged 65 years and over in the three examined regions, and more numerous in the lowest income quintile.

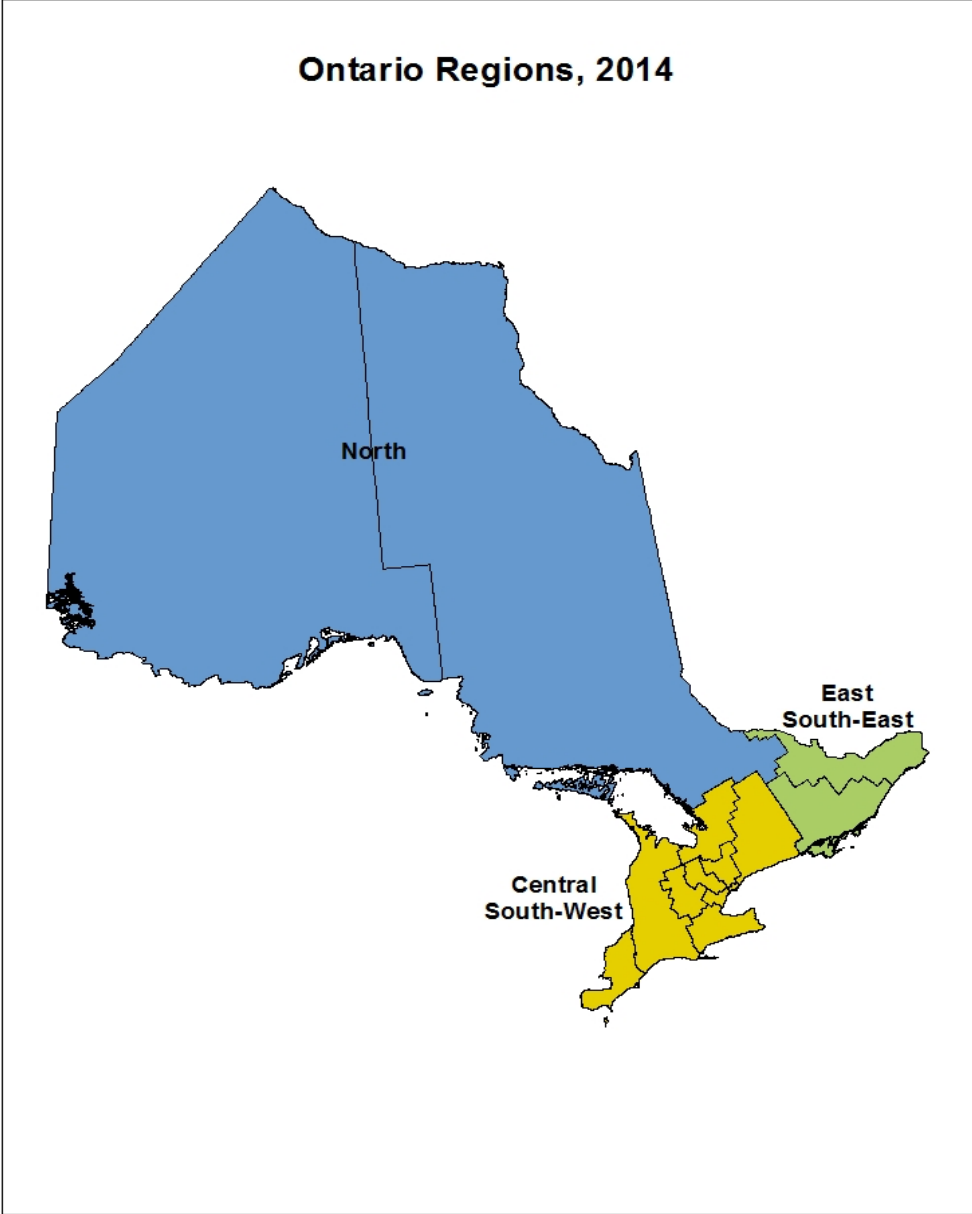
Women also present less good health indicators compared to men. They are proportionally more likely to: feel pain, need help with activities in daily life in all the three regions, and particularly in the North. They have at least one chronic disease in all regions, and particularly in the North. They 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 reported having a stroke in the Central/South-West region. 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. Francophone women living in the North region tend to:

- Need help with activities in daily life in a higher proportion than women in the two other regions;
- Be two times more likely to have at least one chronic disease than women living in the two other regions and Ontarians in general;
- Suffer from heart disease more than women living in the two other regions;
- Have higher rates of cancer than women living in the two other regions;
- Suffer from anxiety disorders more than two times as women living in the two other regions.

Strengthening interventions based on a population health approach, especially in the North region where Francophone women show less favourable health indicators should be a priority for health planning units.

**Ontario Regions**



## Chapter 1: Respondents' Socio-demographic Profile

### Key Survey Results

The socio-economic profile compares firstly francophone men and women data among the three examined regions. Secondly, data on the francophone population and the rest of the Ontario population is compared.<sup>1</sup>

**Gender:** Francophone women are more numerous than men in the three examined Ontario regions. Their percentage is higher as well than in the Ontario total population (50.9%), with the highest difference in the Central/South-West region (58.1% women) and the lowest in the North region (51.8%).

**Age:** The proportion of francophone women aged 65 years or more is higher than men's proportion in the three regions. The largest difference is in Central/South-West Ontario with 20.0% women versus 16.3% men followed by the North with 22.9% women versus 19.3% men. The proportion of the francophone population aged 65 years and over is higher than that of the Ontario total population (14.6%) in all regions and for both men and women.

**Education:** Francophone women in all regions except in the North are more numerous than men to have completed high school. However, more Francophones, both men and women, are without a high school degree compared to average Ontarians (23.3%) except for francophone women in Central/South-West Ontario (22.6%).

**Income:** There is a considerably higher proportion of francophone men than francophone women in the high (fifth) income quintile and a lower proportion of francophone men than francophone women in the low (first) income quintile.

**Labor market activity:** Generally speaking, there is significantly less participation of women in the workforce than men in francophone communities except for Central/South-West Ontario. The gap is particularly large in North Ontario (70.5% for men versus 59.6% for women) and East/South-East Ontario (79% for men versus 68.8% for women). Moreover, a lower proportion of Francophones are still in the workforce compared to Ontarians (75.2%) with the exception of francophone men in the East/South-East region.

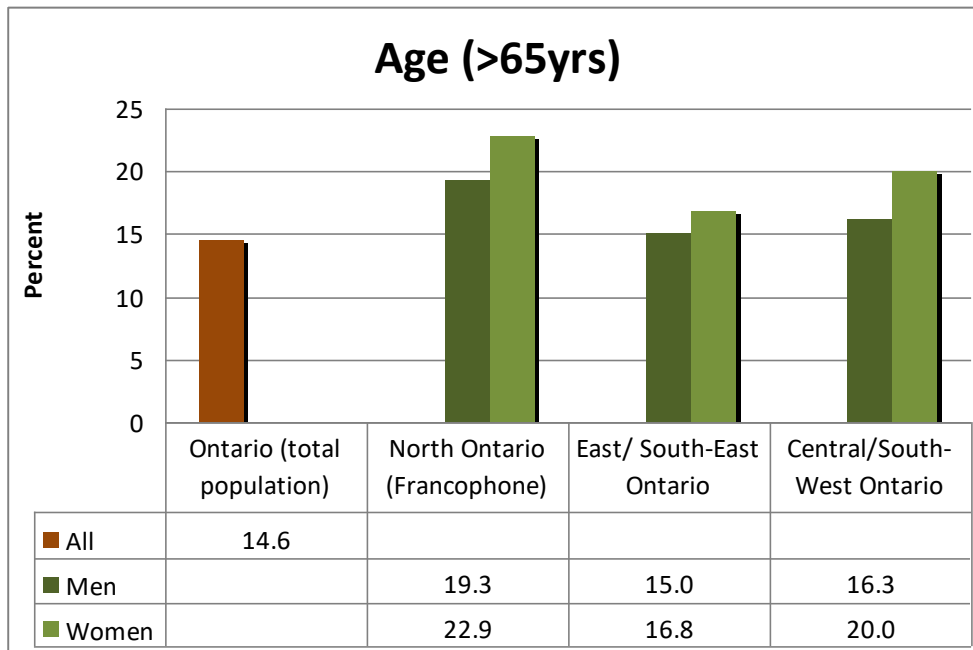
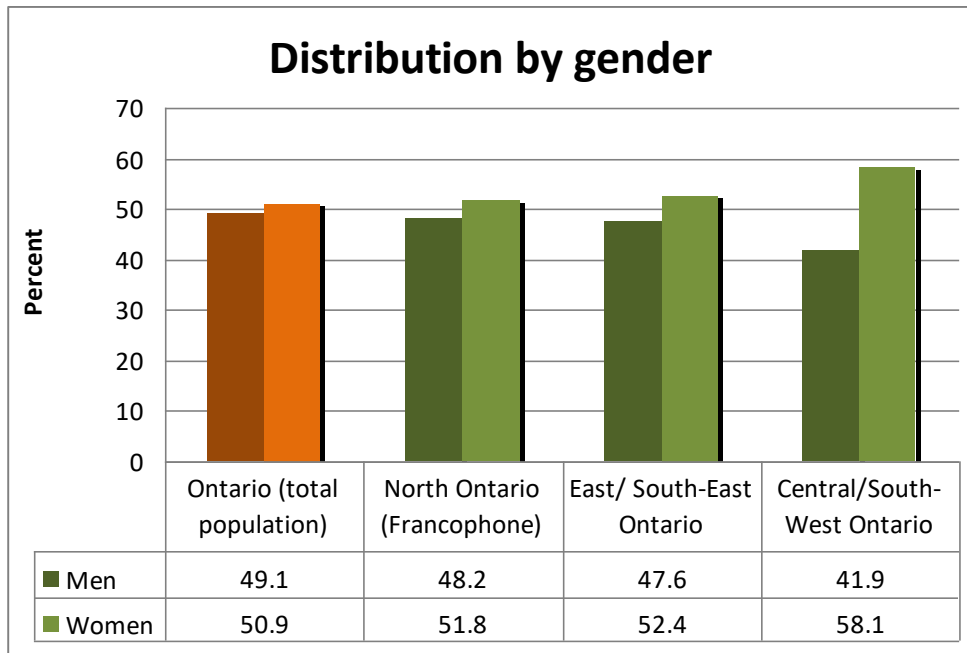
**Living alone:** The percentage of Francophones living alone is higher compared to the provincial population for both men and women. This measure is also higher for francophone men compared to their women counterparts.

**Urban/Rural residents:** A higher proportion of francophone men lived in the rural area in East/ South-East Ontario (27.6% for men versus 22.2% for women) and Central/South-West Ontario (17.8% for men versus 10.2% for women). The proportion of francophone men and women that lived in the rural area in North Ontario was almost the same (29.2% for men versus 29.7% for women). The proportion of Francophones, both men and women, living in a rural community was significantly higher than that of Ontarians (14.6%), except for francophone women in Central/South-West Ontario.

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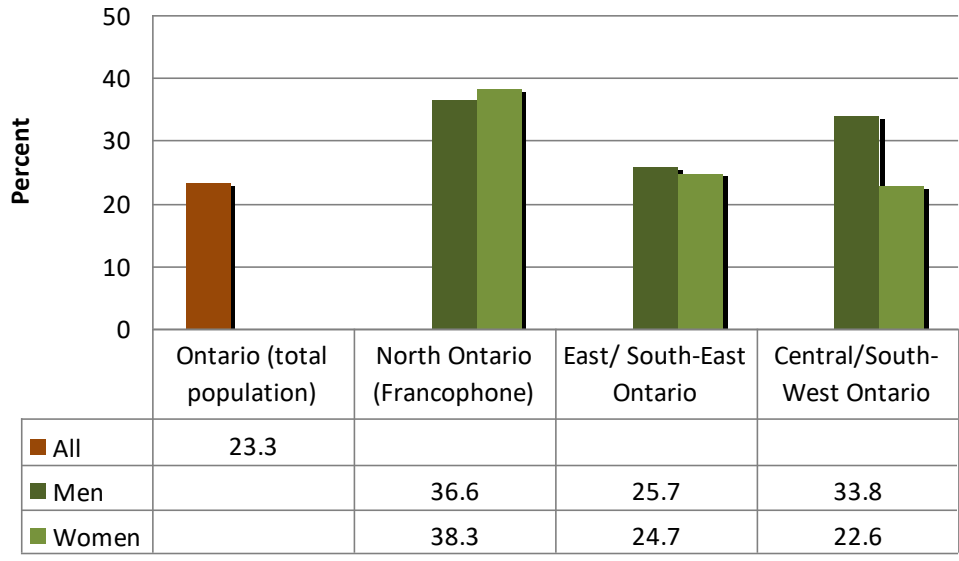
<sup>1</sup> The number of Francophones in the sample size was inadequate to reporting results for certain variables.

**Immigrants' status:** Generally speaking, the proportion of francophone immigrants is almost the same for men and women within each region. However, while a smaller number of immigrants are Francophones compared to the total population of Ontario (31%), there is a remarkable disparity among these regions with respect to this measure. While 27.8% of men and 27.9% of women of the francophone population in Central/South-West Ontario are immigrants, they constitute only 1.1% of men and women in North Ontario.

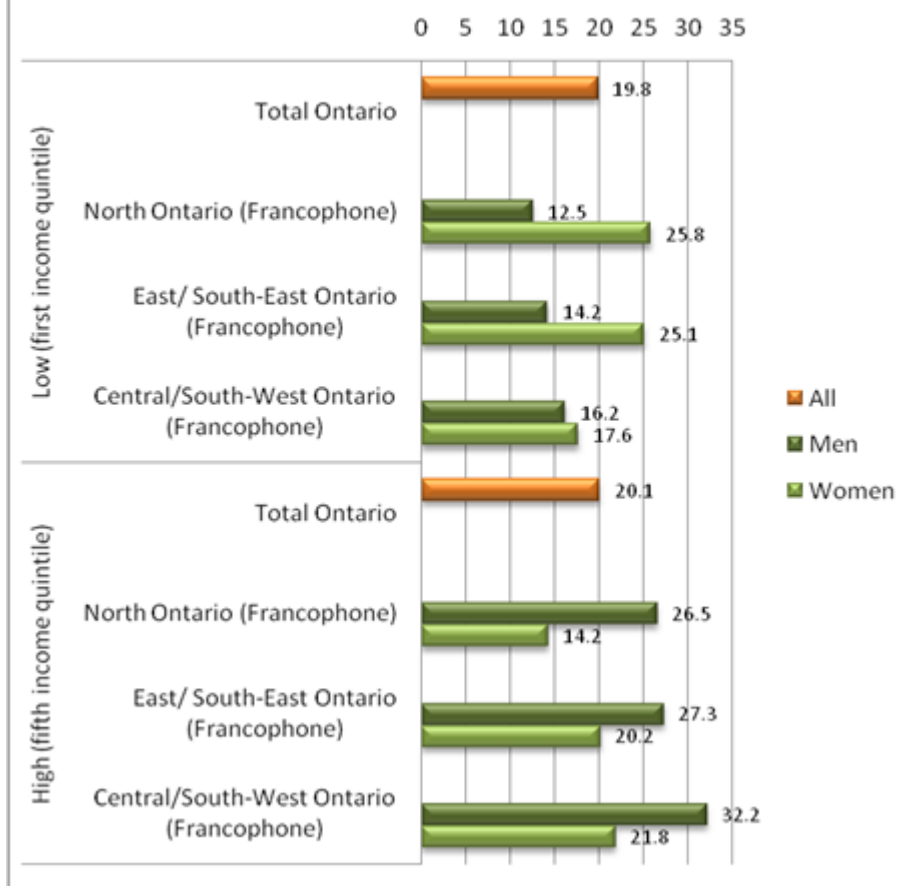


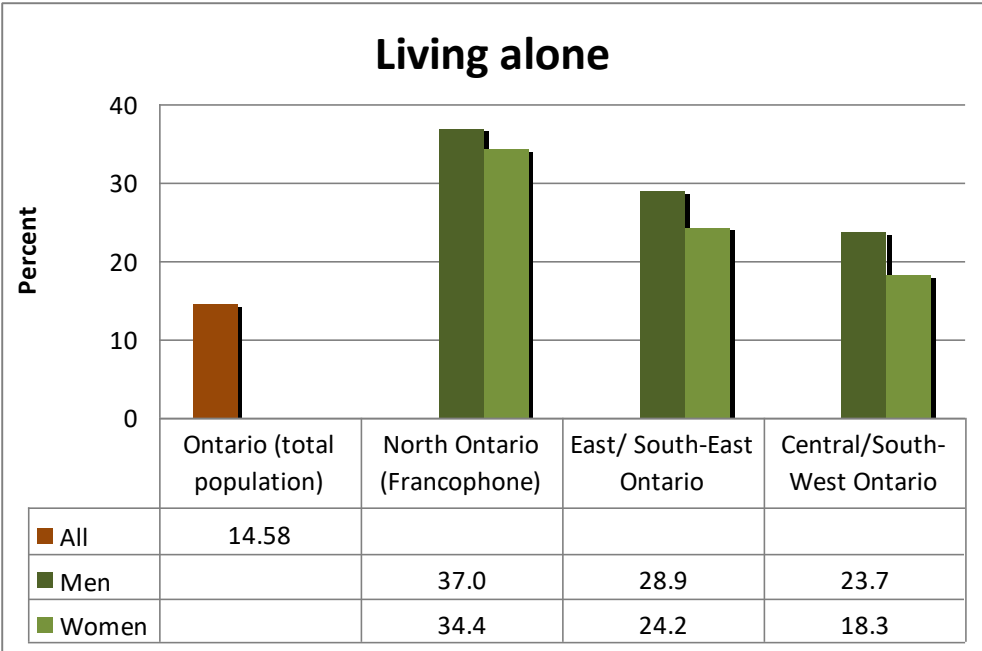
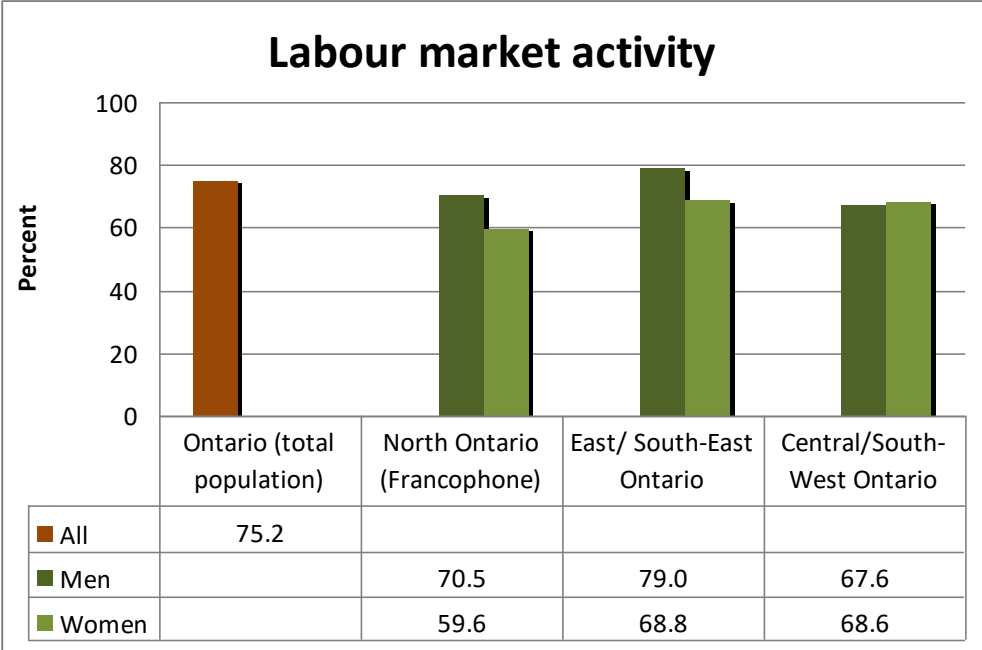


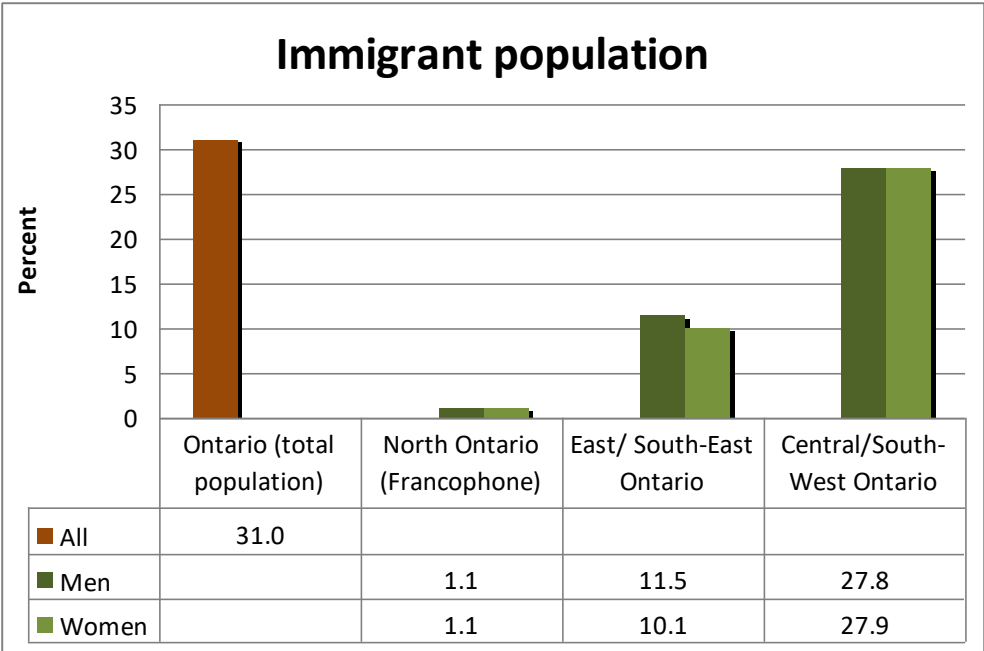
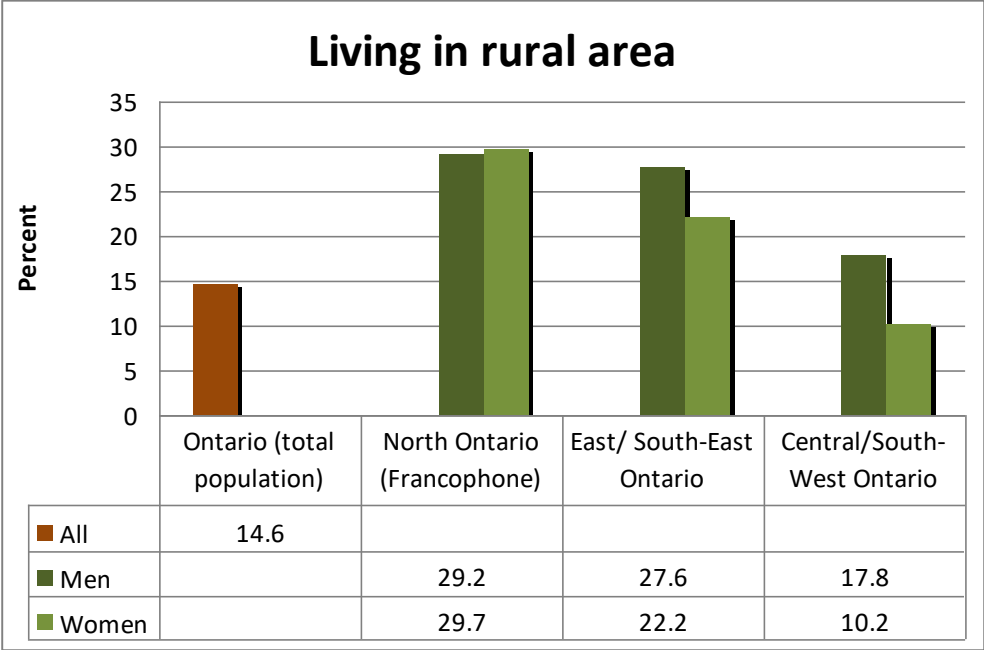
## Education (less than high school)



## Income







## Chapter 2: Physical and Mental Health

### Key Survey Results

**Perception of health:** Francophone men tend to assess their health status poorer than women in the North and Central/South-West regions (17.5% and 12.2% for men versus 15.9% and 8.3% for women, respectively). The situation is different in the East/South-East region with 11.2% of francophone men reporting their health condition as poor compared to 13.0% of francophone women and to 11.7% of Ontarians in general.

**Perception of mental health:** Slightly more francophone men in the East/South-East and in the Central/South-West regions report having poor/fair mental health (5.0% and 3.7%, respectively) than francophone women (3.9% and 3.0%, respectively). This proportion is almost the same for francophone men and women in North Ontario (5.3% and 5.7%) and the general population of Ontario (5.4%).

**Perception of stress in daily life:** Slightly more francophone women in the North and in the East/South-East regions report having a high level of life stress in daily life (23.6% and 28.2%, respectively) than francophone men (21.8% and 25.9%, respectively). This proportion is almost the same for francophone men and women in the Central/South-West region (24.3% and 23.9) and in the general population of Ontario (23.8%).

**Perception of work-related stress:** Francophone men in the North and the Central/South-West regions report having a higher level of work stress (31.5% and 38.2%, respectively) than francophone women (28.6% and 33.7%, respectively) while in the East/South-East region francophone women report a higher level of work stress (38.8% women versus 33.2% for men). The average level of perceived work stress in the total Ontario population is 29.3%.

**Health status index (usually pain-free/not unwell):** Francophone women experience pain or feel unwell more often than francophone men in all regions. This proportion is higher in the North region (24.4% for men versus 29.0% for women), and it is higher as well for all francophone compared to Ontarians in general (17.7%) except for francophone men in the East/South-East region (13.1%).

**Restrictions on activities:** Francophone women in the East/South-East and in the Central/South-West regions report more restrictions on activities (24.3% and 27.6%, respectively) than francophone men (23.7% and 21.7%, respectively). On the other hand, francophone men living in the North report higher restrictions (32.1%) than their women counterparts (28.7%). This measure is 25.1% for Ontarians in general.

**Help needed with activities in daily life:** A larger proportion of francophone women compared to francophone men report that they need help for activities in daily life in the three regions. This proportion is highest among francophone women in the North (18.1%) and lowest among men in the East/South-East region (8.5%). This measure is 11.6% for Ontarians in general.

**Incidence of chronic diseases:** A larger proportion of francophone women compared to francophone men report that they have at least one chronic disease in all regions. This proportion is highest among francophone women in North Ontario (53.7%) and lowest among men in Central/South-West Ontario (31.5%). This measure is 46.8% for Ontarians in general.

**Asthma or chronic obstructive pulmonary disease (COPD):** a higher proportion of francophone women than men suffer from asthma in all regions.

**Arthritis:** a higher proportion of francophone women than men suffer from arthritis in all regions.

**Back pain (other than fibromyalgia):** Slightly higher proportions of men suffer from back problems in North Ontario and Central/South-West Ontario. The situation is reserved in East/South-East Ontario.

**High Blood Pressure:** Higher proportions of francophone women in the North (21.4%) and Central/South-West regions (17.2%) suffer from high blood pressure than their men counterparts (18.5% and 6.3%, respectively). On the other hand, this measure is higher for francophone man (16.8%) than women (14.2%) in the East/South-East region.

**Diabetes:** Higher proportions of francophone men in the East/South-East (5.2%) and in the Central/South-West (8.3%) regions have diabetes compared to their women counterparts (3.4% and 5.3%, respectively). This measure is the same for francophone men and women (7.2%) in North Ontario.

**Cardiac disease:** Higher proportions of francophone men in the North (9.5%) and in the East/South-East regions (5.9%) suffer from heart diseases compared to their women counterparts (8.8% and 3.7%, respectively). This measure is higher for francophone woman in North Ontario (4.4% versus 4.1%).

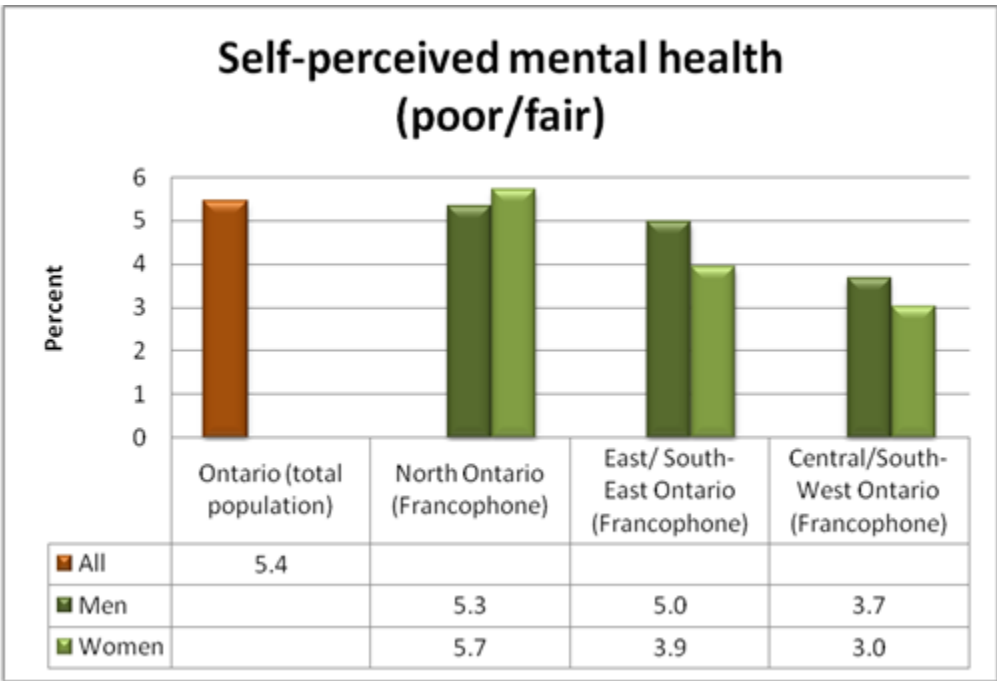
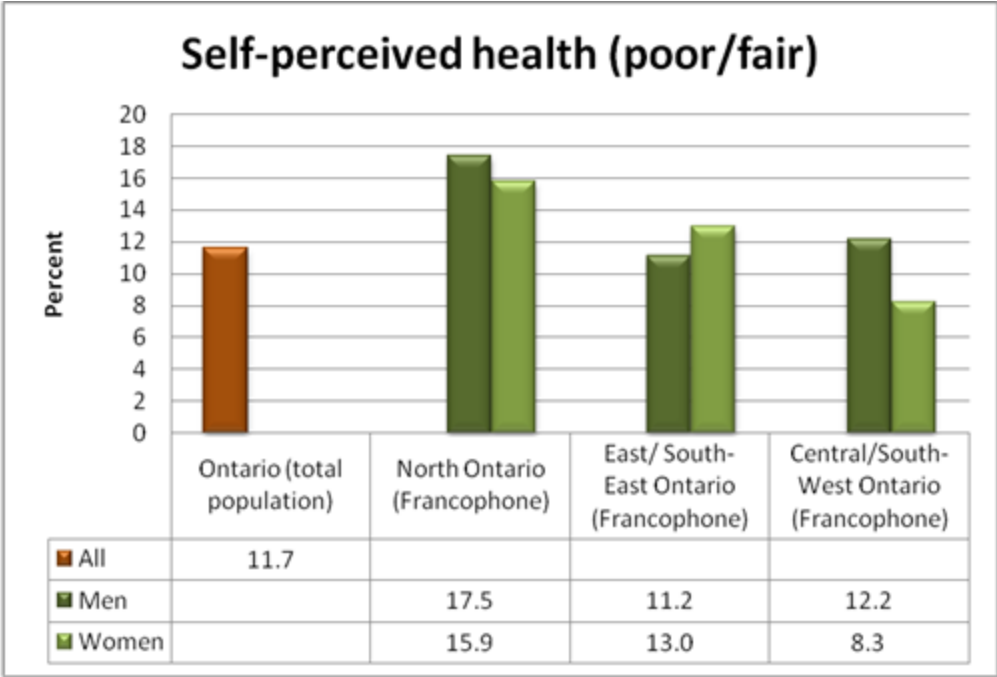
**Cancer:** Slightly higher proportions of francophone men in the East/South-East (2.6%) and in the Central/South-West (2.4%) regions reported they had cancer (versus 1.6% of women in both regions). This measure is higher for francophone women in North Ontario (2.5% versus 2.0%).

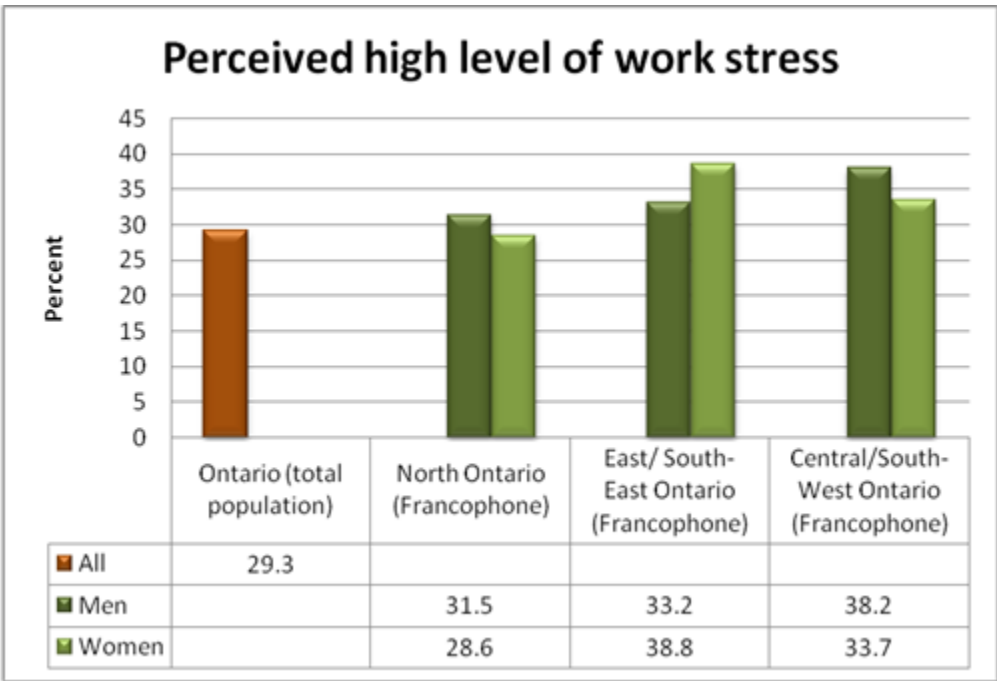
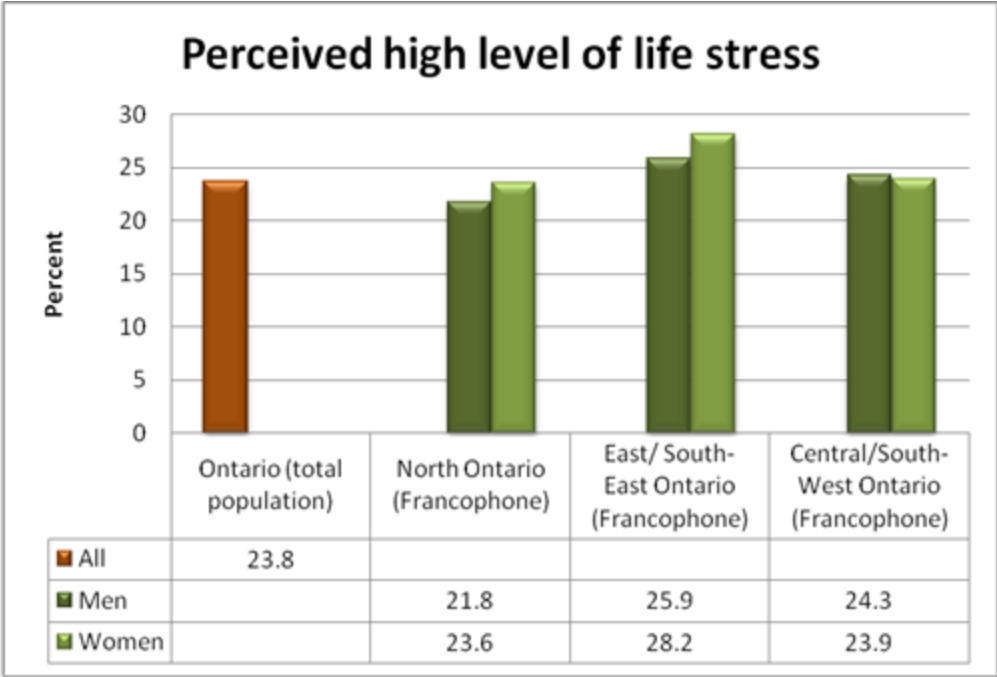
**Intestinal disorders (Crohn's disease, colitis, stomach or intestinal ulcers):** A higher proportion of francophone women than men suffer from intestinal and stomach disorders in all regions.

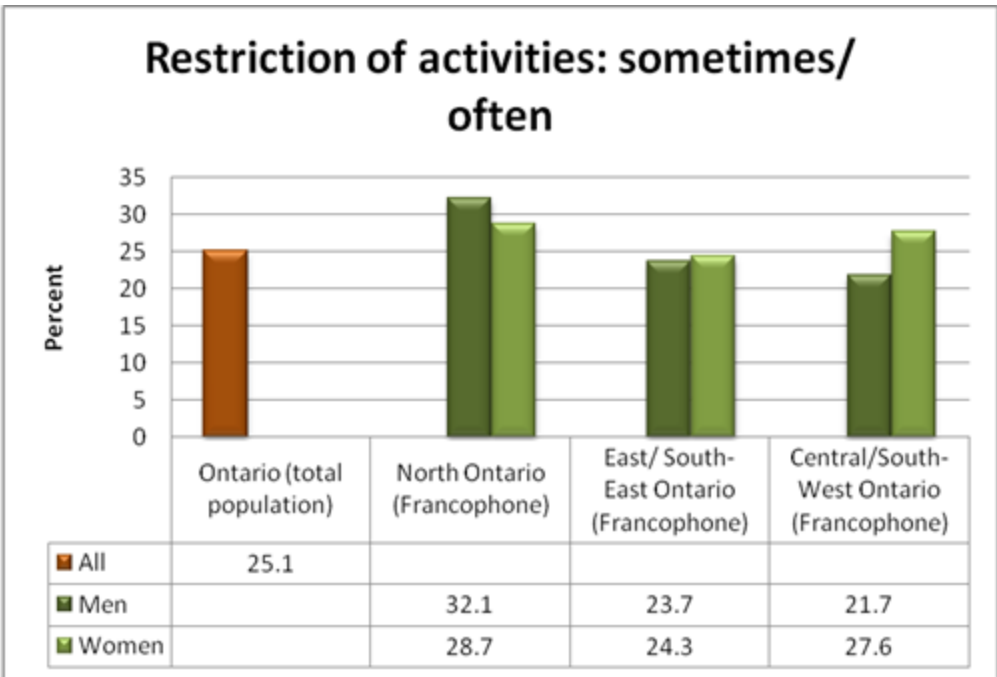
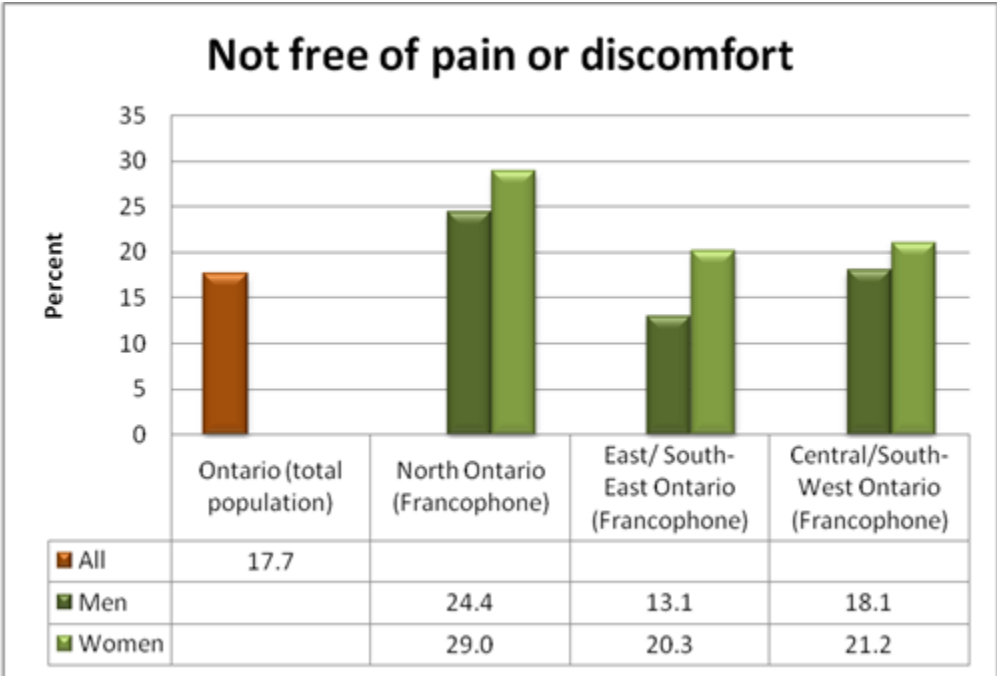
**Stroke:** While a higher proportion of francophone men reported having a stroke in the East/South-East region (1.4% men versus 0.9% women), a higher proportion of women in the Central/South-West region reported having a stroke (2.9% women versus 1.8% men). This proportion is almost the same for men (1.7%) and women (1.8%) in North Ontario.

**Mood disorders:** Higher proportions of francophone women than men suffer from mood disorders in all regions.

**Anxiety disorders:** Higher proportions of francophone women in the North (9.2%) and East/South-East Ontario (7.8%) suffer from anxiety disorders than their men counterparts (3.3% and 4.9%, respectively). On the other hand, this measure is slightly higher for francophone man (4.7%) than women (4.0%) in Central/South-West Ontario.

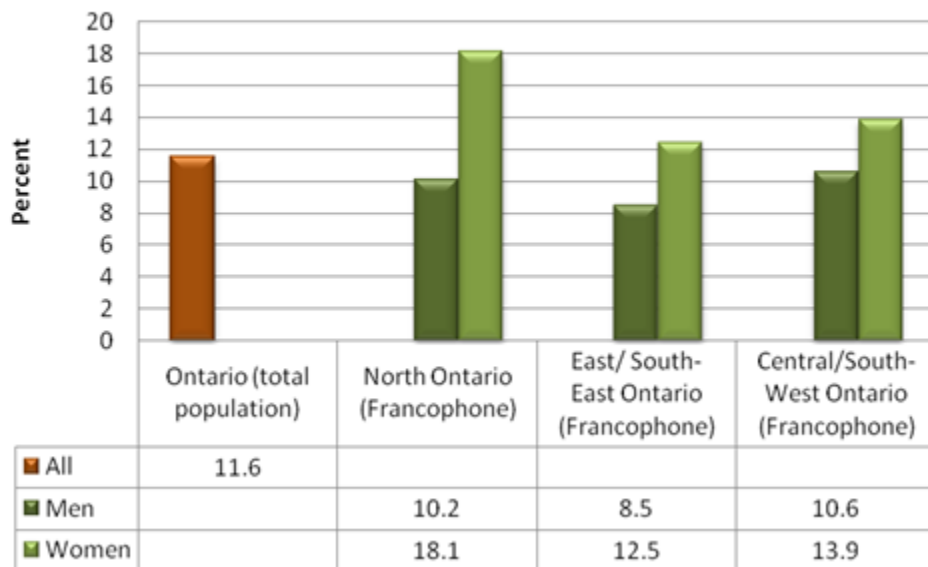




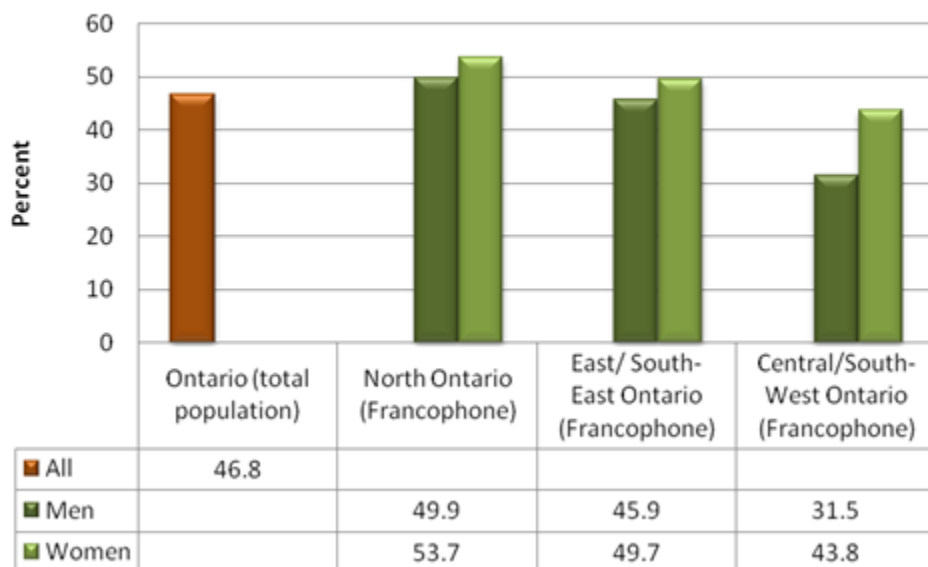




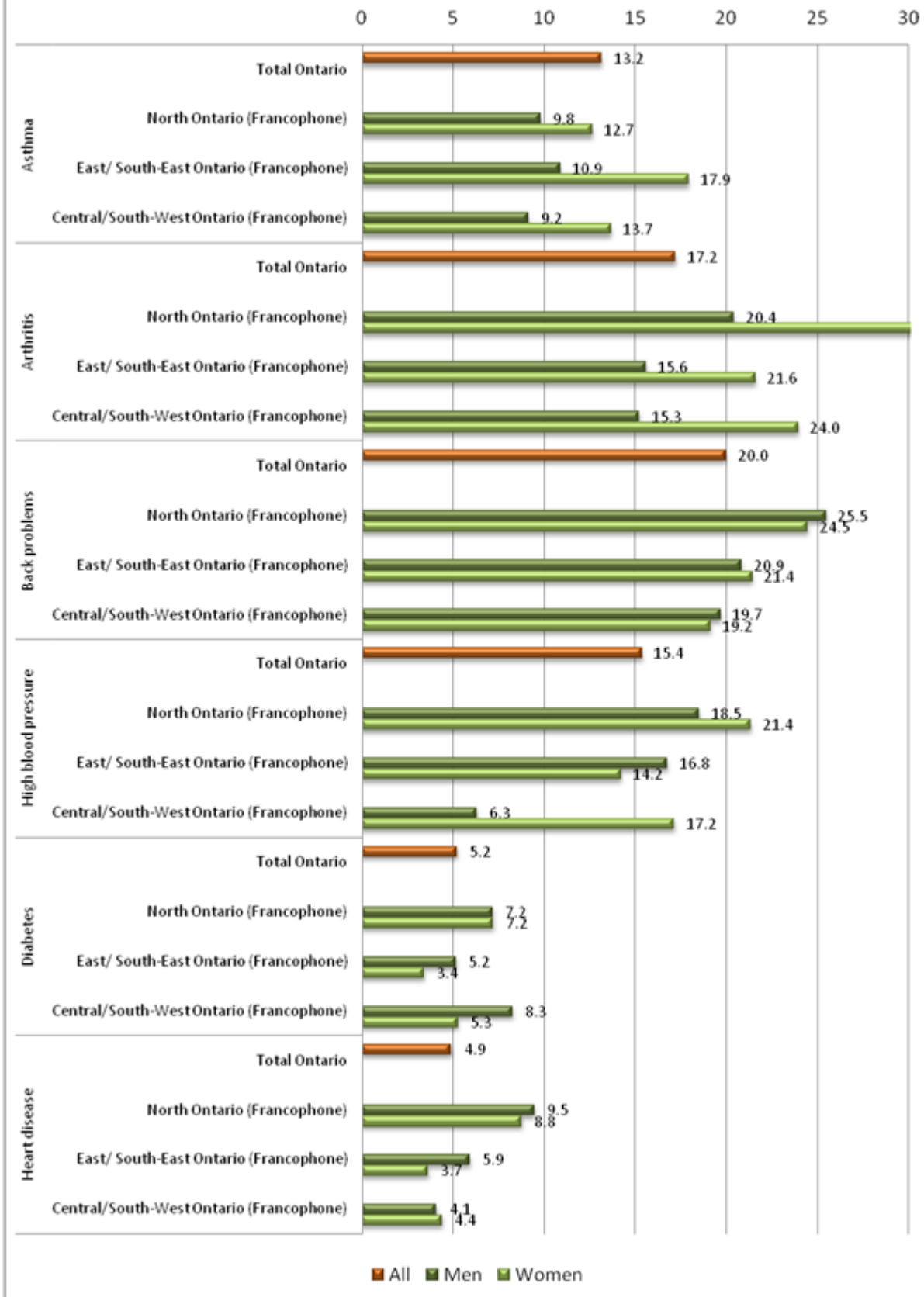
### Need help for activities of daily living



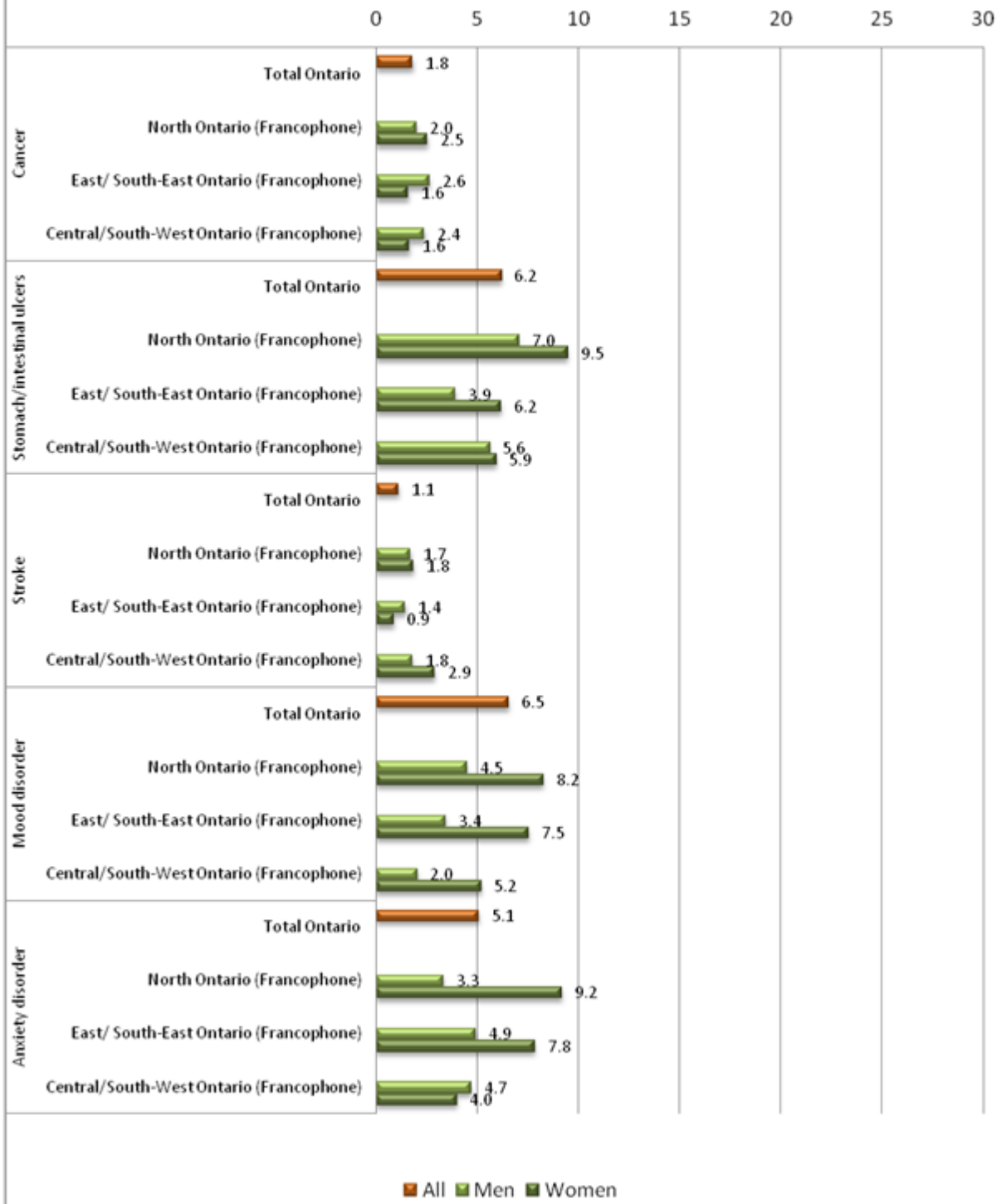
### Having at least one chronic disease



## Chronic diseases



## Chronic diseases (Continued)



## Chapter 3: Lifestyle and Health Behaviours

### Key Survey Results

**Changes made for health improvement purposes:** In all regions, francophone women made more attempts to improve their health than francophone men and Ontarians in general. This constitutes for over 60% of francophone women versus 57.3% for average Ontarians.

**Body Mass Index (BMI):** A higher proportion of francophone men are overweight/obese than francophone women in all regions.

**Daily Energy Expenditure index – physical and recreational activities:** A higher proportion of francophone women are inactive compared to francophone men.

**Daily fruit and vegetable consumption:** 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 fruits and vegetables of francophone men using this measure is lower than average Ontarians in all regions, the consumption of fruits and vegetables of francophone women is higher than average Ontarians.

**Type of smoker:** While the proportion of daily/occasional francophone men smokers is higher in the North and Central/South-West regions than their women counterparts (23.5% and 17.9% compared to 21.8% and 13.5%), the proportion of daily/occasional francophone women smokers is higher in East/South-East Ontario than their men counterparts (25.2% compared 20.5%). This measure for average Ontarians is 21.3%.

**Exposure to secondhand smoke:** While there is not a big difference between francophone men and women in terms of exposure to secondhand smoke in the East/South-East and the Central/South-West regions, men are much more exposed to secondhand smoke in North Ontario (34.2%) than their women counterparts (28.0%).

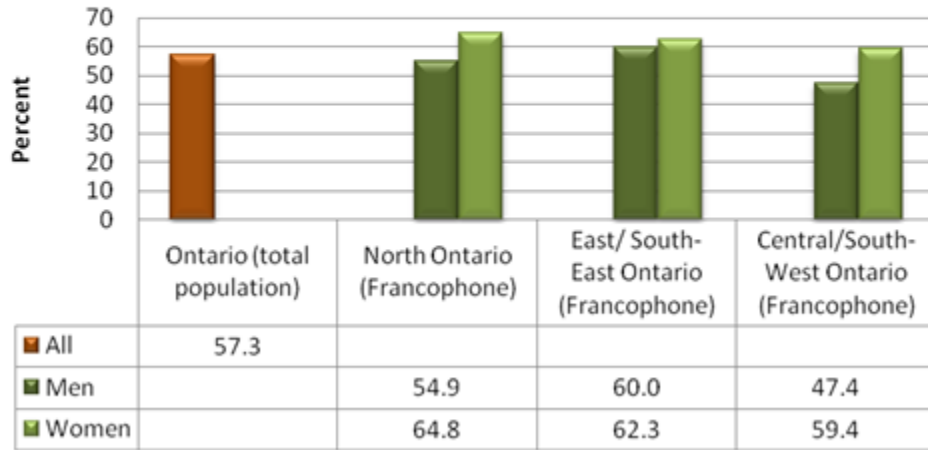
**Types of alcohol consumers:** Francophone men are more regular/occasional drinkers than francophone women in all regions. This measure is higher than average Ontarians for both francophone men and women in the North and in the East/South-East regions, while lower than in the general Ontario population for both men and women in the Central/South-West region.

**Cannabis use (once in lifetime):** A higher proportion of francophone men reported that they had used cannabis at least once in their life than francophone women in all regions. Except for francophone men in the North (39.3%) and in the East/South-East regions (38.0%), this measure is lower in the francophone population than among Ontarians in general (38.0%).

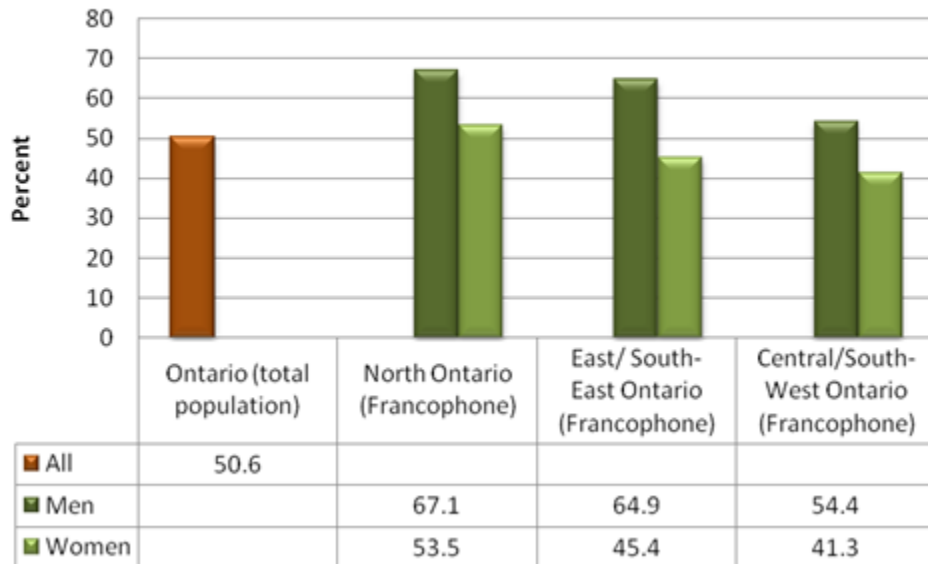
**Cannabis use (once in the previous 12 months):** A much higher proportion of francophone men reported the use of cannabis at least once in the past 12 months prior to the study compared to francophone women. The highest measure was for francophone men in Central/South-West region (15.3%) and the lowest for francophone women in the North (1.3%). The average of this measure for Ontarians is 10.0%.

**Injury sustained in the previous 12 months:** Francophone men reported much higher incidences of injury in the previous 12 months prior to the study in all regions compared to francophone women. This measure is considerably lower for francophone women (7.0%, 7.1%, and 7.8%) compared to Ontarians in general (13.4%).

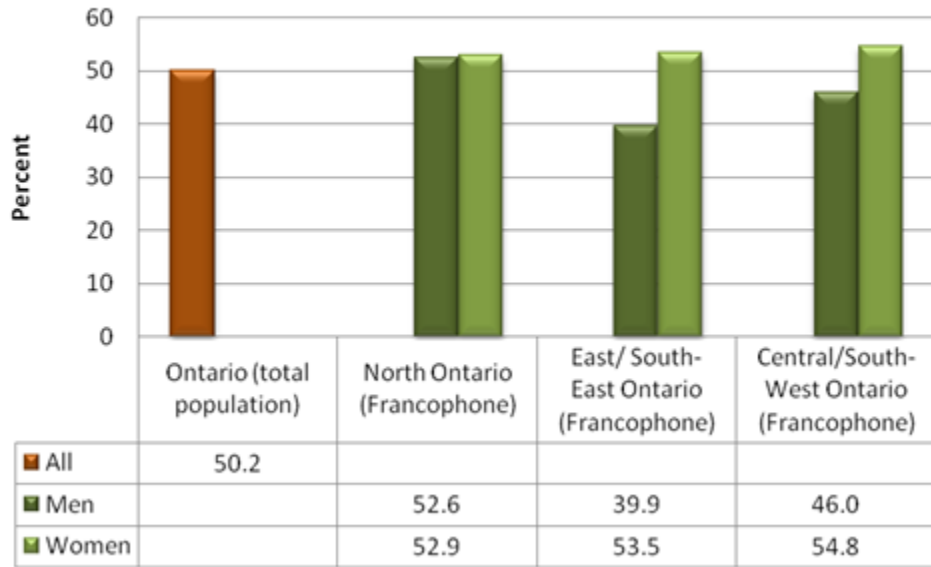
### Attempted to improve health (lost weight, quit smoking, increased exercise)



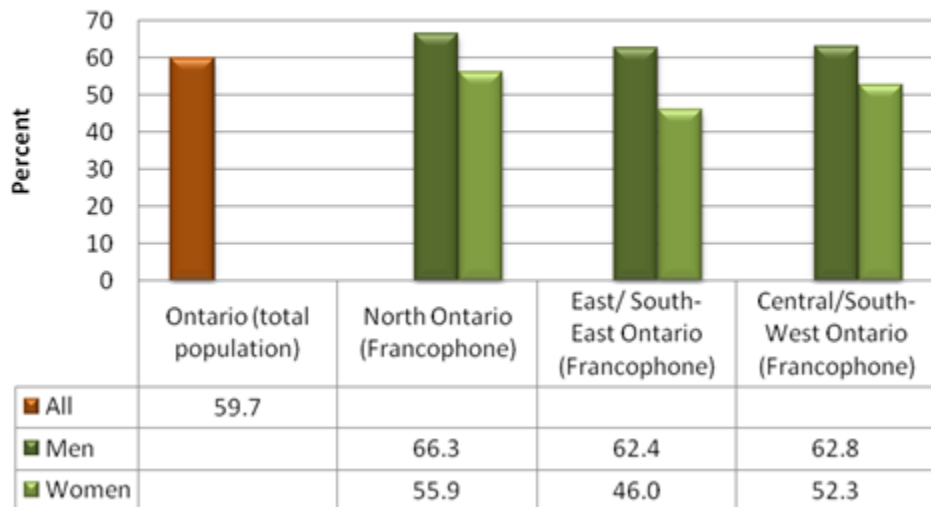
### BMI: overweight/ obese

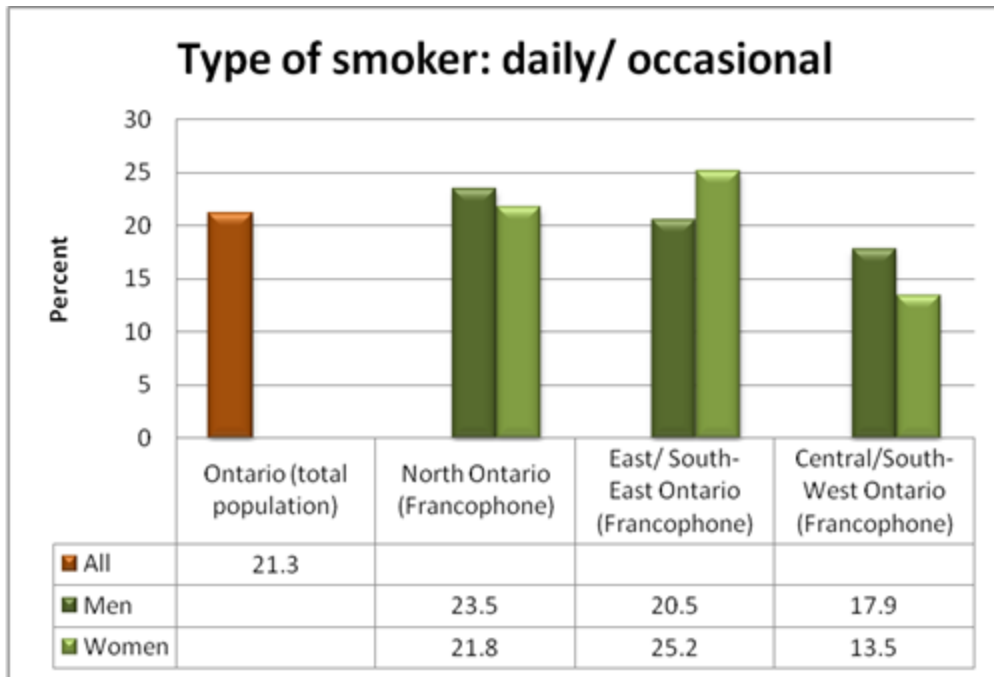


### Leisure physical activity index: inactive

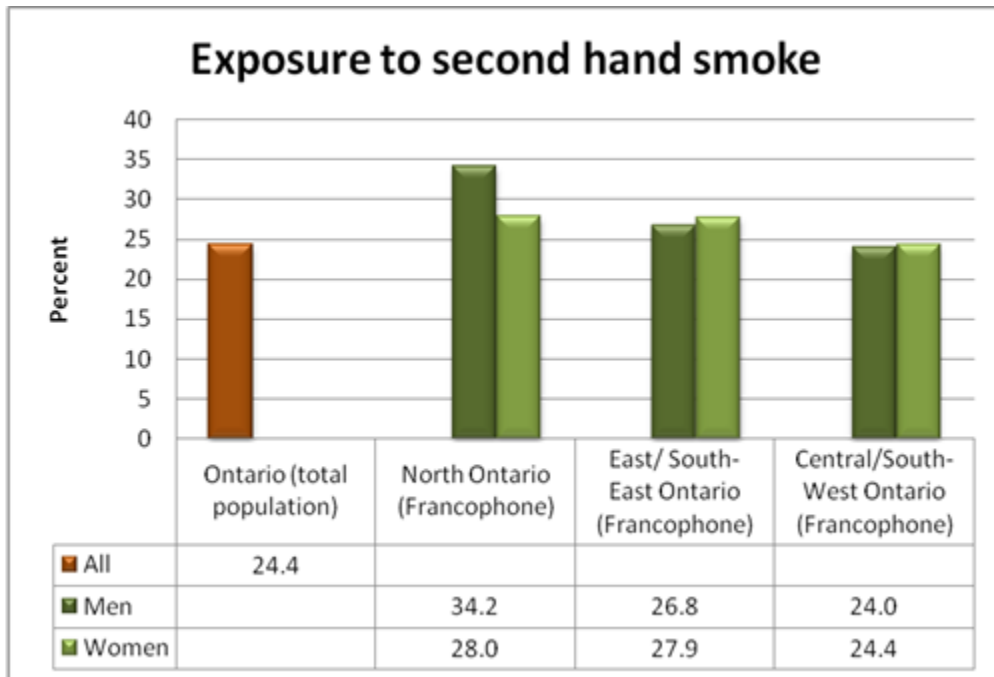


### Total fruits and vegetables (less than 5 times/servings per day)

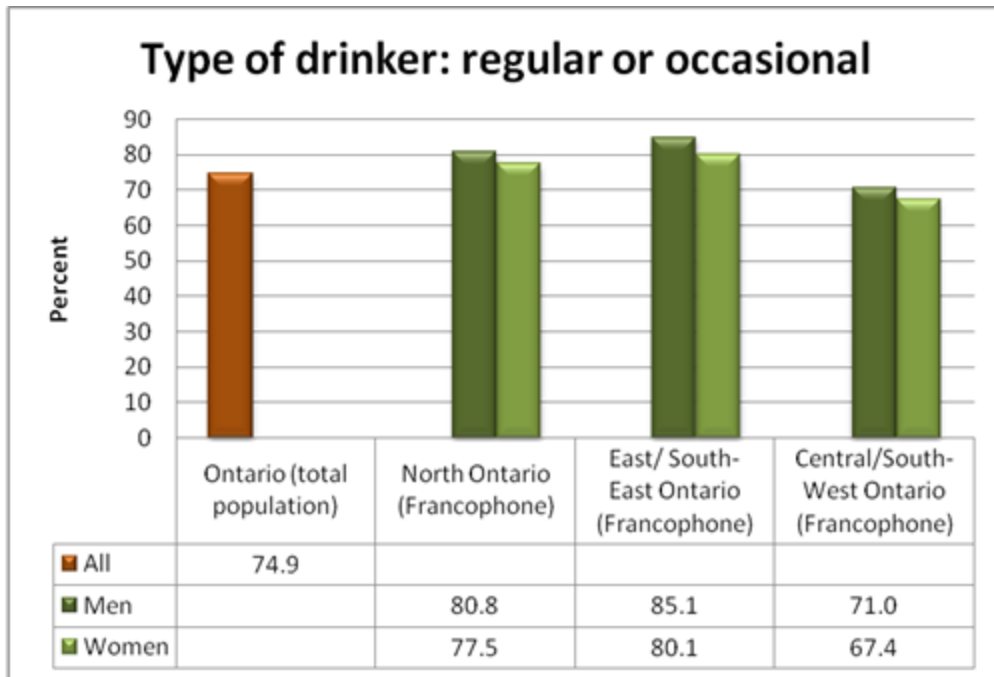




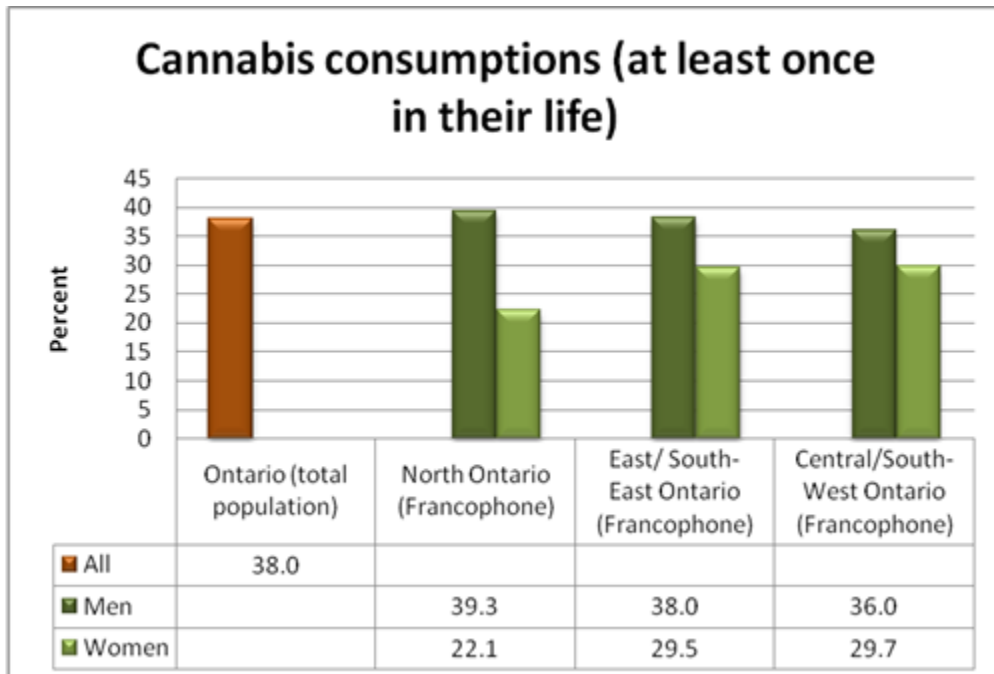
The categories of daily and occasional smokers were combined and compared with those who did not smoke at all.



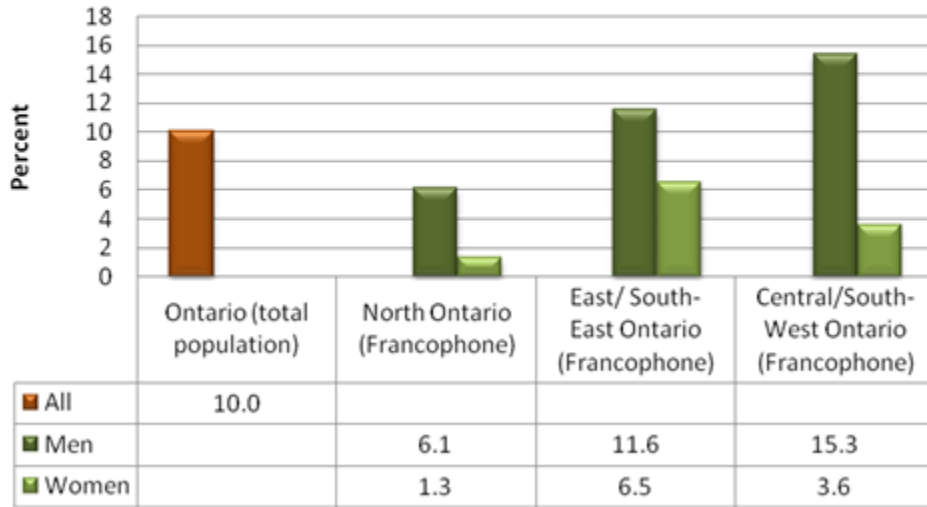




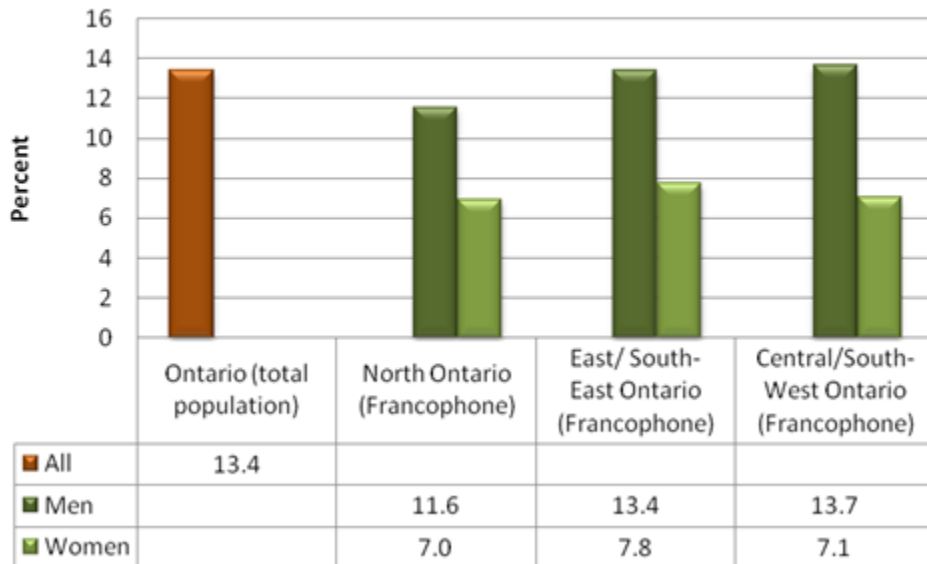
The categories for regular and occasional drinker were combined and compared against those who did not drink at all



### Cannabis consumptions (at least once in the last 12 months)



### Injured in past 12 months



## Chapter 4: Prevention and Screening

### Key Survey Results

**Breast self-examination:** Similar proportions of francophone women aged 50 years in the North (78.5%), East/South-East (78.8%), and among Ontarian women in general (78.3%) reported that they perform breast self-exams to detect any abnormal mass. This proportion is slightly higher for francophone women in Central/South-West Ontario (80.4%).

**Mammogram:** A lower proportion of francophone women aged 50 years or more had undergone a mammogram once in their lifetime compared to average Ontarian women (74.8%). This proportion is 64.9% in the North, 66.2% in the Central/South-West and 72.7% in the East/South-East regions.

**Pap test (screening for cervical cancer):** Among francophone women who were at least 18 years of age, 92.4% in the North, 90.3% in the East/South-East, and 85.3% in the Central/South-West regions reported having undergone a Pap test at some point in their lives. This measure is 88.1% for average Ontarian women.

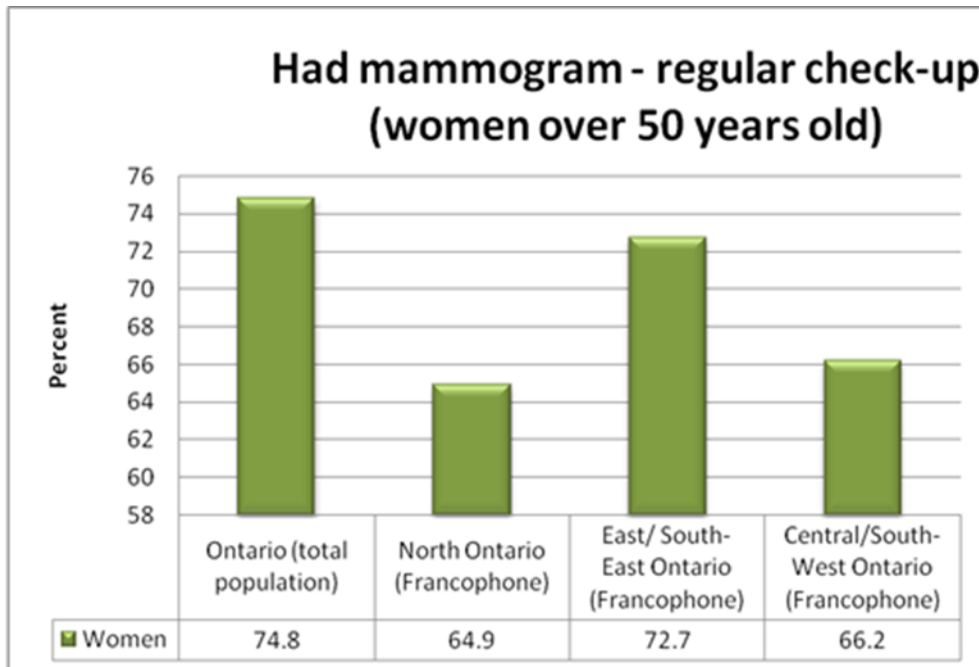
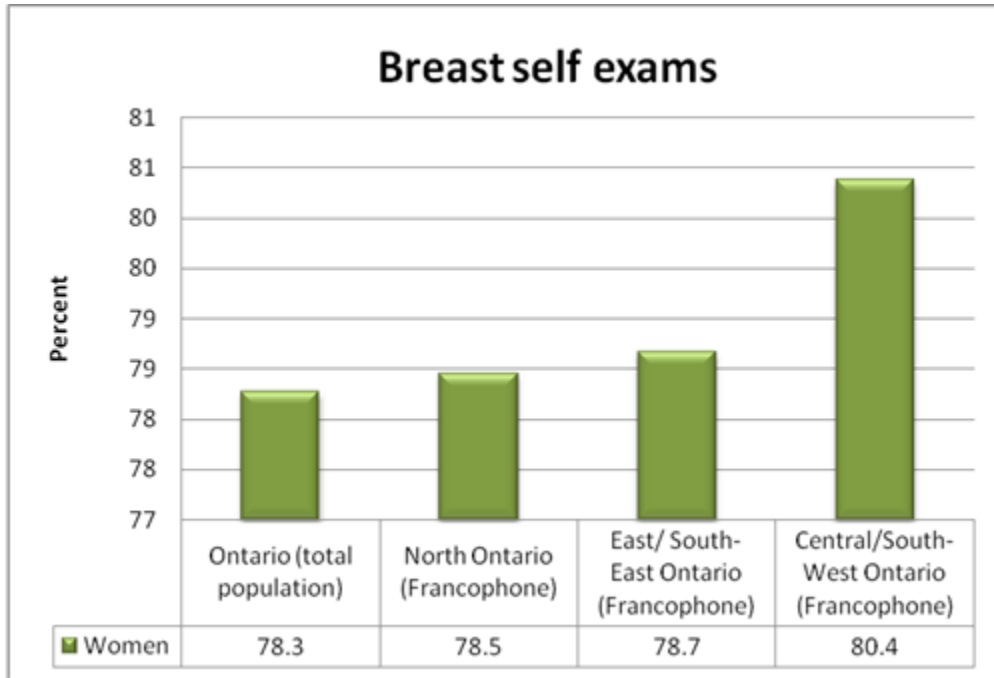
**PSA blood test (screening for prostate cancer):** Among francophone men, 50.2% in the North, 56.5% in the East/South-East, and 41.0% in the Central/South-West regions reported having undergone a blood test to screen for prostate cancer. This measure is 48.1% for Ontarian men in general.

**Screening for colorectal cancer:** A higher proportion of francophone men aged 50 years or more had undergone screening for colorectal cancer at some point in their lives than their women counterparts in all regions. The gap is higher in the Central/South-West (84.9% men versus 59.6% women) and in the East/South-East regions (78.7% men versus 64.6% women). This measure for the general population of Ontario is 67.7%. Both men and women in the North had undergone less screening than the overall Ontario population.

**Influenza virus vaccine:** A higher proportion of francophone men and women aged at least 65 years had flu shots than Ontarians in general (60.5%). The proportion of francophone women is higher than their men counterparts in the North and the Central/South-West with respect to this measure.

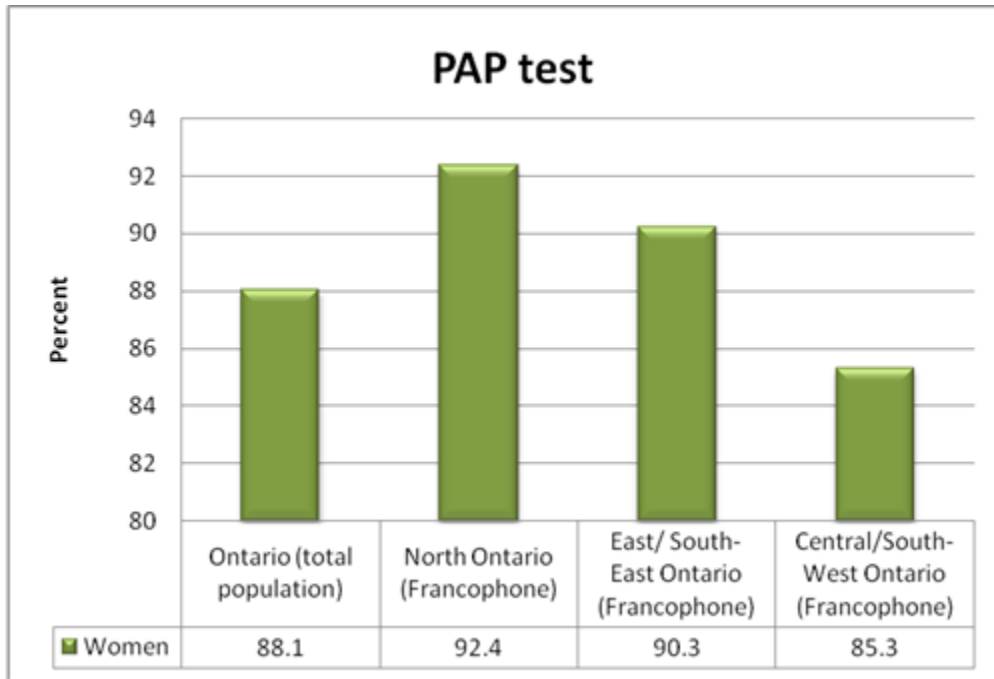
**Oral health (visiting a dentist):** A lower proportion of Francophones in the North (61.8%) and the East/South-East (67.5%) had visited a dentist in the 12-month period prior to the survey compared to Ontarians in general (71.4%). This measure is higher for Francophones living in the Central/South-West region (73.8%).

**Vision tests:** A proportionally higher number of francophone women than men in the North and the East/South-East regions had undergone a vision test in the 12 months leading up to the survey (51.9% and 53.5% versus 44.6% and 45.1%). On the other hand, a proportionally higher number of francophone men in the Central/South-West region had undergone a vision test in the 12 months leading up to the survey (42.9% versus 36.8% for women). This measure is 44.0% for the overall Ontario population.

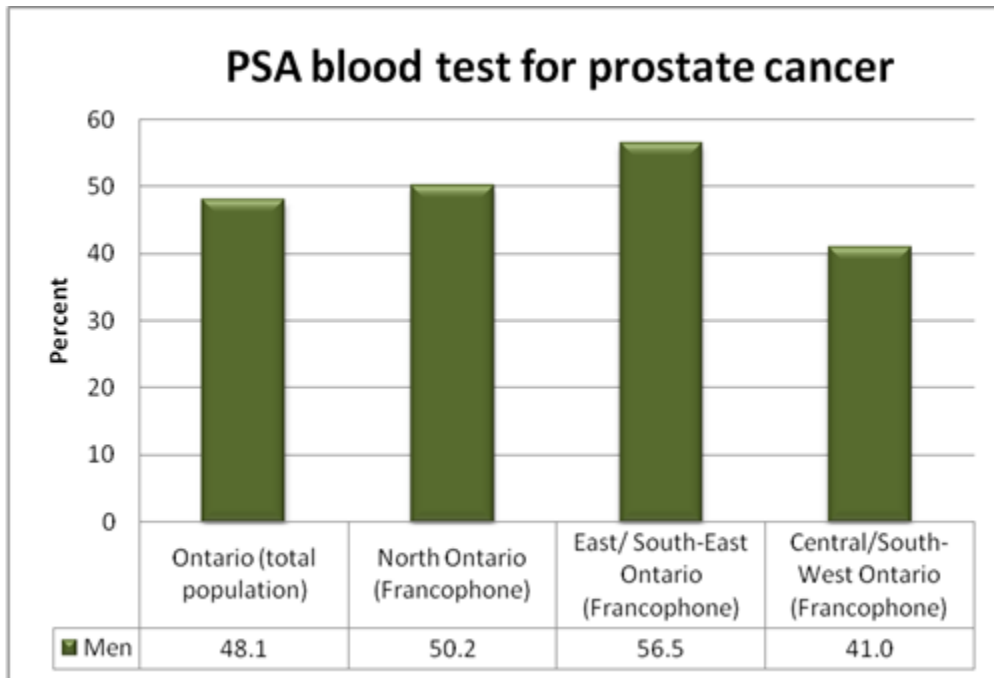


The [Ontario Breast Screening Program](http://www.health.gov.on.ca/en/public/programs/breastcancer/screened.aspx) (OBSP) recommends regular mammograms to women aged 50 to 69<sup>2</sup>.

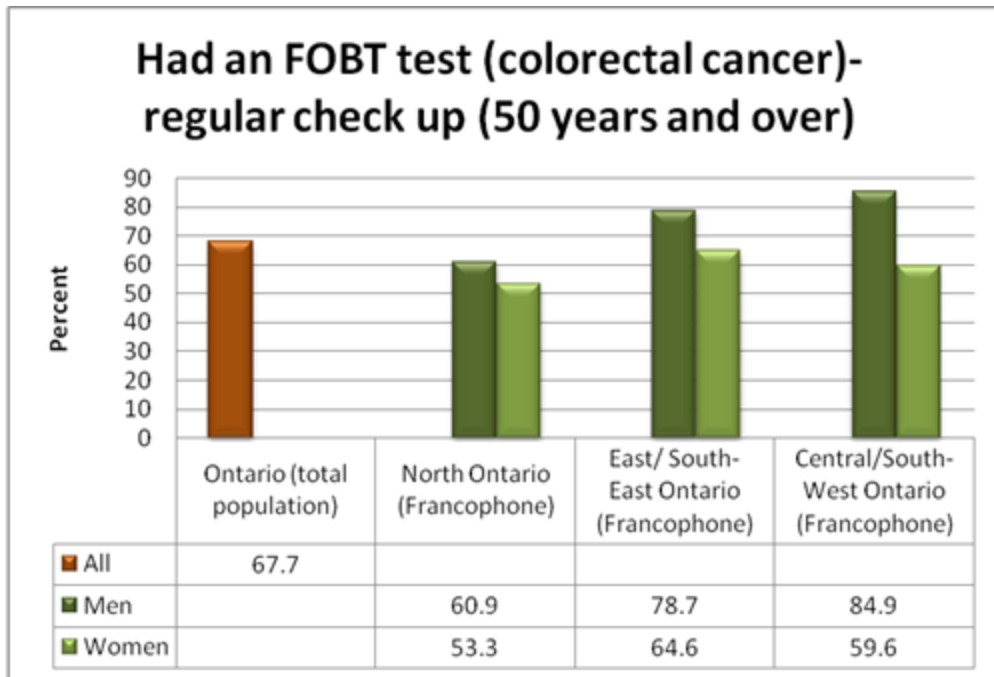
<sup>2</sup> <http://www.health.gov.on.ca/en/public/programs/breastcancer/screened.aspx>



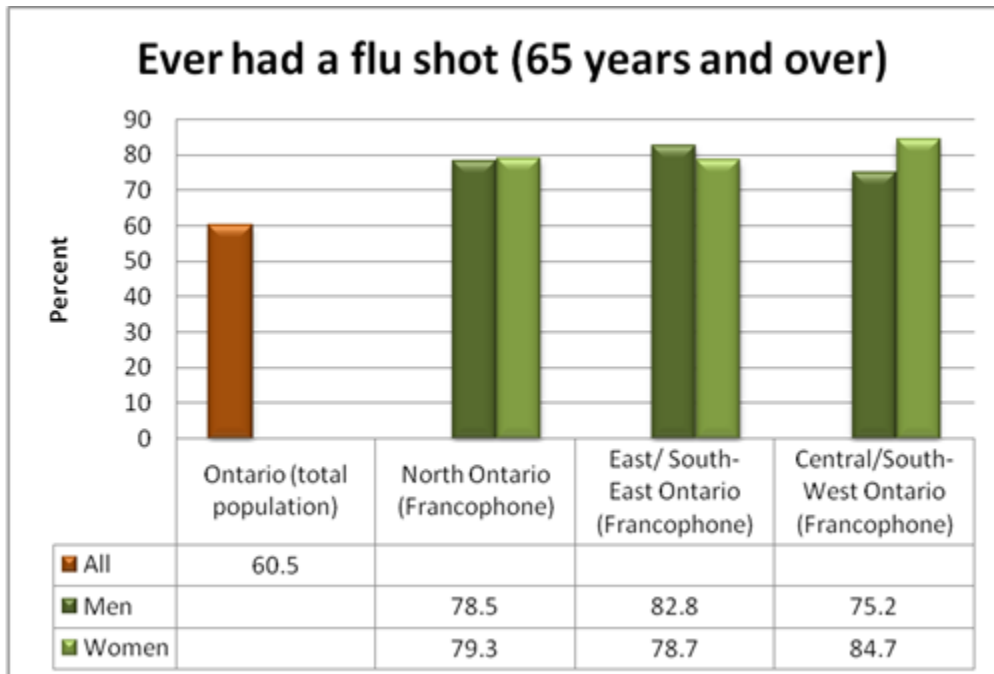
Ontario recommends that women have regular Pap tests starting at age 21 and continuing until age 70. The risk of getting cancer of the cervix does not decrease with age. Pap tests are recommended every three years. They can be stopped at the age of 70 if there has been at least three or more normal tests in the past 10 years<sup>3</sup>.



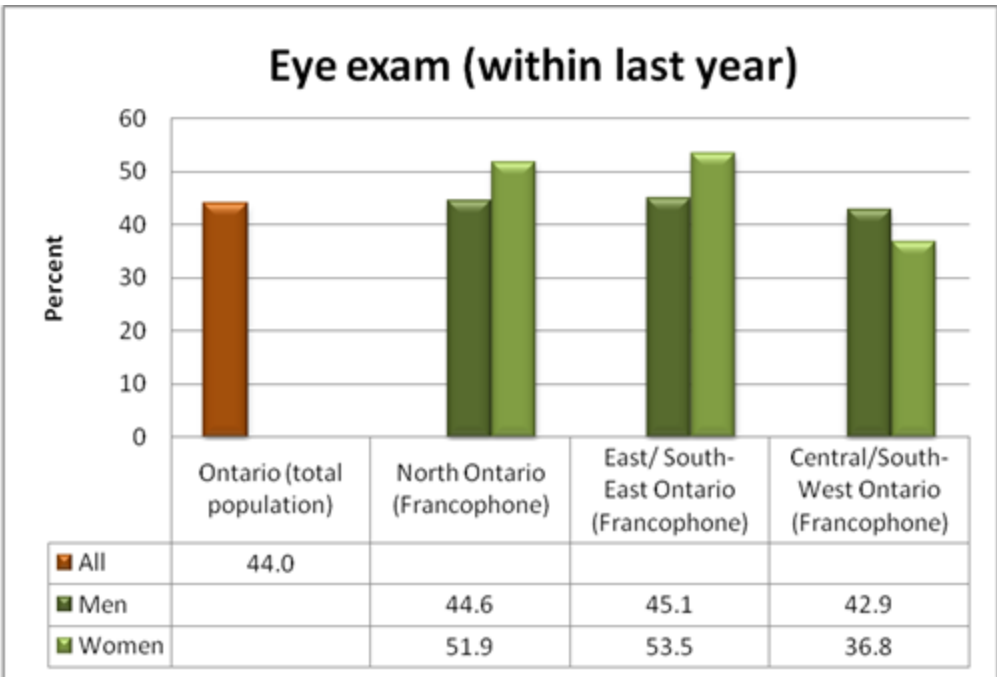
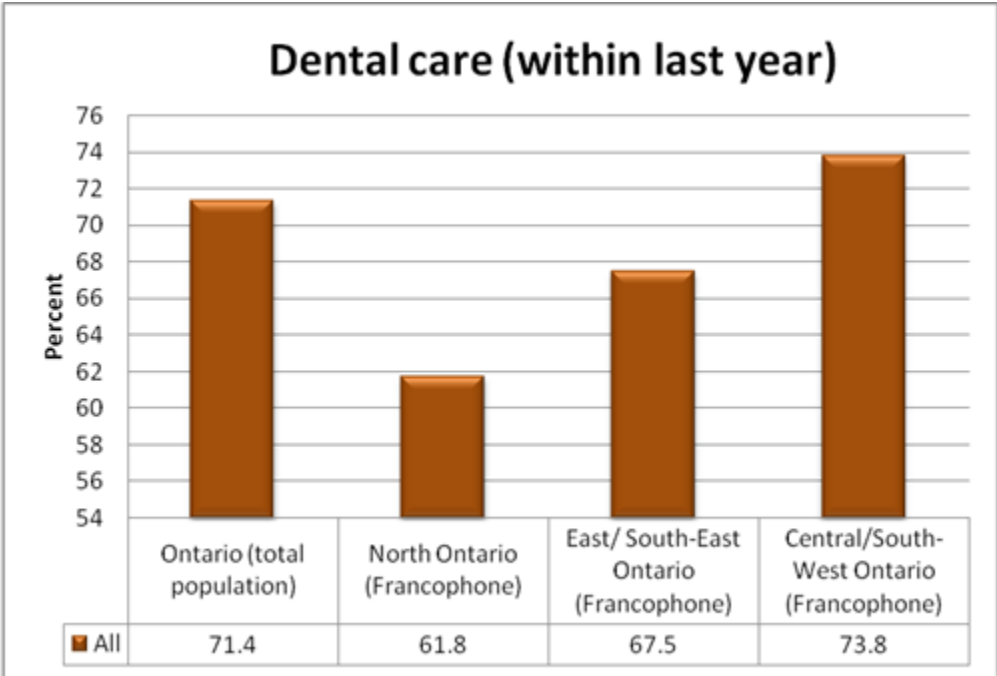
<sup>3</sup> <http://www.health.gov.on.ca/en/public/programs/cervicalcancer/paptest.aspx>



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 cancer<sup>4</sup>.



<sup>4</sup> <http://www.health.gov.on.ca/en/public/programs/coloncancercheck/program.aspx>



## Chapter 5: Contact with Certain Healthcare Professionals

### Key Survey Results<sup>5</sup>

**Having a regular physician:** A higher proportion of francophone women in the Central/South-West (92.3%) and in the East/South-East regions (91.9%) than their men counterparts (81.6% and 87.1%, respectively) have a regular family doctor. The proportion of francophone men and women with a regular family doctor is similar in the North (83.3% for men versus 82.9% for women). This measure is 90.3% for the general population of Ontario.

**Language spoken with the physician:** Throughout Ontario, 1.4% of the population speak French with the doctor. This proportion is 68.8% for the francophone in the East/South-East, 39.1% in the North, and 17.9% in the Central/South-West regions.

**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 North Ontario and as low as 13.2% among Francophones in the East/ South-East region.

**Consulting a family physician:** While a higher proportion of francophone men in the East/South-East region (86.4%) than women (83.0%) had consulted their family doctor at some point in the 12-month period prior to the survey, more francophone women (79.2%) than men (64.0%) had visited their family doctor in North Ontario in the same period. The proportions for francophone men and women are almost the same in the Central/South-West region (79.5% for men versus 78.9% for women). On average, 80.6% of Ontarians visited their family doctor in the same period.

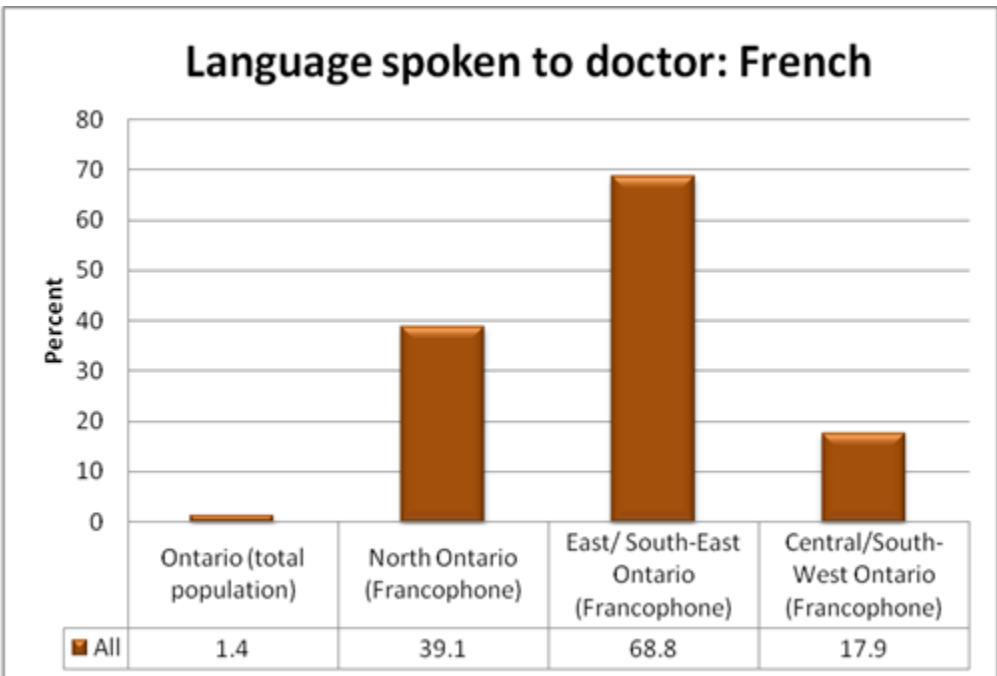
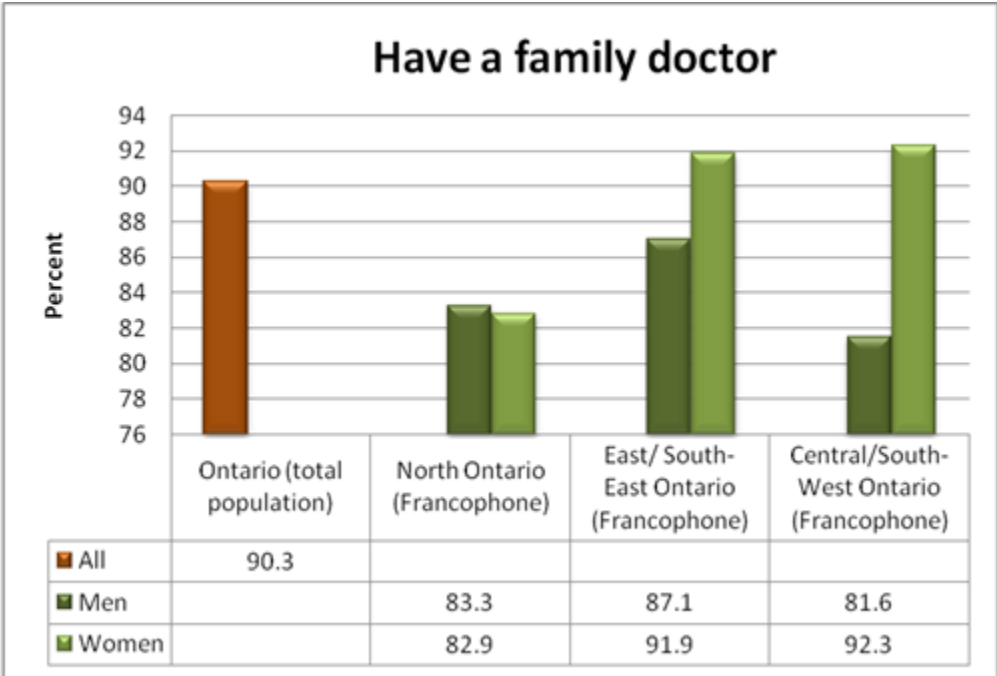
**Nurse consultations:** A higher proportion of Francophones in the East/South-East region (18.3%) compared to the North region (11.7%) had consulted a nurse in the 12-month period leading up to the survey. This measure is 6.7% for the Central/South-West region and 10.4% for Ontarians in general.

**Visiting a dentist:** While a higher proportion of francophone women in the East/South-East (73.6%) and the Central/South-West (73.3%) regions had visited a dentist at some point in the 12-month period prior to the survey (compared to 68.5% and 61.2% for men), more francophone men (63.0%) than women (56.9%) had visited a dentist in North Ontario in the same period. On average, 71.7% of Ontarians visited their dentist in the same period.

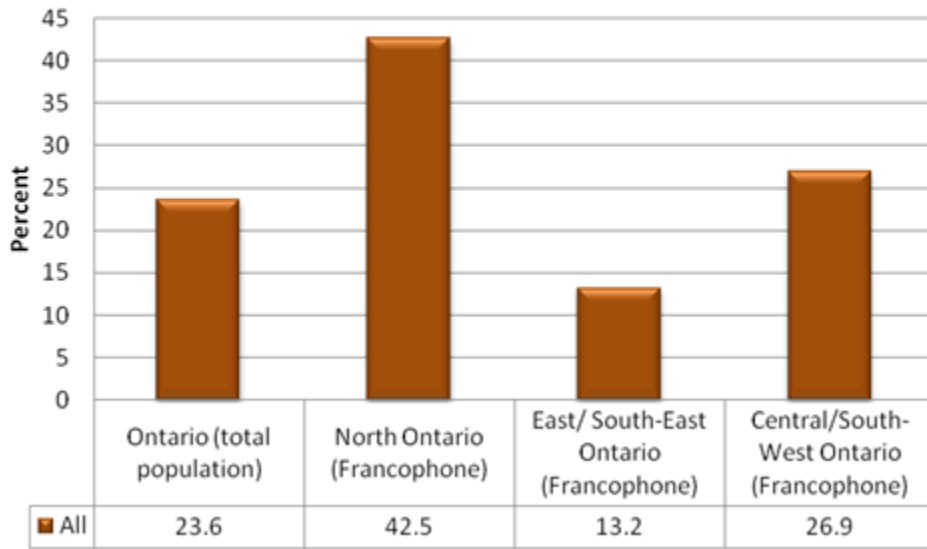
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<sup>5</sup> The number of Francophones in the sample size was inadequate to reporting results for certain variables (e.g. nurse consultations).

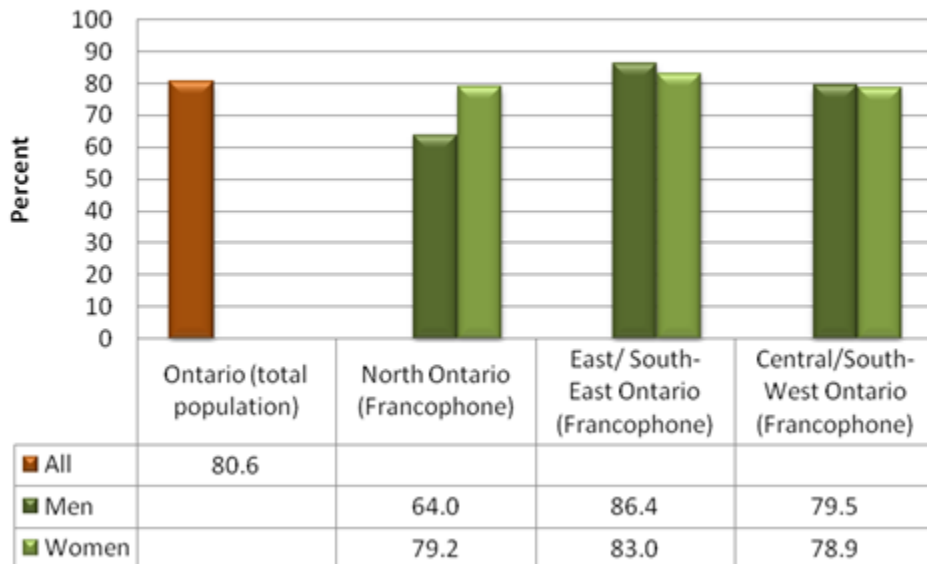




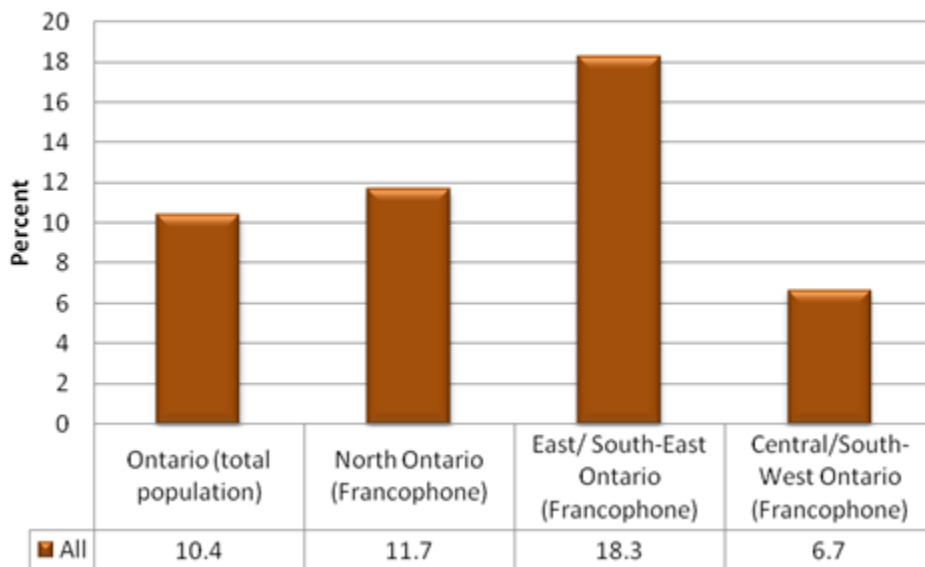
### Reason for not having a family doctor: None in the region



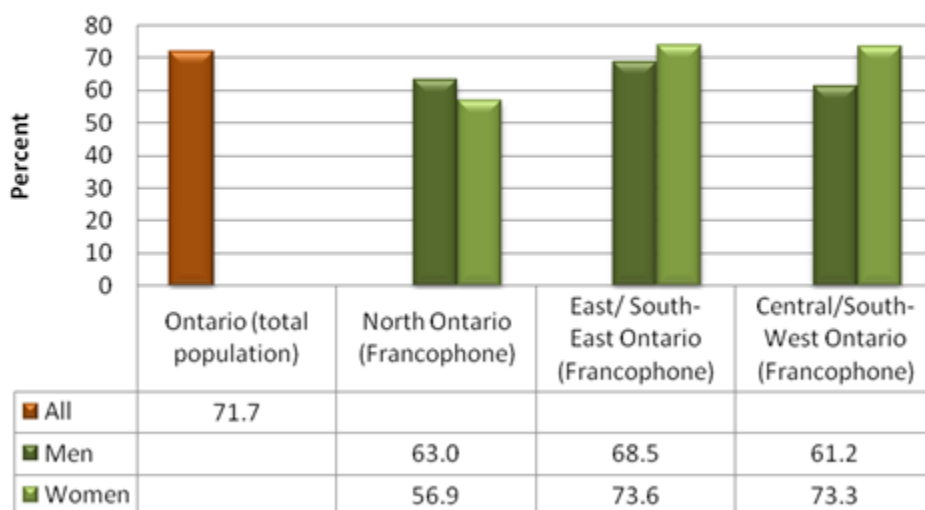
### Have seen a doctor (within last year)



### Have seen a nurse (within last year)



### Have seen a dentist/orthodontist (within last year)



## Chapter 6: Needs and difficulties accessing healthcare services

### Key Survey Results<sup>6</sup>

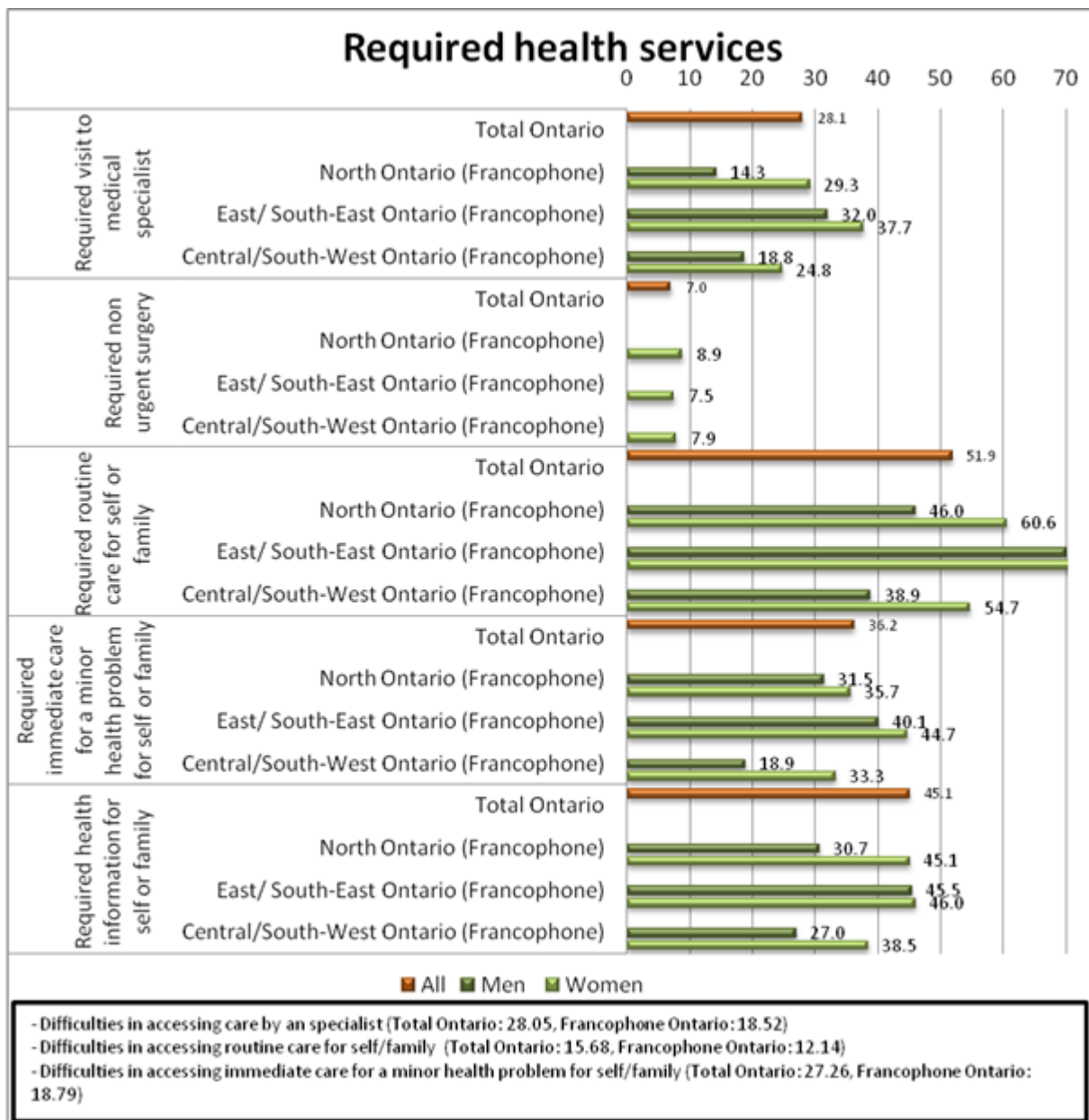
**Required Health Services:** Francophone women required more health services compared to francophone men. These services include visits to medical specialists, non-urgent surgery, routine care for self or family, immediate care for a minor health problem for self or family, and health information for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

**Hospitalization:** A higher proportion of francophone women in the North (30.3%) and the East/South-East (30.6%) regions than francophone men (20.8% and 22.6%, respectively) had been hospitalized (when? During the past 12 months?) This proportion is not very different in the Central/ South-West region with 19.1% for francophone men compared to 17.5% for francophone women. This measure for the overall Ontario population is 28.2%.

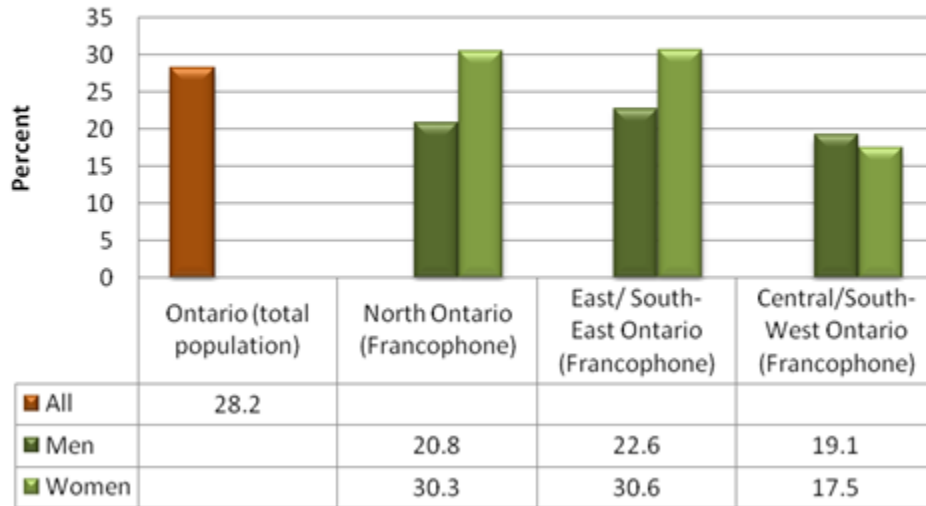
**Home health care:** A higher proportion of francophone women in the North and East/South-East regions (6.9% and 5.9% respectively) than francophone men (3.9% and 4.6%, respectively) received home healthcare services, though the difference is not very significant. In the Central/South-West region, 6.4% of francophone men and 4.3% of francophone received this service. This measure is 5.0% for the general population of Ontario.

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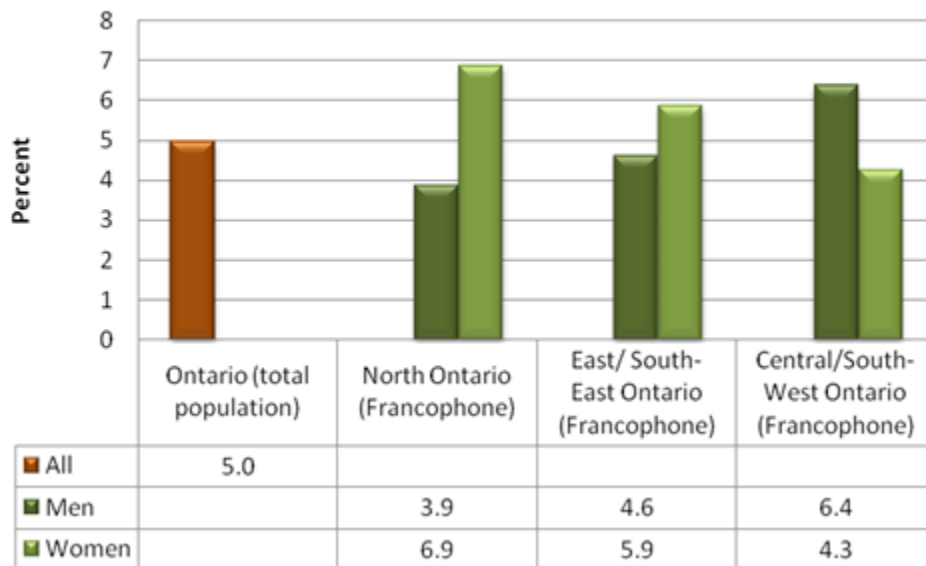
<sup>6</sup> The number of Francophones in the sample size was inadequate to reporting results for certain variables.



## Received health care services at hospital



## Received home care



## Chapter 7: Satisfaction with healthcare system

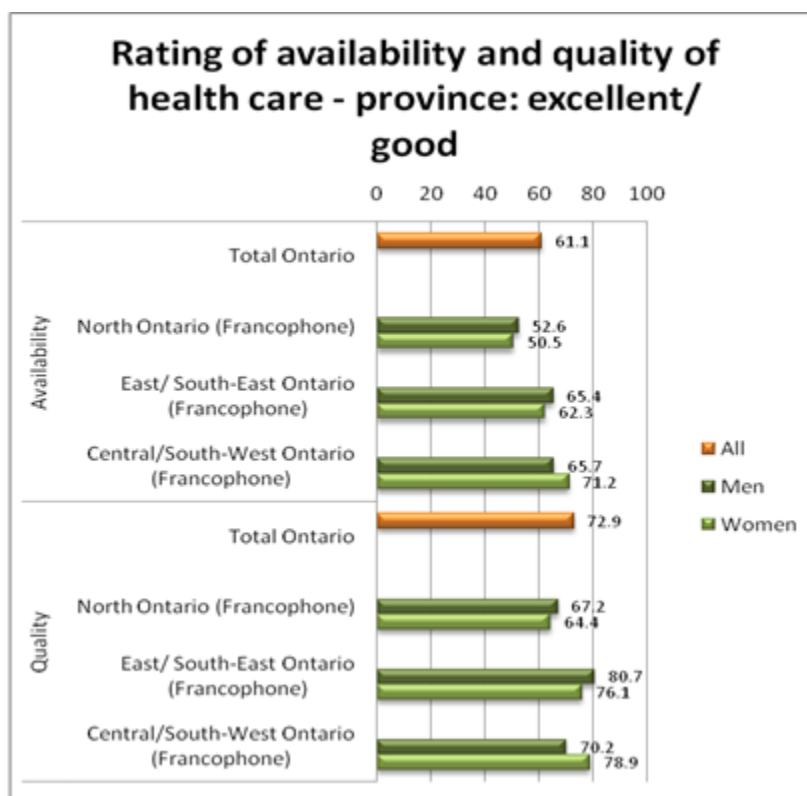
### Key Survey Results<sup>7</sup>

**Availability and quality of provincial healthcare services:** While a higher proportion of francophone men than francophone women in North Ontario and East/South East Ontario rated the availability and quality of provincial healthcare systems as excellent or good, more francophone women in Central/ South West Ontario rated the services as excellent or good.

**Availability and quality of community health services:** While a higher proportion of francophone men than francophone women in the North and the East/South-East region 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.

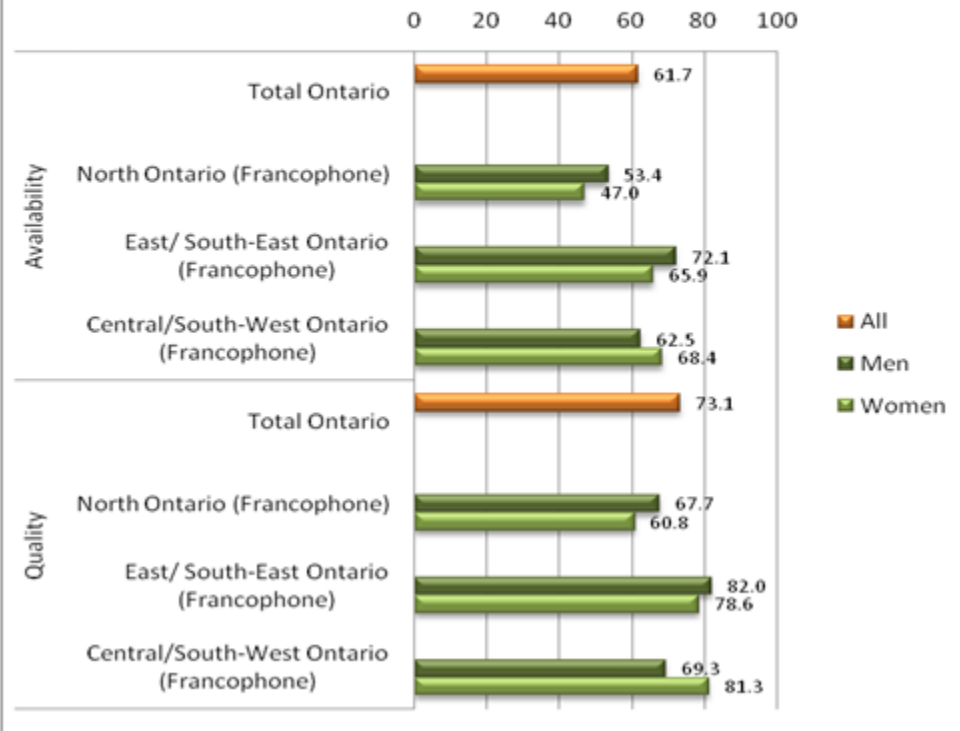
**Satisfaction with quality of services received:** On average, Francophones (91.4%) are more satisfied with respect to the quality of health services compared to Ontarians in general (87.3%).

**Satisfaction – health care received in hospital:** On average, Francophones (83.3%) are slightly more satisfied with the quality of hospital services compared to the overall Ontario population (82.1%).

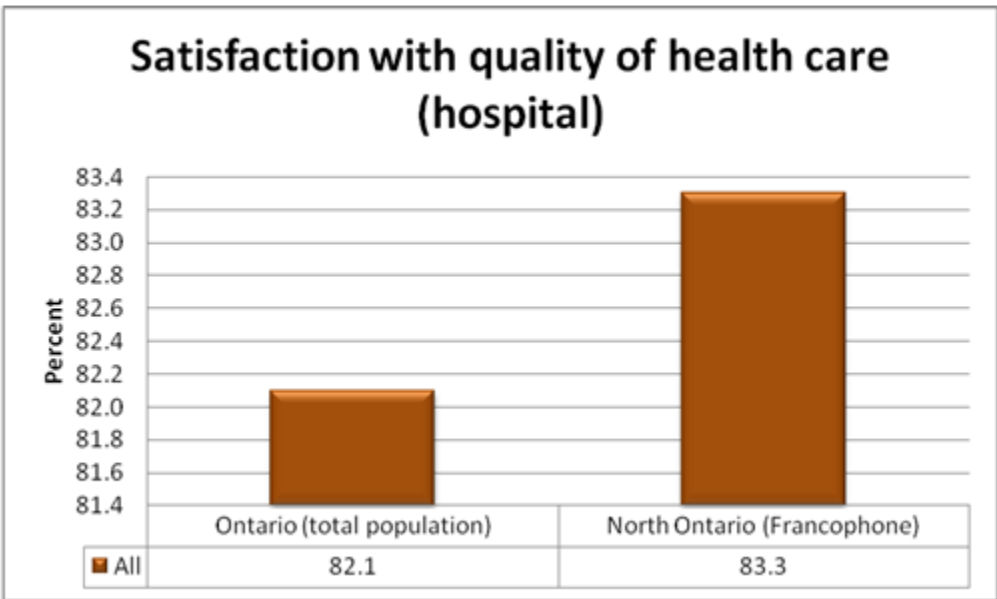
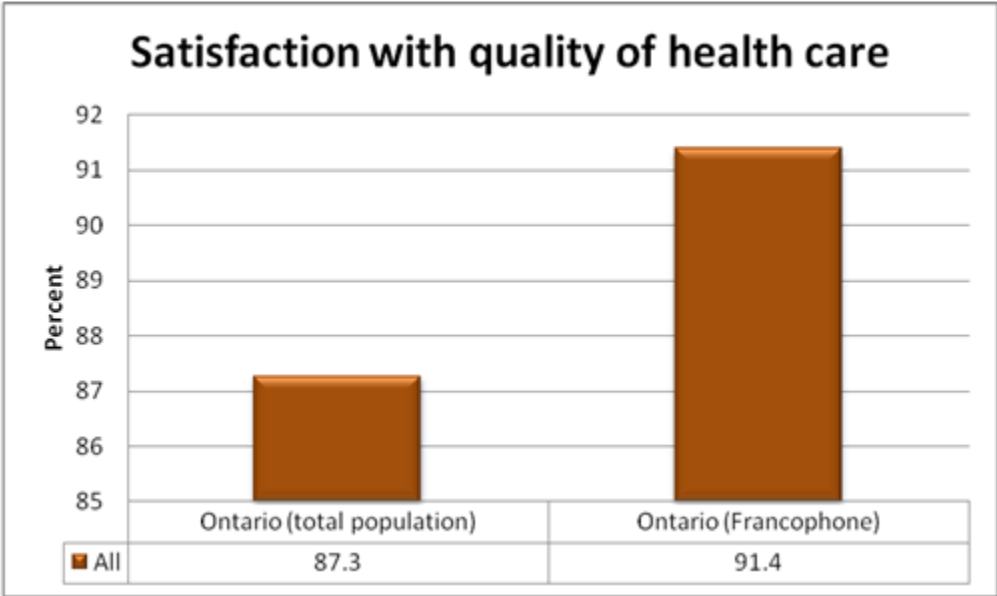


<sup>7</sup> The number of Francophones in the sample size was inadequate to reporting results for certain variables.

## Rating of availability and quality of community-based health care: excellent/ good





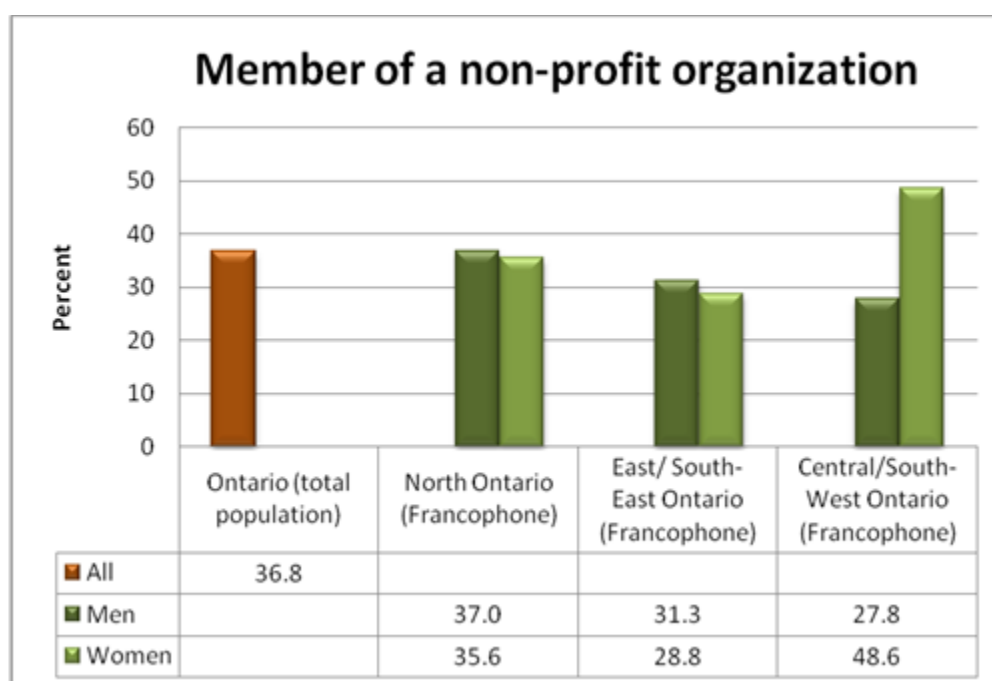


## Chapter 8: Social Participation and Sense of Community Belonging

### Key Survey Results<sup>8</sup>

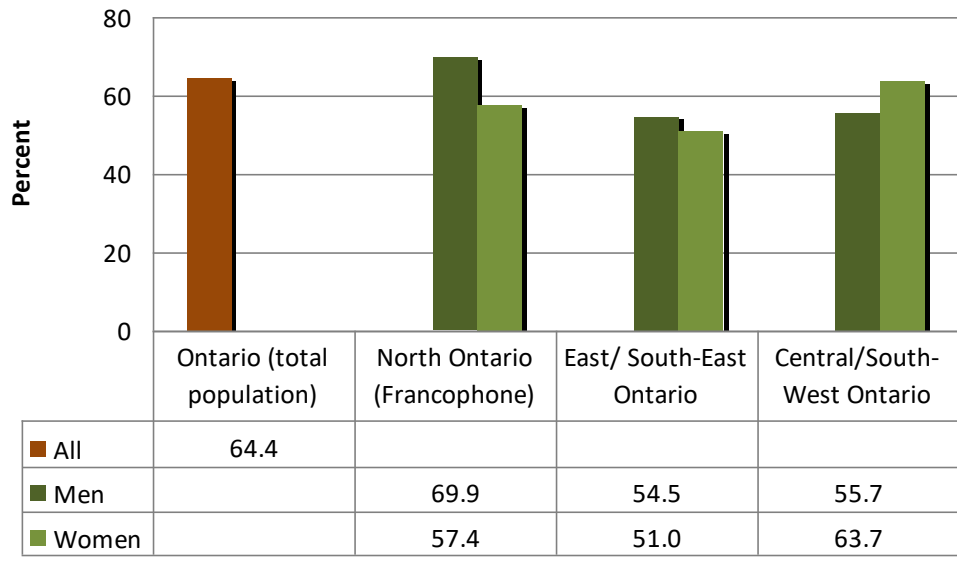
**Involvement with a non-profit organization:** A proportionally higher number of francophone men than women in the North and in the East/South-East regions were members of a non-profit organization (37.0% and 31.3% versus 35.6% and 28.8%). On the other hand, a proportionally higher number of francophone women in the Central/South-West region were members of a non-profit organization (48.6% versus 27.8%). This measure is 36.8% for the overall Ontario population.

**Sense of community belonging:** A proportionally higher number of francophone men than women in the North and the East/South-East regions had a sense of community belonging (69.6% and 54.5% versus 57.4% and 51.0%). On the other hand, a proportionally higher number of francophone women in the Central/South-West region had a sense of community belonging (63.7% versus 55.7%). This measure is 64.4% for the overall Ontario population.



<sup>8</sup> The number of Francophones in the sample size was inadequate to reporting results for certain variables.

## Sense of community belonging: strong



**Appendix A.** Socio-demographic and economic factors for the total population of Ontario and for francophone men and women in the three regions of Ontario

<b>Socio-demographic and economic factors of total Ontario population and francophone men and women in three regions of the province (in percentage)</b>							
	Ontario -Total	North		East/ South-East		Central/South- West	
		Men	Women	Men	Women	Men	Women
<b>SOCIODEMOGRAPHIC PROFILE</b>							
Sex							
Men	49.1%	48.2%		47.6%		41.9%	
Women	50.9%		51.8%		52.4%		58.1%
Age (65 and over)	14.6%	19.3%	22.9%	15.0%	16.8%	16.3%	20.0%
Education level: less than secondary school	23.3%	36.6%	38.3%	25.7%	24.7%	33.8%	22.6%
Income							
Low	19.8%	12.5%	25.8%	14.2%	25.1%	16.2%	17.6%
High	20.1%	26.5%	14.2%	27.3%	20.2%	32.2%	21.8%
Actively worked in the last 12 months	75.2%	70.5%	59.6%	79.0%	68.8%	67.6%	68.6%
Household type (living alone)	14.6%	37.0%	34.4%	28.9%	24.2%	23.7%	18.3%
Living in rural area	14.6%	29.2%	29.7%	27.6%	22.2%	17.8%	10.2%
Immigrant status	31.0%	1.1%	1.1%	11.5%	10.1%	27.8%	27.9%
<b>PHYSICAL AND MENTAL HEALTH</b>							
Self-perceived health: poor/fair	11.7%	17.5%	15.9%	11.2%	13.0%	12.2%	8.3%
Self-perceived mental health: poor/fair	5.4%	5.3%	5.7%	5.0%	3.9%	3.7%	3.0%
Perceived stress: quite/extreme							
Life stress	23.8%	21.8%	23.6%	25.9%	28.2%	24.3%	23.9%
Work stress	29.3%	31.5%	28.6%	33.2%	38.8%	38.2%	33.7%
Health Status Index: usually feel pain or discomfort	17.7%	24.4%	29.0%	13.1%	20.3%	18.1%	21.2%
Need help with daily activities	25.1%	32.1%	28.7%	23.7%	24.3%	21.7%	27.6%
Restriction of activities: sometimes/ often	11.6%	10.2%	18.1%	8.5%	12.5%	10.6%	13.9%
<b>CHRONIC CONDITIONS</b>							
Incidence of chronic condition: more than 1	46.8%	49.9%	53.7%	45.9%	49.7%	31.5%	43.8%
Incidence of chronic condition by disease							

Asthma	13.2%	9.8%	12.7%	10.9%	17.9%	9.2%	13.7%
Arthritis	17.2%	20.4%	31.1%	15.6%	21.6%	15.3%	24.0%
Back problems	20.0%	25.5%	24.5%	20.9%	21.4%	19.7%	19.2%
High blood pressure	15.4%	18.5%	21.4%	16.8%	14.2%	6.3%	17.2%
Diabetes	5.2%	7.2%	7.2%	5.2%	3.4%	8.3%	5.3%
Heart disease	4.9%	9.5%	8.8%	5.9%	3.7%	4.1%	4.4%
Cancer	1.8%	2.0%	2.5%	2.6%	1.6%	2.4%	1.6%
Stomach/intestinal ulcers	6.2%	7.0%	9.5%	3.9%	6.2%	5.6%	5.9%
Stroke	1.1%	1.7%	1.8%	1.4%	0.9%	1.8%	2.9%
Mood disorder	6.5%	4.5%	8.2%	3.4%	7.5%	2.0%	5.2%
Anxiety disorder	5.1%	3.3%	9.2%	4.9%	7.8%	4.7%	4.0%
<b>LIFESTYLE AND HEALTH BEHAVIOURS</b>							
Attempted to improve health (lost weight, quit smoking, increased exercise)	57.3%	54.9%	64.8%	60.0%	62.3%	47.4%	59.4%
Self-reported Body Mass Index (BMI): overweight/ obese	50.6%	67.1%	53.5%	64.9%	45.4%	54.4%	41.3%
Leisure time physical activity index: inactive	50.2%	52.6%	52.9%	39.9%	53.5%	46.0%	54.8%
Daily consumption of fruits and vegetables: less than 5 times/servings per day	59.7%	66.3%	55.9%	62.4%	46.0%	62.8%	52.3%
Type of smoker: daily/ occasional	21.3%	23.5%	21.8%	20.5%	25.2%	17.9%	13.5%
Exposure to second-hand smoke	24.4%	34.2%	28.0%	26.8%	27.9%	24.0%	24.4%
Type of drinker: regular/ occasional	74.9%	80.8%	77.5%	85.1%	80.1%	71.0%	67.4%
Cannabis consumptions (at least once in their life)	38.0%	39.3%	22.1%	38.0%	29.5%	36.0%	29.7%
Cannabis consumptions (at least once in the last 12 months)	10.0%	6.1%	1.3%	11.6%	6.5%	15.3%	3.6%
Injury sustained in the previous 12 months	13.4%	11.6%	7.0%	13.4%	7.8%	13.7%	7.1%
<b>PREVENTION AND SCREENING</b>							
Breast self-exams	78.3%		78.5%		78.7%		80.4%
Mammogram (women over 50 years old) - Regular check-up	74.8%		64.9%		72.7%		66.2%
PAP test (women over 50 years old)	88.1%		92.4%		90.3%		85.3%

PSA blood test for prostate cancer	48.1%	50.2%		56.5%		41.0%	
Colorectal cancer screening (50 years and over)- Regular check up	74.8%		64.9%		72.7%		66.2%
Ever had a flu shot (65 years and over)	60.5%	78.5%	79.3%	82.8%	78.7%	75.2%	84.7%
Dental care (within last year)	71.4%	61.8%		67.5%		73.8%	
Eye exam (within last year)	44.0%	44.6%	51.9%	45.1%	53.5%	42.9%	36.8%
<b>CONTACT WITH HEALTH PROFESSIONALS</b>							
Having a regular family physician (15 years of age and over)	90.3%	83.3%	82.9%	87.1%	91.9%	81.6%	92.3%
Language spoken to doctor: French	1.4%	39.1%		68.8%		17.9%	
Reason for not having a family doctor (None in the region)	23.6%	42.5%		13.2%		26.9%	
Number of consultations with a family physician/general practitioner: none	19.6%	36.0%	20.8%	13.6%	17.0%	20.5%	21.1%
Have seen a doctor (within last year)	80.6%	64.0%	79.2%	86.4%	83.0%	79.5%	78.9%
Number of consultations with a nurse: none	10.4%	11.7%		18.3%		6.7%	
Number of consultations with a dentist: none	71.7%	63.0%	56.9%	68.5%	73.6%	61.2%	73.3%
<b>NEEDS and DIFFICULTIES ACCESSING HEALTH CARE SERVICES</b>							
Need to visit a specialist	28.1%	14.3%	29.3%	32.0%	37.7%	18.8%	24.8%
Need for a non-urgent surgery	7.0%		8.9%		7.5%		7.9%
Need for a routine care for self or family	51.9%	46.0%	60.6%	70.2%	72.0%	38.9%	54.7%
Need of immediate care for a minor health problem for self or family	36.2%	31.5%	35.7%	40.1%	44.7%	18.9%	33.3%
Need for health information for self or family	45.1%	30.7%	45.1%	45.5%	46.0%	27.0%	38.5%
Hospitalization (among recipients of healthcare services)	28.2%	20.8%	30.3%	22.6%	30.6%	19.1%	17.5%

Home healthcare services	5.0%	3.9%	6.9%	4.6%	5.9%	6.4%	4.3%
<b>HEALTH CARE SYSTEM SATISFACTION</b>							
Rating of availability of health care - province: excellent/ good	61.1%	52.6%	50.5%	65.4%	62.3%	65.7%	71.2%
Rating of quality of health care - province: excellent/good	72.9%	67.2%	64.4%	80.7%	76.1%	70.2%	78.9%
Rating of availability of the community-based health care: excellent/ good	61.7%	53.4%	47.0%	72.1%	65.9%	62.5%	68.4%
Rating of quality of the community-based health care: excellent/good	73.1%	67.7%	60.8%	82.0%	78.6%	69.3%	81.3%
Satisfaction with quality of health care	87.3%						
Satisfaction with quality of health care (hospital)	82.1%						
<b>SOCIAL PARTICIPATION</b>							
Member of a non-profit organization	36.8%	37.0%	35.6%	31.3%	28.8%	27.8%	48.6%
Sense of community belonging: Strong	64.4%	69.9%	57.4%	54.5%	51.0%	55.7%	63.7%