



The Health of Francophones in Ontario

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

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Introduction

As part of the Canada-Ontario Agreement, the MOHLTC's Office of Francophone Affairs awarded the RRASFO a research contract with a mandate to draw up a social and healthcare profile for Ontario's francophone population. This report follows on two previous *Reports on the Health of Francophones in Ontario* (2001; 2005) compiled by the Sudbury & District Health Unit's Public Health Research, Education and Development (PHRED) Program, both of which illustrated the healthcare differential that impacts negatively on the francophone population.

This report drew upon data compiled in the Canadian Community Health Survey (CCHS) – a study that Statistics Canada has been carrying out since 2001 in order to arrive at up-to-date cross-sectional estimates, on a regular basis, of determinants for health, health status and the use of healthcare services in 133 Health Regions across Canada, as well as in the territories. Eight survey cycles covering 130,000 respondents (annually or over two years, depending on the cycles) have been completed to date, producing substantial material for analysis. Although several survey cycles can be combined, the francophone population remains under-represented, restricting the scope of subsequent findings. Notwithstanding Ontario's relatively sizeable francophone population (which the 2006 Census recorded as 582,855-strong), the sample available for our analysis remained inadequate to drawing up a complete regional portrait. Given the importance of healthcare planning based on convincing data, however, we considered a study of all data that could be culled from the CCHS to be a worthwhile endeavour, since it would enable a comparison of health in the francophone and anglophone populations throughout the province and in Ontario's six major regions: Northwest, Northeast, East, Central East, Central West and Southwest. Since the francophone population is concentrated in the Northeast and East regions of the province and Statistics Canada privacy rules preclude the release of information when fewer than 50 observations are recorded, data for francophones in the Northwest, Central East, Central West and Southwest regions are often lacking.

This report is divided into eight chapters that reflect the general themes of the CCHS: respondents' socio-demographic profiles, 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 begins with a summary of results presented by indicator, followed by the corresponding series of tables. An executive summary reports the key results that prove most useful in healthcare planning support, as well as proposed actions that are deemed preferable in order to better serve Ontarians.

Recommendations

Health Welfare

Compared to Ontario's anglophone population, a higher proportion of francophones:

- Feel that they are experiencing a high level of stress in their lives
- Report suffering from more than one chronic disease
- Suffer from asthma, back pain and/or hypertension
- Are overweight or obese
- Are physically inactive
- Consume fruits and vegetables less than five times daily, or consume fewer than five servings daily
- Are exposed to second-hand smoke

Study Conditions for Ontario's Francophone Population

Nationwide surveys carried out by Statistics Canada, such as the Canadian Community Health Survey, are restricted by their limited ability to study small populations, especially at a regional level. It was discovered that studying the health status of Ontario's francophone population entailed the adoption of an oversampling strategy for this group. Additionally, reported information could only be correlated with diagnostic information if the provinces' administrative health databases could document conditions for minority official-language communities. Matching census social data and administrative health data serves to define viable social and healthcare profiles on various geographic scales.

| INDICATEURS | ONTARIO | | NORTHWEST | | NORTH EAST | | EAST | | CENTRAL EAST | | CENTRAL WEST | | SOUTHWEST | |
|-------------------------------------|----------------------|-------|-----------|-------|------------|-------|-------|-------|--------------|-------|--------------|-------|-----------|-------|
| | FR | ENG | FR | ENG | FR | ENG | FR | ENG | FR | ENG | FR | ENG | FR | ENG |
| SOCIODEMOGRAPHIC PROFILE | | | | | | | | | | | | | | |
| Sex | Male | 47% | 50% | | | | | | | | | | | 33% |
| | Female | 53% | 50% | | | | | | | | | | | 67% |
| Age (more than 65 yrs) | 18.1% | 13.8% | | | | | | | | | | | | |
| Education (less than highschool) | Low | 29% | 22.4% | | | | | | | | | | | |
| | High | 21.7% | 19.3% | | | | | | | | | | | |
| Income | Low | 23% | 20% | | | | | | | | | | | |
| | High | 70.5% | 75.9% | 76.4% | 64.1% | 67.5% | 74% | 75.5% | 66.7% | 76.3% | 66.7% | 77.6% | 66.7% | 75.2% |
| Labour market activity | Sales/Service | 18.8% | 23% | | | | | | | | | | | |
| | Social Sciences | 18.8% | 8.8% | | | | | | | | | | | |
| | Business Admin | 18.8% | 20.1% | | | | | | | | | | | |
| Household Type | Living alone | 17% | 15% | | | | | | | | | | | |
| | Living as a couple | 28% | 23% | | | | | | | | | | | |
| | Couple with children | 45% | 52% | | | | | | | | | | | |
| Urban/Rural area | 24% | 15% | 25.6% | 29.7% | 26.7% | 25% | 27.3% | 16.7% | 9.1% | 11.9% | 33.3% | 21.7% | 15.7% | |
| Immigration status | 11.6% | 29.8% | 9.2% | 2.1% | 8% | 10% | 16.9% | 42.9% | 41.3% | 25.6% | | | | |
| PHYSICAL AND MENTAL HEALTH | | | | | | | | | | | | | | |
| Perceived physical health | 12.8% | 11.3% | 14.4% | 14.6% | 15.4% | 13.1% | 11.1% | | | 10.7% | | | 11.1% | 11.8% |
| Perceived mental health | 5.2% | 5.3% | 5.1% | 5% | 6.3% | 4.2% | 5.3% | | | 5.3% | | | 5.1% | 5% |
| Perceived high level of life stress | 25.6% | 23.9% | 20.8% | 22.2% | 20.9% | 27.6% | 24.3% | | | 14.3% | | | 24.7% | 22.1% |
| Perceived high level of work stress | 34.7% | 29.2% | 24.7% | 28.6% | 28.6% | 35.3% | 28.7% | | | 30% | | | 29.3% | 29.3% |
| Health Status Index | 79.3% | 82.6% | 79.3% | 73.3% | 77.3% | 82.4% | 81.5% | | | 84% | | | 82.4% | 80.9% |
| Activity Restriction | 26.1% | 24.9% | 32.2% | 29.5% | 32.3% | 24.1% | 27.7% | | | 16.7% | | | 33.3% | 26.5% |
| Need assistance in daily living | 12.3% | 11.2% | 12.5% | 13.5% | 14.1% | 10.9% | 11.6% | | | 10.6 | | | 11% | 12% |
| Chronic diseases | 53.4% | 50.6% | 55.1% | 62.5% | 59.2% | 55.5% | 53.6% | | | 47.9% | | | 51.3% | 54.3% |

| | ONTARIO | | NORTHWEST | | NORTH EAST | | EAST | | CENTRAL EAST | | CENTRAL WEST | | SOUTHWEST | |
|---|---------|-------|-----------|-------|------------|-------|-------|-------|--------------|-------|--------------|-------|-----------|-------|
| Asthma or COPD | 31.8% | 33.2% | 30% | 27.3% | 38.5% | 35.7% | 37.3% | 31.3% | 34.3% | 33.9% | | | | 33.9% |
| Arthritis | 20.7% | 16.9% | 19.9% | 26.9% | 23.3% | 19% | 18.15 | 16.7% | 17.4% | 25% | 25% | 17.4% | 25% | 19.8% |
| Back problems | 21.8% | 19.9% | 23.5% | 25% | 23.8% | 21.1% | 21.7% | 16.7% | 20.6% | 25% | 25% | 20.6% | 25% | 21.4% |
| Hypertension | 19.7% | 17.3% | 19.7% | 23.5% | 21.3% | 18.8% | 17.7% | 20% | 17.5% | 33% | 33% | 17.5% | 33% | 19% |
| Diabetes | 5.7% | 5.1% | 5.9% | 6.8% | 6.5% | 5.2% | 5.1% | 4.6% | 4.6% | 4.6% | 4.6% | 4.6% | 4.6% | 4.6% |
| Cardiac diseases | 5.7% | 4.9% | 5.9% | 9.1% | 7.4% | 5.3% | 5.1% | 4.5% | 5.1% | 5.2% | 5.2% | 5.1% | 5.2% | 5.2% |
| Cancer | 2.3% | 1.9 | 2% | 2.3% | 2.4% | 1.8% | 2% | 1.8% | 1.9% | 1.9% | 1.9% | 1.9% | 1.9% | 1.9% |
| Intestinal Troubles | 5.7% | 6.2% | 6% | 8.9% | 8.5% | 5.3% | 6.3% | 5.4% | 6.5% | 7.7% | 7.7% | 6.5% | 7.7% | 7.7% |
| Strokes | 1.1% | 1% | 1.3% | 2.2% | 1.2% | 1.7% | 1.3% | 0.9% | 1% | 1.1% | 1.1% | 1% | 1.1% | 1.1% |
| Mood Disorders | 5.8% | 6.7% | 6.7% | 5.3% | 7.3% | 4.8% | 8.3% | 5.7% | 7.2% | 7.4% | 7.4% | 7.2% | 7.4% | 7.4% |
| Anxiety Disorders | 5.8% | 5.2% | 5% | 5.3% | 6% | 7.1% | 6.4% | 4.6% | 5.5% | 5.2% | 5.2% | 5.5% | 5.2% | 5.2% |
| LIFESTYLE AND HEALTH BEHAVIOUR | | | | | | | | | | | | | | |
| Changes Made | 60% | 57.7% | 59.5% | 60% | 58.8% | 61.1% | 60.1% | 50% | 66.7% | 66.7% | 66.7% | 58% | 66.7% | 55.8% |
| BMI | 36% | 34.3% | 37.5% | 38.9% | 38.7% | 36.8% | 35.3% | 40% | 25% | 25% | 25% | 36% | 25% | 36% |
| Obese | 18.8% | 16.3% | 22.1% | 19.4% | 21.7% | 18.4% | 17.1% | 20% | 13.8% | 25% | 25% | 18.1% | 25% | 20.1% |
| Daily Energy Expenditure Index (active) | 24.2% | 26% | 32% | 23.9% | 29.7% | 25.4% | 29.5% | 28.6% | 24.5% | 25% | 25% | 26.6% | 25% | 25.6% |
| Daily consumption of fruits & vegetables (5 portions) | 55.8% | 59.6% | 62.8% | 60.9% | 63.8% | 52.7% | 58.1% | 66.7% | 59.6% | 50% | 50% | 57.4% | 50% | 62.6% |
| Tobacco smoking (occasional) | 21.4% | 21% | | | | | | | | | | | | |
| Exposure to second hand smoke | 30.5% | 26.5% | 33.3% | 33.3% | 34.9% | 30.6% | 26.1% | 25% | 25.3% | 27.2% | 27.2% | 33.3% | 33.3% | 27% |
| Alcohol consumption (regular) | 59.8% | 58.2% | 59.9% | 56.8% | 59.1% | 63.2% | 62.9% | 50% | 55.4% | 50% | 50% | 61.2% | 50% | 59.2% |
| Type of gambler (moderate-risk) | 50% | 47.6% | | | | | | | | | | | | |
| Cannabis consumptions (at least once in their life) | 33.3% | 39% | 50% | 33.3% | 48.4% | 33.3% | 44.8% | 50% | 36.3% | | | 40% | | 40.2% |
| Cannabis consumptions (at least once in the last 12 months) | 6.7% | 10.3% | 11.1% | | 12.5% | 11.1% | 11.5% | | 9.9% | | | 10.1% | | 9.8% |
| Injuries | 10% | 13.9% | 15.8% | 8.6% | 15.4% | 9.8% | 16.2% | 12.6% | 14.7% | 14.7% | 14.7% | 14.7% | 14.7% | 13.8% |

| | ONTARIO | NORTHWEST | NORTH EAST | EAST | CENTRAL EAST | CENTRAL WEST | SOUTHWEST |
|--|---------|-----------|------------|-------|--------------|--------------|-----------|
| PREVENTION AND SCREENING | | | | | | | |
| Breast self exams | 83.3% | 82.2% | 87.5% | 82.4% | 80.8% | 81.3% | 81.8% |
| Mammograms | 88.9% | 88% | 92.6% | 87% | 90% | 87.6% | 89.8% |
| Not regularly | 68.8% | 77% | 72% | 69.6% | 77.8% | 79.3% | 76.8% |
| regularly | 90.6% | 88.5% | 92.4% | 90.9% | 88.5% | 85.4% | 90.4% |
| PAP Test | 75% | 80.2% | 83.3% | 76.9% | 78.9 | 80% | 79.2% |
| PSA Blood Test for Prostate Cancer | 46.7% | 43.4% | 45.6% | 46.8% | 56.3% | 42% | 45.7% |
| Colon & rectal cancer screening | 71.4% | 73.2% | 69.2% | 68.8% | 75% | 76.3% | 73.8% |
| Not regularly | 81.8% | 85.2% | 85.7% | 82.1% | 83.3% | 84.8% | 85.6% |
| regularly | 68.3% | 72.2% | 68.7% | 67.7% | 67.4% | 73.3% | 72.3% |
| Flu shot | 46.8% | 43.5% | 44.8% | 47.2% | 50% | 44.2% | 45.3% |
| Oral health (within last year) | | | | | | | |
| Eye exam (within last year) | | | | | | | |
| CONTACT WITH MEDICAL PROFESSIONALS | | | | | | | |
| Have a family doctor | 88.9% | 90.4% | 85.3% | 88.9% | 90.9% | 88.9% | 89.1% |
| English | 47.6% | 93.8% | 61.9% | 98.6% | 29.6% | 97% | 98.9% |
| French | 52.4% | 0.3% | 38.1% | 1.4% | 70.4% | 1.5% | |
| Other | | 5.9% | | | 1.5% | 10.4% | 1.1% |
| Reason for not having a family doctor | 28.6% | 35.7% | 29.4% | 15.6% | 33.3% | 34.2% | 24.5% |
| Never tried | 25% | 23.7% | 27.8% | 28.1% | 25% | 21.1% | 34.7% |
| Gone, retired | 20% | 23.6% | 30.8% | 45.8% | 25% | 22.2% | 30.6% |
| None in the region | 25% | 22.5% | 22.2% | 28.1% | 25% | 26.3% | 26.5% |
| Not taking new patients | 77.8% | 80.4% | 73.7% | 77.4% | 80% | 80.4% | 78.2% |
| Have seen a doctor (within the last 12 months) | 22.2% | 19.8% | | | | | |
| None | 44.4% | 41.8% | | | | | |
| 1-2 visits | 33.3% | 38.3% | | | | | |
| 3 visits or more | | | | | | | |

| | ONTARIO | | NORTHWEST | | NORTH EAST | | EAST | | CENTRAL EAST | | CENTRAL WEST | | SOUTHWEST | |
|---|---------|-------|-----------|-------|------------|-------|-------|-------|--------------|--|--------------|--|-----------|--|
| Have seen a nurse (within the last 12 months) | 11.1% | 10.8% | 15.8% | 16.1% | 20% | 16.1% | 7.8% | 11.1% | 12.8% | | | | | |
| Have seen a dentist/orthodontist (last 12 mnths) | 33.3% | 27.3% | 31.6% | 33.3% | 33.3% | 26.8% | 27.6% | 27.5% | 26.6% | | | | | |
| NEEDS AND DIFFICULTIES IN ACCESSING SERVICES | | | | | | | | | | | | | | |
| Need to visit a specialist | 27.8% | 28% | 25.7% | 22.2% | 26.7% | 30.6% | 27.2% | 28.9% | 28.1% | | | | | |
| Difficulties in accessing care by a specialist | 16.7% | 23.5% | 27.3% | 25% | 23.5% | 23.5% | 23% | 23.4% | 23.8% | | | | | |
| Need for non urgent surgery | 10.5% | 7.2% | 8.6% | 11.1% | 8.3% | 9.1% | 6.1% | 7.8% | 7.5% | | | | | |
| Need for routine health services | 61.1% | 51.8% | 52.9% | 55.6% | 50% | 58.7% | 48.6% | 54.9% | 52.7% | | | | | |
| Difficulties in accessing routine health services | 8.3% | 15.8% | 26.3% | 20% | 19.4% | 16.7% | 14.8% | 17.4% | 14.1% | | | | | |
| Need to access immediate care for a minor health problem | 38.9% | 36.4% | 37.1% | 33.3% | 36.7% | 45.5% | 34.8% | 40.5% | 33.6% | | | | | |
| Difficulties in accessing immediate care for a minor health problem | 16.7% | 27.2% | 25% | 33.3% | 26.3% | 28.9% | 29.3% | 25.9% | 22.7% | | | | | |
| Need to access information on a health related matter | 42.1% | 45.5% | 45.7% | 33.3% | 45% | 46% | 42% | 49.7% | 45.6% | | | | | |
| Difficulties in accessing information on a health related matter | 14.3% | 17.4% | 18.8% | | 20% | 18.9% | 16.5 | 17.8% | 17.7% | | | | | |
| Hospitalization | 26.1% | 28.5% | 35.5% | 25% | 34% | 32% | 24.9% | 28.9% | 33.3% | | | | | |
| Home care | 4.8% | 4.9% | 6.4% | 5.6% | 5.7% | 5.4% | 4.6% | 4.9% | 5.5% | | | | | |
| SATISFACTION WITH RESPECT TO THE HEALTH CARE SYSTEM | | | | | | | | | | | | | | |
| Ratings for access to provincial healthcare services | 60.9% | 61.2% | 50% | 52% | 51.7% | 57.5% | 66.7% | 50% | 56.5% | | | | | |
| Ratings for quality of provincial healthcare services | 75% | 73.1% | 67.5% | 66.7% | 66% | 73.1% | 75% | 73.6% | 72.8% | | | | | |

| | ONTARIO | | NORTHWEST | | NORTH EAST | | EAST | | CENTRAL EAST | | CENTRAL WEST | | SOUTHWEST | |
|---|---------|-------|-----------|-------|------------|-------|-------|-------|--------------|-------|--------------|-------|-----------|-------|
| | | | | | | | | | | | | | | |
| Ratings for access to community health services | 63.6% | 61.6% | 48.1% | 50% | 46.7% | 70.4% | 58.8% | 75% | 65.4% | 62% | 55.3% | | | |
| Ratings for quality of community health services | 76.7% | 73.2% | 66.7% | 62.5% | 62.5% | 80.8% | 73.8% | | 73.9% | 74.6% | 71.8% | | | |
| Satisfaction with the quality of services received | 91.4% | 88.2% | 87.1% | 87.5% | 86.5% | 95% | 90.3% | | 86.9% | 89.6% | 89.1% | | | |
| Satisfaction with the quality of services received (hospital) | 83.3% | 82.1% | 83.3% | | 83.3% | | 85.3% | | 79.7% | 82.9% | 84.1% | | | |
| SOCIAL PARTICIPATION AND A FEELING OF BELONGING | | | | | | | | | | | | | | |
| Member of a not for profit organization | 33.3% | 37% | 45.2% | 38.5% | 37.5% | 30.8% | 40% | | 33.8% | 40% | 41.4% | | | |
| Feeling of belonging to the community | 41.8% | 35.1% | 33.3% | 32.6% | 29.7% | 47.5% | 33.5% | 42.9% | 38% | 33.3% | 33.3% | 33.1% | 33.3% | 21.1% |

Highlights

Socio-demographic Profile

The sample comprises a larger number of francophone women (53%) than men (47%), compared to anglophones (where male-female proportions are equal).

The francophone population is older (18% vs. 14% are at least 65 years of age), less educated (29% vs. 22% did not graduate from high school) and more present in rural communities (24% vs. 15%), with a lower attachment to the workforce (71% vs. 76%) and comprising fewer immigrants (12% vs. 30%), except in the Central East region, where the proportions are roughly equal (43% vs. 41%). Percentages of francophones falling in the bottom and top income quintiles are slightly higher (22% vs. 19% and 23% vs. 20%, respectively).

Francophones who live alone or in a spousal relationship with no children outnumber their anglophone counterparts (17% vs. 15% and 28% vs. 23%, respectively), compared to a higher percentage of anglophone couples living with a child (52% vs. 45%).

Physical and Mental Health

More than 1 in 10 Ontarians reported a poor state of health and 1 in 20, poor mental health. Almost one quarter of Ontario's population indicated that they experience a high level of stress in their life overall. This proportion is higher among francophones (35%) than anglophones (29%). Approximately 20% of the population said that they live with pain or are unwell, and 25% report difficulty with activities in their daily lives. A higher prevalence was recorded among francophones (33%) in the Central and Southwest regions, and among anglophones (32%) in the Northeast region. In the overall population, more than 1 Ontarian in 10 needs help with activities in their daily lives.

Across the province, more than half of the francophone (53%) and anglophone (51%) populations report suffering from one or more chronic diseases. This difference was particularly noticeable for the Northeast region, where 62% of francophones and 59% of anglophones reported having more than one chronic disease. While one third of Ontario's population suffers from asthma, figures for the Northeast region stood at 38% of anglophones versus 27% of francophones. Close to 1 in 5 Ontarians suffers from arthritis, which is more prevalent among francophones in the Northeast (27%), Central and Southwest (25%) regions. Findings for back pain, other than fibromyalgia, were similar. One Ontarian in five also presents with hypertension. In the Southeast region, hypertension is a concern for 33% of francophones versus 19% of anglophones. Equal proportions of francophones (6%) and anglophones (5%) present with diabetes, cardiac disease or intestinal disorders. Of the total population – both francophones and anglophones – 2% are cancer cases, while 1% (in both groups) are stroke victims. Within the East region, 8% of the anglophone population versus 5% of francophones present with mood disorders, while anxiety disorders were reported by 7% of francophones versus 6% of anglophones.

Lifestyle and Health Behaviours

On a province-wide basis, approximately 60% of francophones and anglophones had made changes with the intent of improving their health over the 12-month period preceding the survey. Roughly equal proportions of francophones and anglophones (36% and 35% respectively) are overweight, while 19% of francophones and 16% of anglophones are obese. A similar proportion of francophones and anglophones (50%) reported a daily energy expenditure reflecting a lifestyle marked by insufficient physical activity. In the Northeast region, 52% of francophones were physically inactive versus 45% of anglophones. In the Central East region, however, inactivity was less prevalent among francophones (43%) than anglophones (52%). Fifty-six percent of francophones and 60% of anglophones reported consuming fewer than five servings of fruits and vegetables daily. Fifty-eight percent of francophones and 55% of anglophones were regular, occasional or former smokers, while 31% of francophones versus 27% of anglophones were exposed to second-hand smoke.

In the francophone and anglophone populations, 60% and 58% respectively consumed alcohol regularly, and occasional drinkers accounted for 20% of francophones versus 18% of anglophones. One in two Ontarians self-identified as a low- or moderate-risk gambler (50% of francophones and 48% of anglophones). More than one third of Ontarians reported having used cannabis at least once (33% of francophones and 39% of anglophones). This proportion is highest among anglophones in the Northwest region (50%), while the highest rate among francophones was reported in the Central East region (50%). When polled with regard to recent cannabis use (within the preceding 12 months), 7% of francophones and 10% of anglophones acknowledged having done this. The prevalence of injuries over the previous 12 months stood at 10% for francophones and 14% for anglophones. This figure rose to 16% for the latter group in the East region. Finally, more than 80% of Ontario's population reported having used a contraceptive method over the 12-month period leading up to the survey.

Prevention and Screening

More than 80% of Ontario women aged 50 years or over reported that they performed breast self-examinations, and 90% had undergone a mammogram at some point in their lives. In the latter group, a higher proportion of anglophone (77%) versus francophone women (69%) confirmed that they had regular mammograms. Among women aged 18 years or more, 90% said that they had had a Pap test to screen for cervical cancer at some point in their lives. A higher proportion of anglophone (80%) versus francophone men (75%) had had a blood test to screen for prostate cancer. Among men who had undergone this test, 71% of francophones and 73% of anglophones have it done on a regular basis. Eighty-two percent of francophones and 85% of anglophones aged at least 65 years had been vaccinated against the influenza virus. A higher proportion of anglophones (72%) than francophones (68%) reported having visited the dentist in the 12 months preceding the study. A slightly higher percentage of francophones than anglophones had had an eye exam in the 12-month period prior to the study (47% versus 43%).

Contact with Certain Healthcare Professionals (Physicians and Nurses)

Ninety percent of Ontarians have a family physician. Throughout the province, 52% of francophones said that they speak French with their family doctor. This proportion, while at its highest in the East (70%), is lower in the Northeast (62%) and the Central East (25%) regions. Almost 100% of anglophones speak English with their family doctor. Among Ontarians with no family doctor, 29% of francophones and 36% of anglophones said that they had not tried to get one. In the overall population, 25% of francophones and 24% of anglophones cited the doctor's departure or retirement as a reason, and these levels rose to

33% and 28% respectively in the Northeast. One quarter (25%) of francophones and 23% of anglophones claimed that the doctor was no longer accepting new patients. Among all respondents, 20% of francophones and 24% of anglophones, versus 50% of francophones in the Northeast, reported the absence of a doctor in their region.

A high proportion of francophones (78%) and anglophones (80%) reported that they had seen their family doctor sometime in the 12-month period leading up to the survey. Among francophones, 44% had visited their family doctor once or twice, and 33% a minimum of three times. Proportions among anglophones were as follows: 1 or 2 visits – 42%; 3 visits or more – 38%. Approximately 10% of Ontario's population had seen a nurse at some point in the 12 months leading up to the survey. The highest rates of nurse consultations occurred in the East region: 20% of francophones and 16% of anglophones. In the 12-month period prior to the study, 33% of francophones and 27% of anglophones had not seen a dentist.

Need for Healthcare Services and Difficulties with Access

Twenty-five percent of Ontario's population stated that they had needed to see a specialist in the 12 months preceding the survey, while 17% of francophones and 24% of anglophones reported difficulty receiving specialist care. In the Northwest region, this applied to 27% of anglophones (no data available for francophones). In both the Northeast and East regions, these numbers stood at 25% for francophones and 24% for anglophones. Eleven percent of francophones and 7% of anglophones stated that they had needed elective surgery.

Among francophones, 61% – versus 52% of anglophones – stated that they had needed routine healthcare services for either themselves or a family member. In the East region, these numbers rose to 73% of francophones versus 59% of anglophones. In reviewing numbers for the province's overall population, however, the finding was that francophones seem to have less difficulty getting services than do anglophones (8% versus 16%). Yet the Northeast region had the highest proportions of respondents who reported difficulty obtaining services: 20% of francophones and 19% of anglophones. In the East region, 13% of francophones versus 17% of anglophones reported difficulty accessing services. Similar proportions of francophones and anglophones (39% and 36%, respectively) reported needing immediate care for a minor health problem, either for themselves or a family member, over the 12-month period leading up to the study, compared to 46% of francophones and 39% of anglophones in the East region. Difficulties receiving immediate care are more marked in the Northeast region, where 33% of francophones versus 26% of anglophones reported this problem. In the East region, on the other hand, a slightly higher proportion of anglophones (29%) versus francophones (25%) reported difficulty obtaining immediate care.

Overall, 42% of francophones and 46% of anglophones reported a need for health-related information, for either themselves or a family member, in the 12-month period prior to the study. On a regional basis, 50% of francophones in the Southeast region versus 42% of anglophones in the same region stated that they had needed health-related information. In the Northeast and East regions, however, a greater proportion of anglophones than francophones expressed a need for this type of information (45% versus 33% and 52% versus 46%, respectively). In the East region, 20% of francophones and 19% of anglophones reported difficulty getting health-related information.

Approximately 95% of all Ontarians received healthcare services in the 12-month period preceding the study, with very little difference between the two linguistic groups. Of this group, around 1 person in 3 had been hospitalized. Of Ontario's total population, 5% of both francophones and anglophones are recipients of home healthcare services.

Satisfaction with the Healthcare System

Sixty-one percent of francophone and anglophone Ontarians rated access to health care as "good" or "excellent". In the East and Central East regions, the proportion of francophones was higher than that of anglophones (64% vs. 58% and 67% vs. 64%, respectively), while 62% of anglophones versus 50% of francophones in the Central region assessed healthcare access as "good" or "excellent". A sizeable majority of francophones and anglophones rated quality of care in Ontario as "good" or "excellent" (75% and 73%, respectively), while this proportion dropped to 67% in the Northeast region of the province. The highest number of respondents who assessed quality of care as "good" or "excellent" was in the East region, followed by the Southeast.

Quality of community health care was assessed as "good" or "excellent" by 64% of francophones and 62% of anglophones. In the East (70% vs. 59%), Southeast (75% vs. 65%) and Northeast (50% vs. 47%) regions, more francophones than anglophones expressed satisfaction with the quality of this care. The quality of community health care was assessed as "good" or "excellent" by 77% of francophones and 73% of anglophones. In the East region, a higher proportion of francophones than anglophones (81% vs. 74%) rated quality of care as "good" or "excellent". The lowest proportion of francophones and anglophones who deemed the quality of community care "good" or "excellent" was in the Northeast region (63%).

In general terms, francophones are slightly more satisfied than anglophones with the services received: 91% of francophones and 88% of anglophones expressed satisfaction with the healthcare services they obtained. The highest level of satisfaction with healthcare services among francophones was in the East region (95%). Satisfaction levels for health care received in a hospital setting were roughly equal among francophones and anglophones (83% versus 82%). In both groups, satisfaction with services provided in a hospital was approximately 10% lower than satisfaction with healthcare services received overall.

Social Participation and Sense of Community Belonging

A smaller proportion of francophones, compared to anglophones, are members of a volunteer organization (33% vs. 37%). In the East region, the proportion of francophones in this group is considerably lower than that of anglophones (31% versus 40%).

Province-wide, the sense of community belonging was lower among francophones than anglophones, with 42% and 35%, respectively, reporting low or very low levels of belonging. This trend continued in the East (18% vs. 34%), the Southeast (43% vs. 38%) and the Northwest (33% vs. 26%) regions.

Methodology

The Data Source

The data set out in this report are drawn from eight combined 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, with the intent of producing up-to-date cross-sectional estimates of determinants for health, health status and the use of healthcare services in 133 Health Regions across Canada, as well as the territories, on a regular basis.

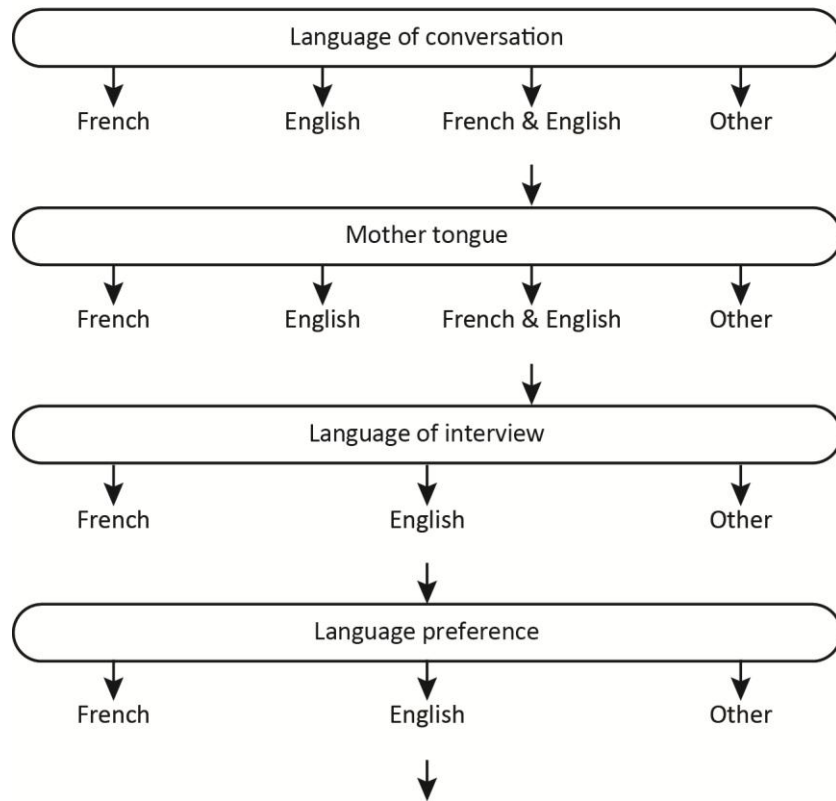
Ontario's francophone minority represents approximately 5% of the province's population. The eight cycles of the CCHS micro-data were combined in order to increase the sample size and improve the accuracy of its estimates, thus augmenting the study population cohort and the analysis capacity for a very small population. We utilized the method described by Statistics Canada in *Combining cycles of the Canadian Community Health Survey* (Statistics Canada, 2009). Prior to the analysis, the nomenclature, structure of variables and regions within the province were checked to ensure their compatibility and comparability across cycles. For some variables, including body mass index (BMI), Cycles 1.1 and 2.1 were excluded from the analyses due to differences in the target populations of these two cycles (20 to 64 years of age) versus the subsequent ones (18 years or more). The population figure arrived at for the combined cycles represents the average of francophone and anglophone populations over the 2001-2009 period.

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. The following groups were excluded: 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 sample comprised 130,000 respondents per cycle for surveys conducted between 2001 and 2005, and 65,000 per cycle for those carried out over 2007-2009.

Definition of Linguistic Groups

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 course of the study. This algorithm enables the most accurate identification possible of French and English speakers – either by origin or immigrants.

Definition of linguistic identity



Study Population

Our sample was drawn from a base of 6,350 francophones and 195,850 anglophones residing in Ontario's six regions, as recognized by the public health divisions: Northwest, Northeast, East, Central East, Central West and Southwest (map p. 14). The table below describes sample sizes by region and linguistic group.

Size of Sample by region and language group

| Ontario Region | Francophones (n) | Anglophones (n) |
|----------------|------------------|-----------------|
| Northwest | 100 | 7 650 |
| North east | 2 850 | 17 750 |
| East | 2 700 | 29 050 |
| Centre East | 350 | 62 550 |
| Centre West | 200 | 40 250 |
| Southwest | 150 | 38 600 |
| Total | 6 350 | 195 850 |

Statistical Analyses

The use of descriptive data enabled a focus on similarities and disparities between Ontario's francophones and anglophones. Topics explored include perceptions of health, stress, disabilities, chronic diseases, lifestyle, preventive behaviours and healthcare services.

The proportions indicated were based on frequency distribution calculations weighted to represent the entire target population. Some response categories were grouped together in order to achieve the number of observations required for results disclosure based on Statistics Canada standards. Because results are broken down by region, the proportions were calculated using weighted frequencies and rounded off to the nearest multiple of 50.

Even with the eight CCHS cycles combined, data analysis for certain variables was statistically impossible due to the small sample size. Some of the tables in this report therefore contain gaps in data for regions with the lowest francophone presence. Sample weights were used to maintain consistency with the complex CCHS sample design.

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.

Ontario Regions



Source: Association of Local Public Health Agencies, Map, <http://www.alphaweb.org/map.asp>

Chapter 1: Respondents' Socio-demographic Profile

Summary

Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest and Central West regions.

Indicators

Gender: In the provincial sample, 47% of men were francophones (33% in the Southwest) and 50% were anglophones. On the other hand, the proportion of francophone women was greater (53%), reaching 67% in the Southwest region.

Age: The proportion of francophones aged 65 years or more (18%) is higher than that of anglophones in the same age group (14%).

Education: 29% of francophones had not completed high school, versus 22% of anglophones.

Income: The proportion of francophones falling in Quintile 1 of the lowest income bracket was slightly higher (22%) than that of anglophones (19%); however, this finding also applied to proportions of francophones falling in the top income quintile (23% versus 20%). The proportion of francophones living below the low income cut-off (LICO) was 14%, versus 13% for anglophones.

Attachment to workforce: A lower proportion of francophones (71%) than anglophones (76%) were still in the workforce. These gaps were particularly significant in the Central East (67% of francophones versus 76% of anglophones), Central West (67% versus 78%) and Southwest (67% versus 75%) regions. Data for francophones in the Northwest region were not available.

Type of occupation: While the fields of sales and services, business, finance and administration were the most heavily represented, the proportion of francophones was lower in sales and services (19% versus 23%) but comparable in business (19% versus 20%). The concentration of francophones was roughly twice that of anglophones in the social sciences, the teaching profession and public administration (19% versus 9%).

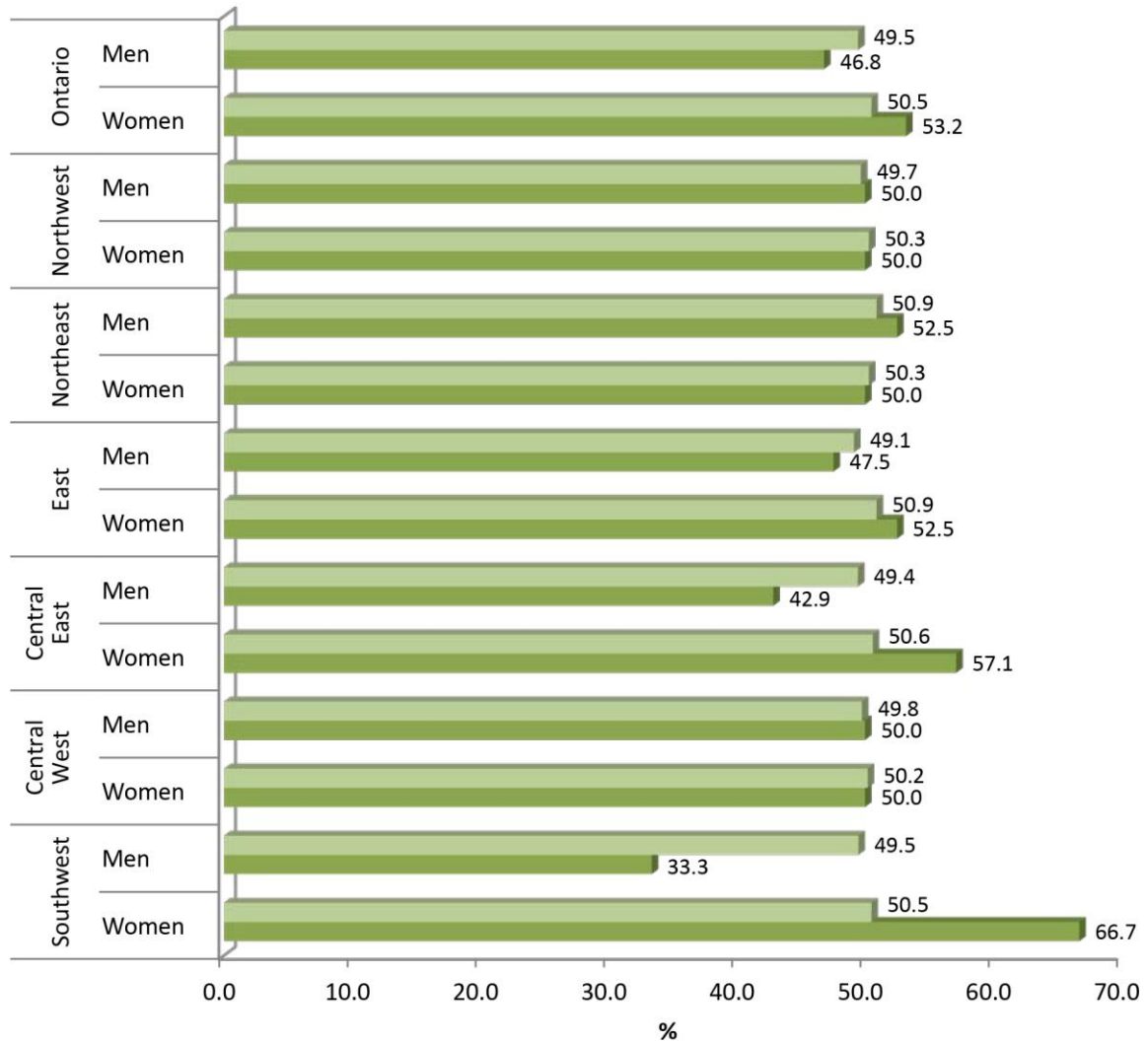
Household type: A higher proportion of francophones than anglophones either lived alone (17% versus 15%) or in a spousal relationship with no children (28% versus 23%). On the other hand, the proportion of couples living with children was higher for anglophones (52% versus 45% for francophone couples).

Urban/Rural residents: The proportion of francophones living in a rural community was higher (24%) than that of anglophones (15%), especially in the Central East (17% versus 9% of anglophones) and the Southwest (33% versus 22%) regions.

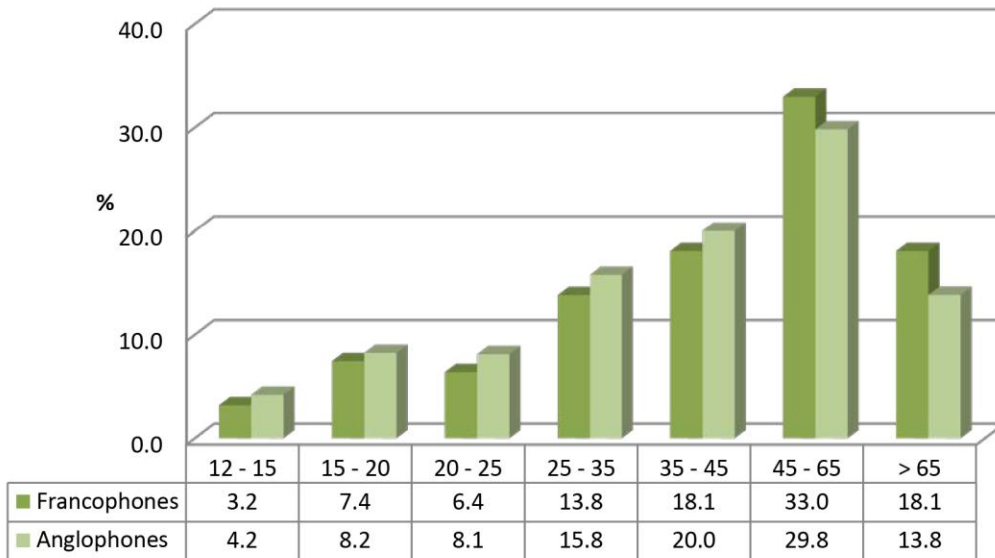
Immigrants' status: A much smaller number of immigrants are francophones (12%) than anglophones (30%). The highest proportions of immigrants are in the Central East region in both of these linguistic groups (43% francophones and 41% anglophones).

Distribution by Gender

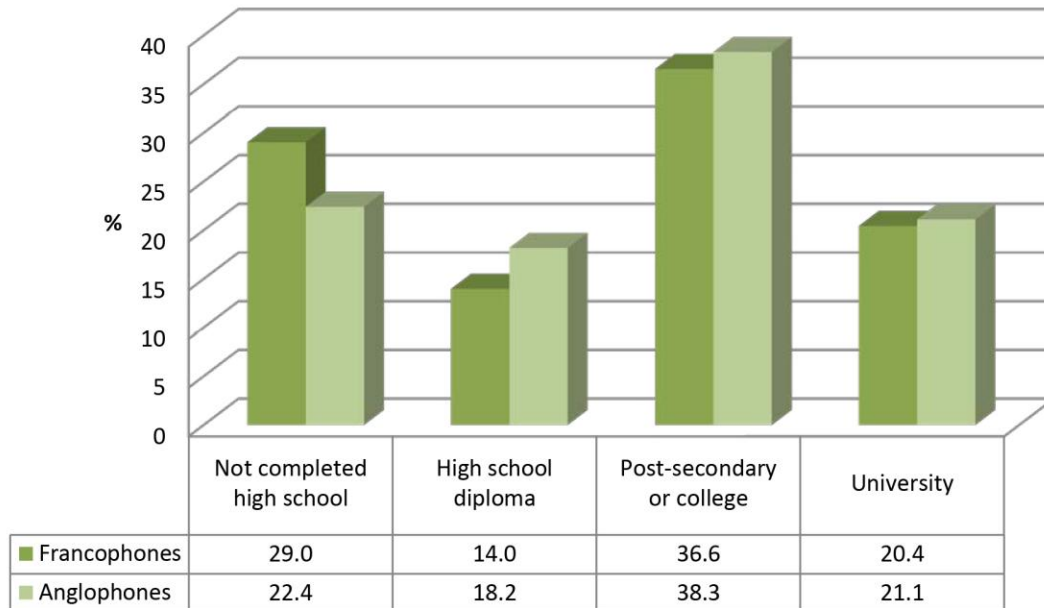
■ Anglophones ■ Francophones



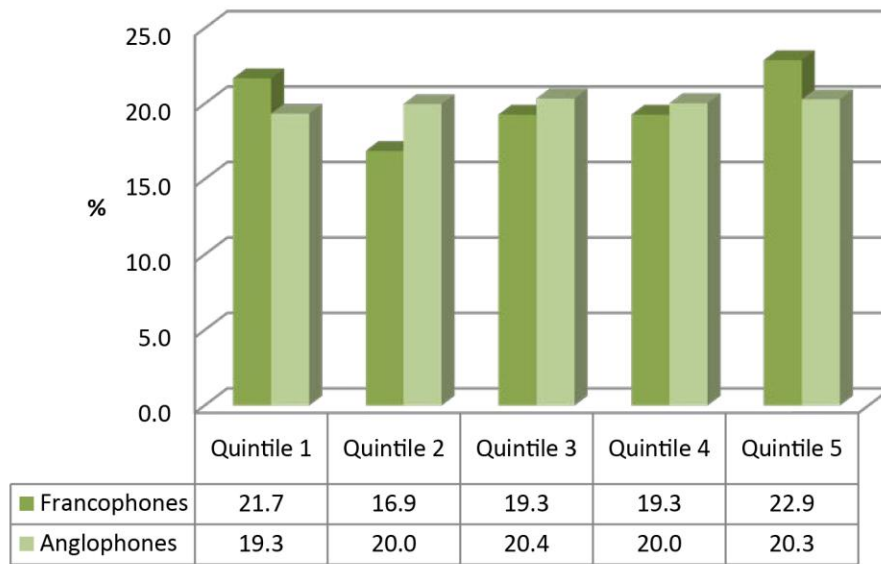
Distribution by Age Group



Level of Education

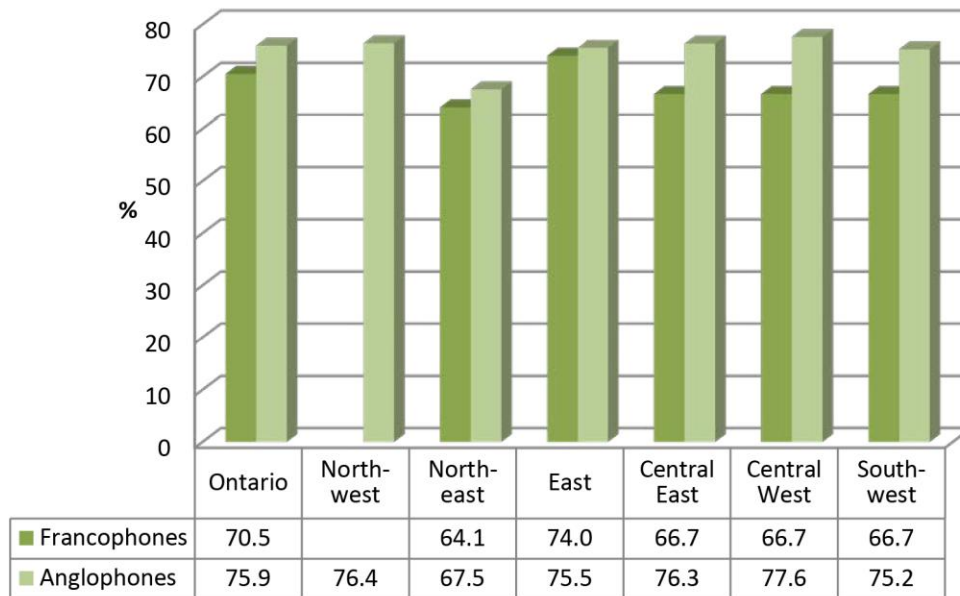


Income Levels



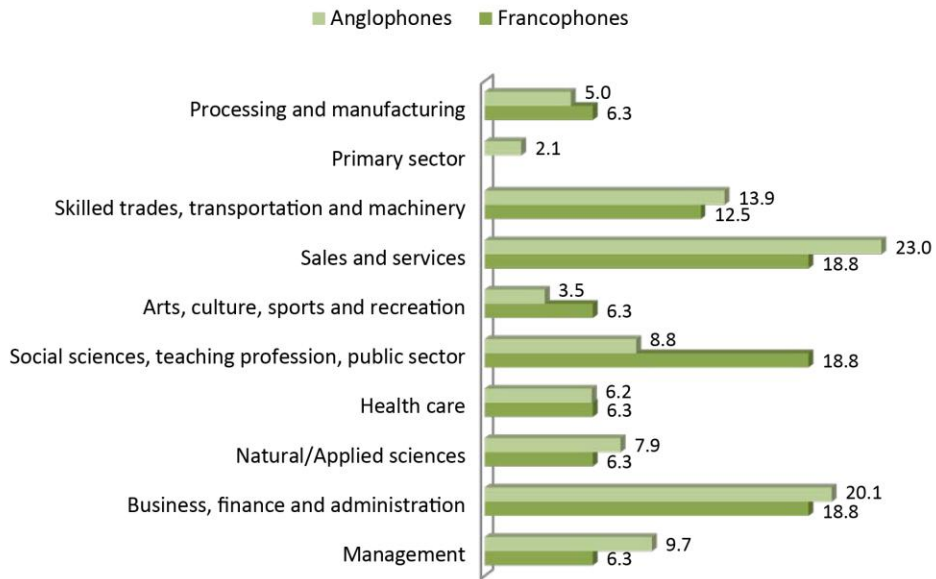
Note: Quintile 1 represents the percentage of the population that falls in the lowest income bracket.

Attachment to Workforce



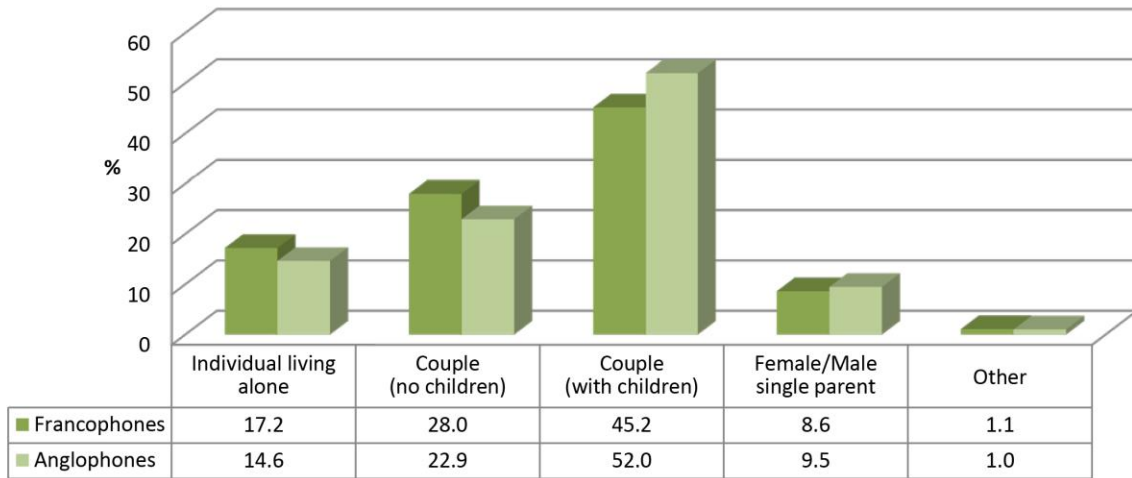
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Occupational Group

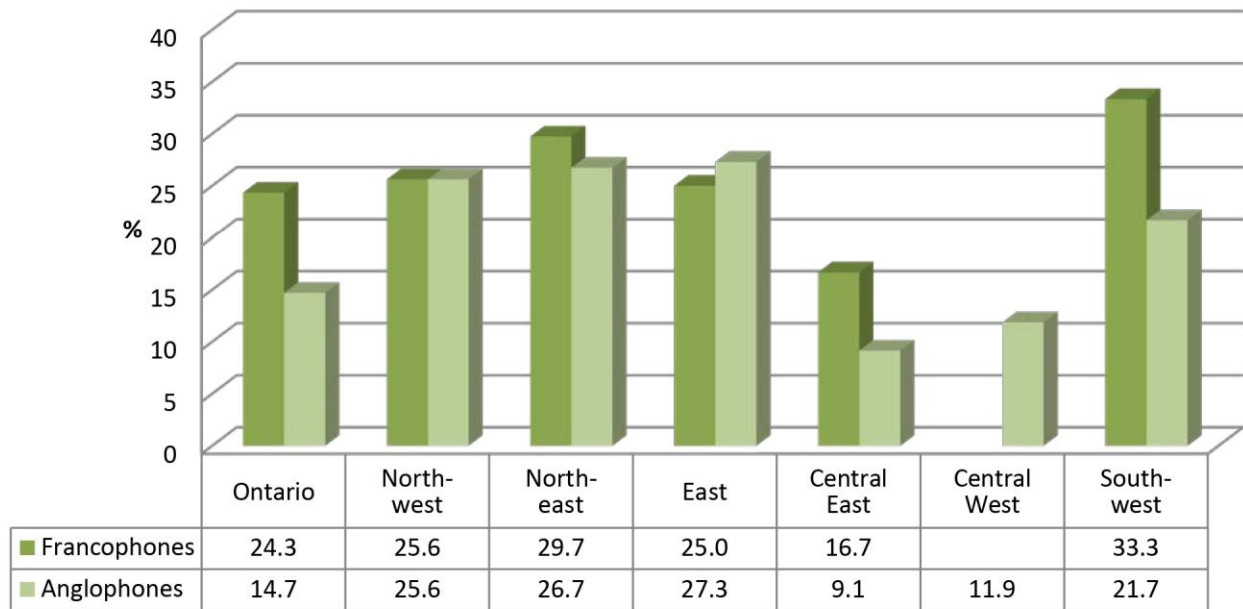


Note: A field is left empty if the number of respondents was insufficient for reporting results.

Household Type

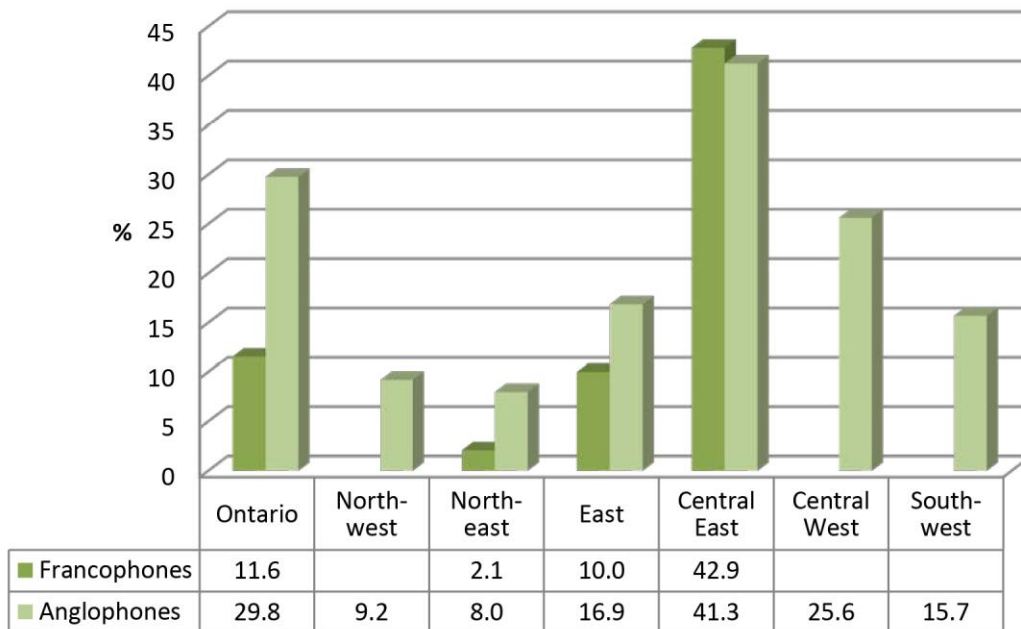


Rural Residents



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Immigrant Status



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Chapter 2: Physical and Mental Health

Summary

Note: The number of francophones in the sample size was inadequate to reporting results in the Northwest, Central West, Central East and Southwest regions.

Indicators

Perception of health: Across the province, a comparable proportion of francophones (13%) and anglophones (11%) described their health status as passable or poor. Based on available data, this proportion rose to 15% for both francophones and anglophones in the Northeast region.

Perception of mental health: At the provincial level, 5% of francophones and 6% of anglophones reported a passable or poor state of mental health.

Perception of stress in daily life: Almost one quarter of Ontario's population reported that they experienced a lot of stress in their daily lives (26% of francophones versus 24% of anglophones).

Perception of work-related stress: A higher proportion of francophones (35%) than anglophones (29%) reported that they felt a high level of stress at work.

Health status index (usually pain-free/not unwell): A proportionally smaller number of francophones versus anglophones in the province does not experience pain or feel unwell on a regular basis (79% versus 83% respectively).

Restrictions on activities: Of the total Ontario population, 25% (26% of francophones versus 25% of anglophones) reported that they experience difficulty carrying out their activities in daily life. This proportion rose to 33% among francophones in the Central West and Southwest regions, compared to 26% of anglophones. In the Northeast region, a slightly higher proportion of anglophones (32%) versus francophones (29%) reported restrictions on their activities. The lowest proportion of individuals whose activities were restricted fell in the Central East region (17% of francophones versus 22% of anglophones).

Help needed with activities in daily life: A roughly equivalent proportion of francophones (12%) and anglophones (11%) reported needing help with activities in their daily lives.

Incidence of chronic diseases: More than half of all francophones (53%) and anglophones (51%) across the province stated that they suffered from at least one chronic disease. This difference is particularly pronounced in the Northeast region, where the figures rose to 62% of francophones and 59% of anglophones.

Asthma or chronic obstructive pulmonary disease (COPD): More than one third of all Ontarians – francophones and anglophones in equal proportions (32%) – suffer from asthma or COPD. A similar but higher difference was also recorded for the East region (36% of francophones versus 37% of anglophones) and a higher gap in the Northeast region (27% of francophones versus 39% of anglophones).

Arthritis: A higher number of francophones (21%) than anglophones (17%) suffer from arthritis. The gap between the two linguistic groups is more pronounced in the Northeast (27% des francophones versus 23% of anglophones), Central West (25% of francophones versus 17% of anglophones) and Southwest (25% of francophones versus 20% of anglophones) regions.

Back pain (other than fibromyalgia): Approximately one Ontarian in five experiences back pain. A higher proportion of francophones versus anglophones reported this problem, especially in the Central East and Central West regions (21% versus 25%, respectively).

Hypertension: Prevalence of hypertension was higher among francophones (20%) than anglophones (17%) in Ontario. This gap was particularly pronounced in the Southwest region, where 33% of francophones versus 19% of anglophones reported that they were hypertensive.

Diabetes: Similar proportions of francophones (6%) and anglophones (5%) in Ontario reported that they had diabetes.

Cardiac disease: The prevalence of cardiac disease was comparable among francophones (6%) and anglophones (5%). The highest prevalence was found in the Northeast region: 9% of francophones versus 7% of anglophones.

Cancer: 2% of Ontario’s francophones and anglophones reported that they had cancer.

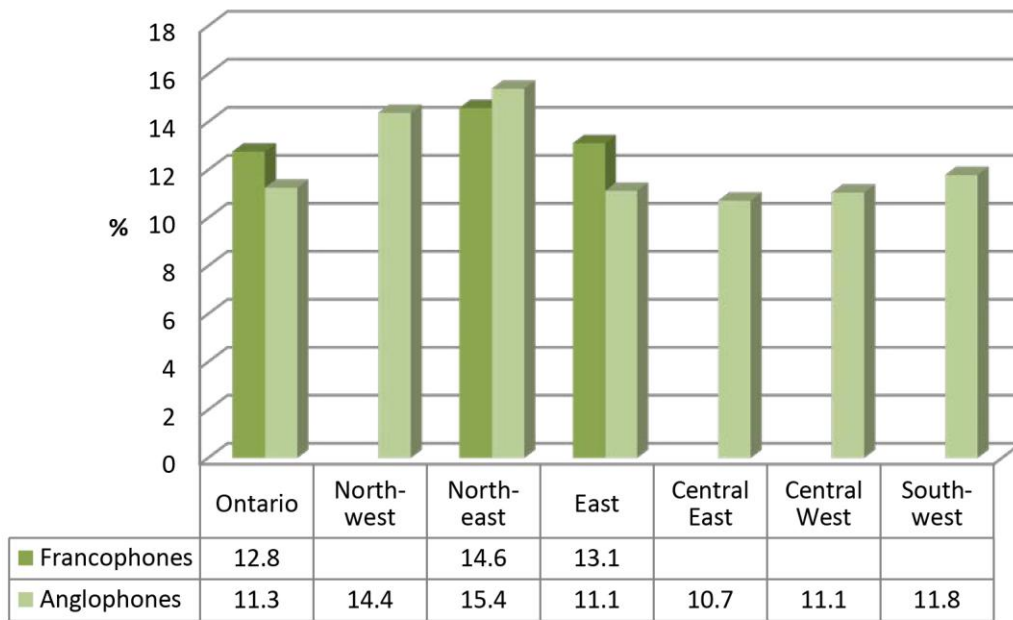
Intestinal disorders (Crohn’s disease, colitis, stomach or intestinal ulcers): The prevalence of intestinal disorders stood at 6% for both francophones and anglophones, rising to 9% in the Northeast region of the province.

Stroke: Of the total Ontario population, 1% reported disorders resulting from a stroke.

Mood disorders: Comparable proportions of francophones (6%) and anglophones (7%) were suffering from a mood disorder such as depression, bipolar disorder, a mania or dysthymia. Available data revealed that anglophones in the East region were more affected (8%) by these disorders than were francophones (5%).

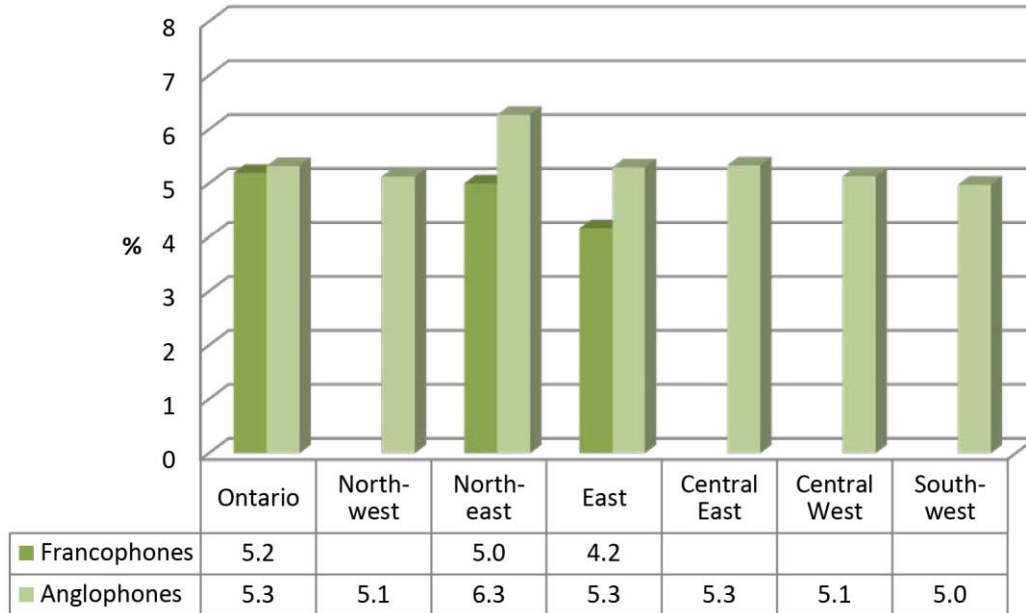
Anxiety disorders: Among all Ontarians who were affected by these conditions (which include phobias, obsessive-compulsive disorder and panic disorder), proportions of francophones and anglophones were roughly equal at 6% and 5% respectively. The highest prevalence was recorded among francophones in the East region (7% versus 6% of anglophones).

Perception of Health: Passable or Poor



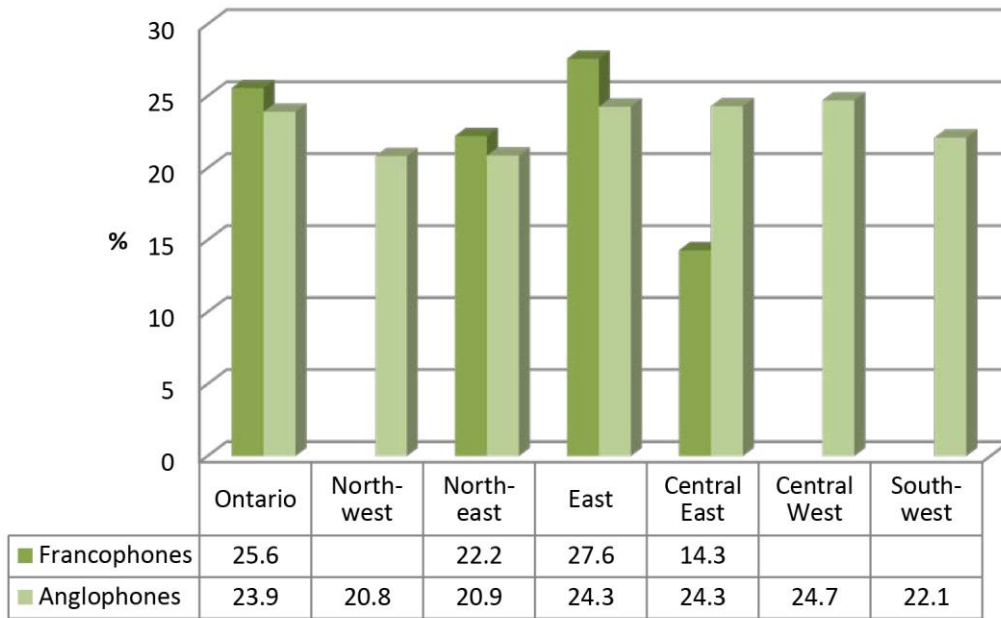
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Perception of Mental Health: Passable or Poor



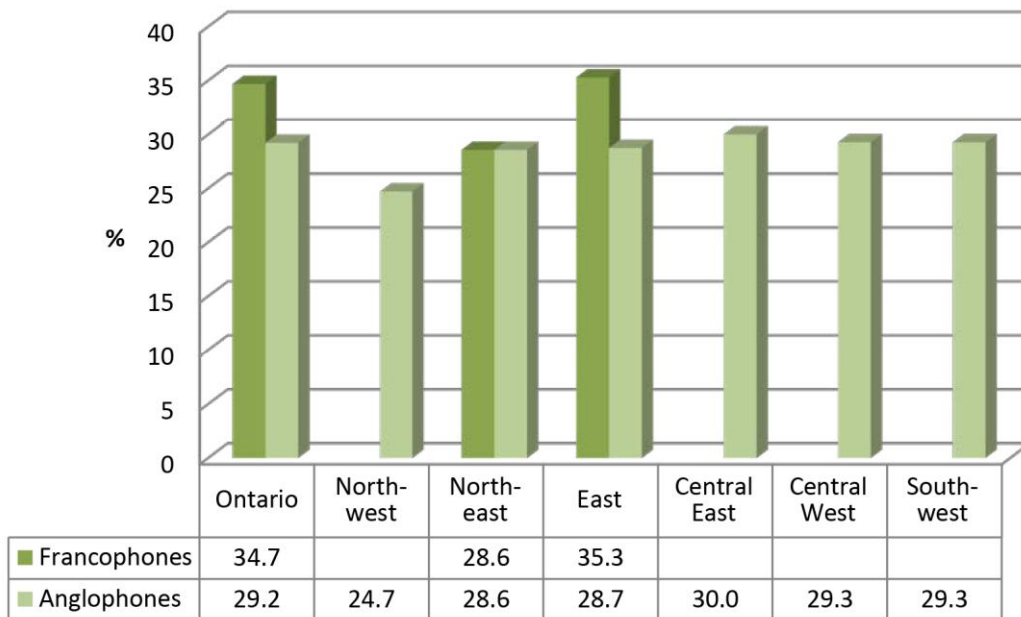
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High Perception of Stress in Daily Life



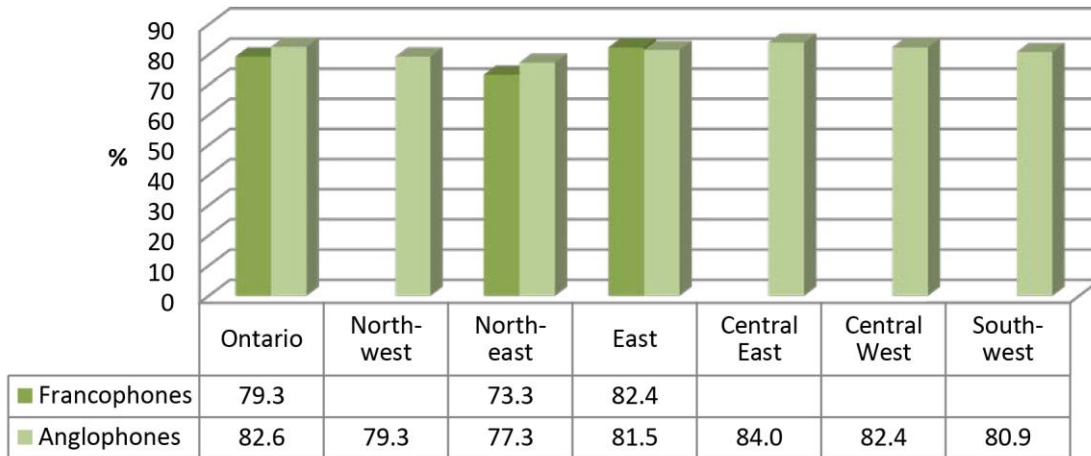
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High Perception of Work-related Stress



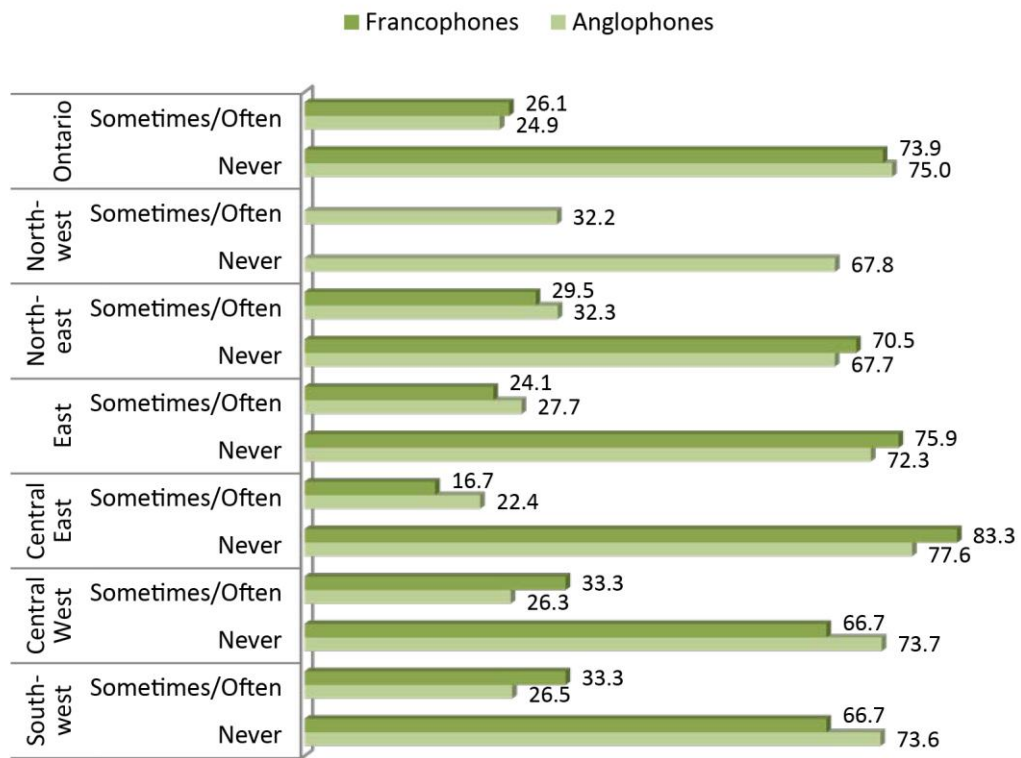
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Health Status Index: Usually Pain-free/Not Unwell



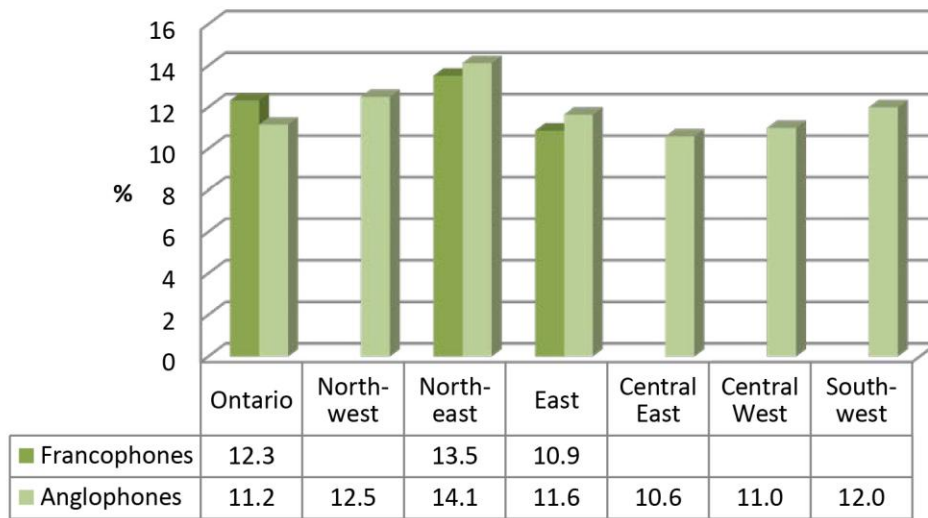
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Difficulty with Activities in Daily Life



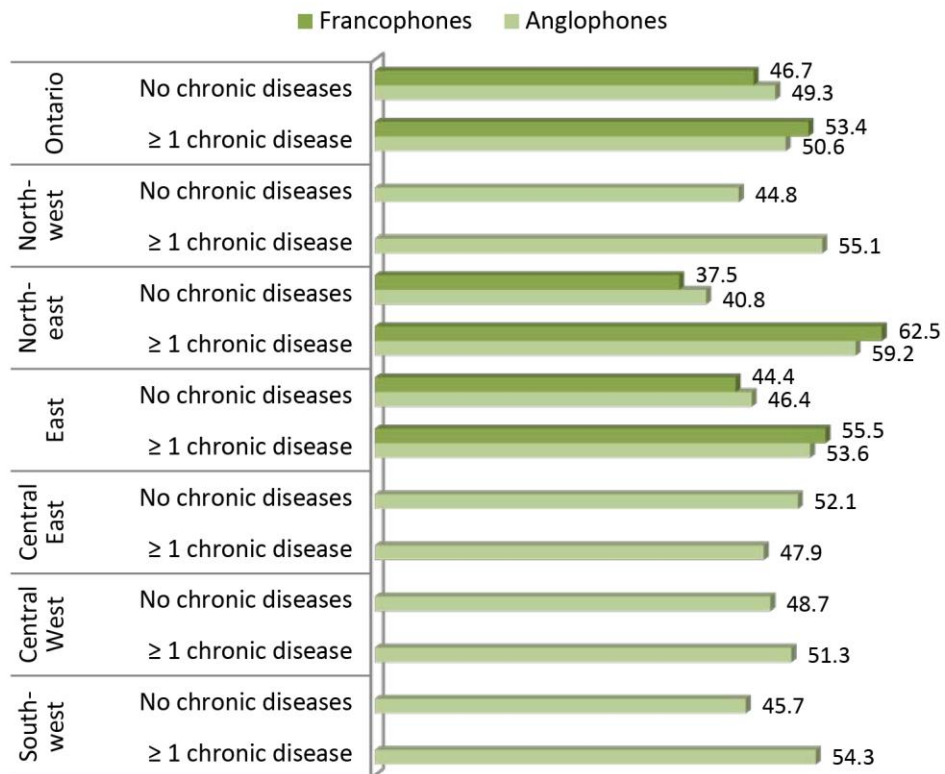
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Help Needed with Activities in Daily Life



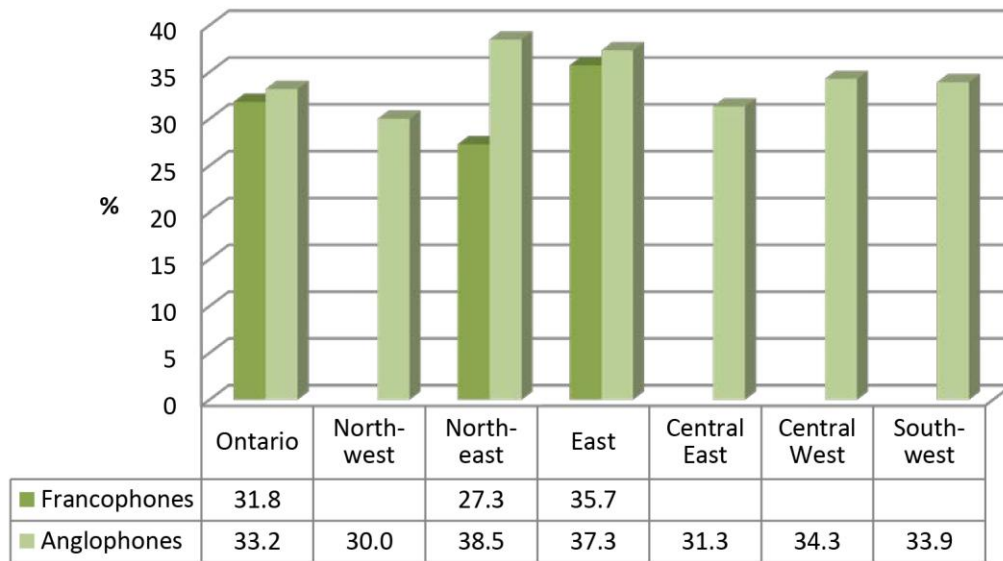
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Chronic Health Problems



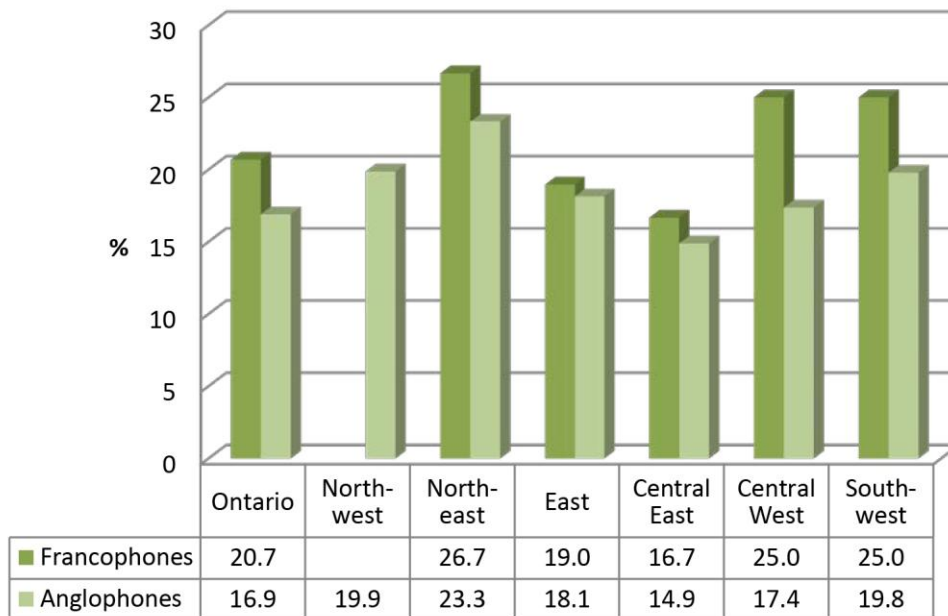
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Asthma or COPD Cases



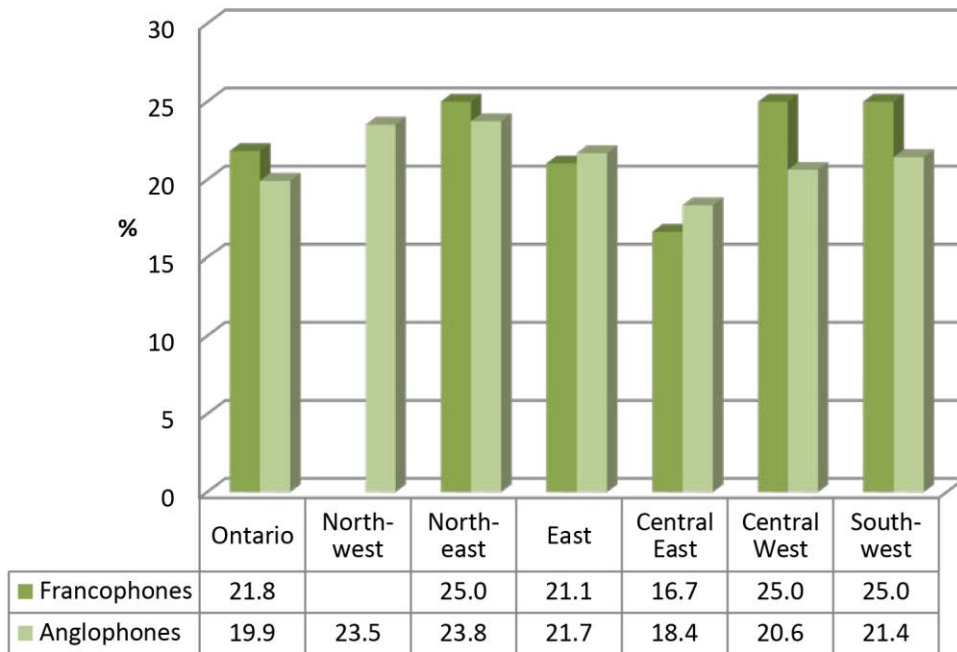
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Arthritis Cases



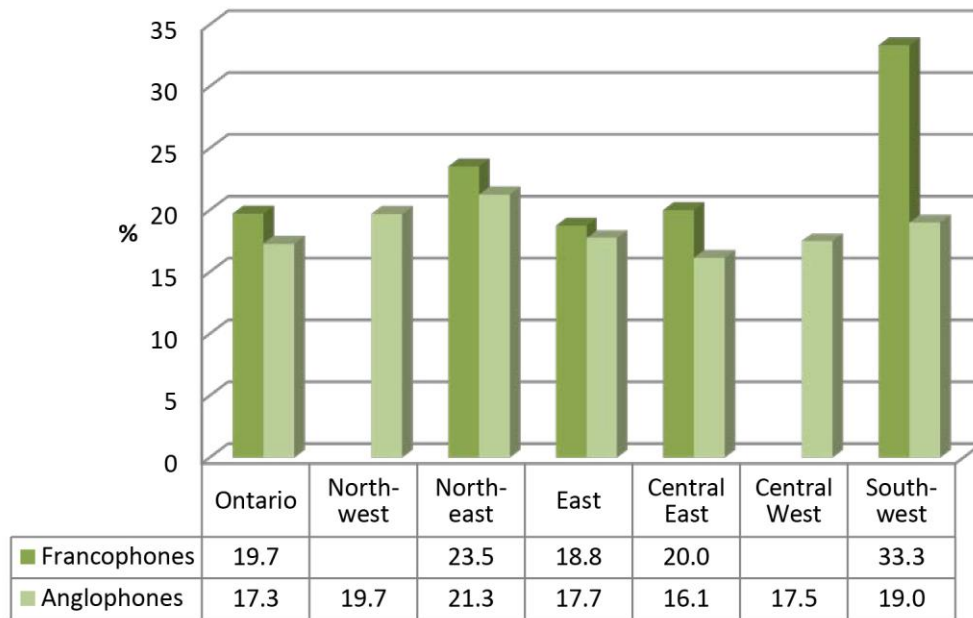
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Back Pain other than Fibromyalgia or Arthritis



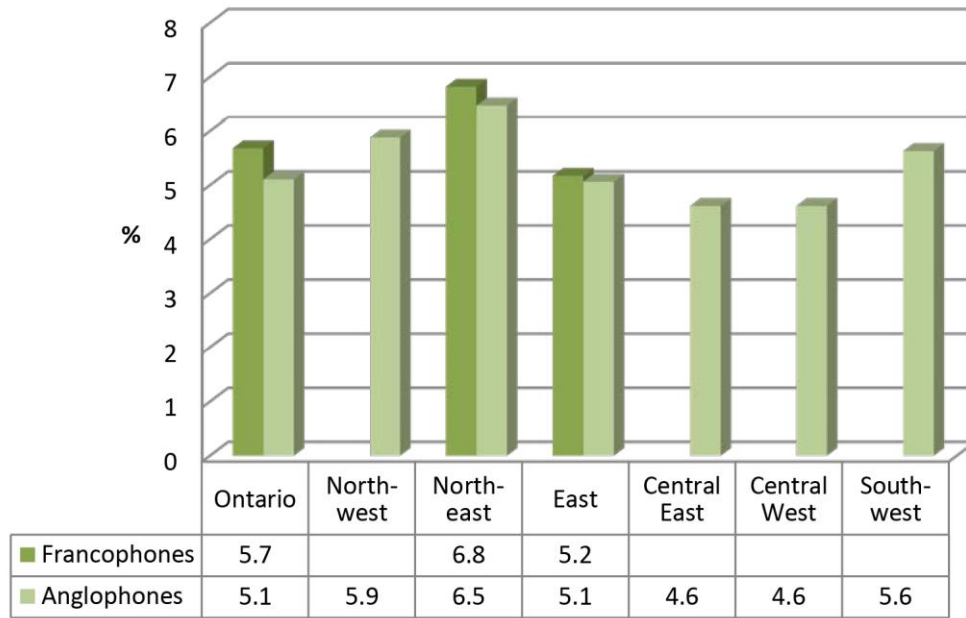
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Hypertension Cases



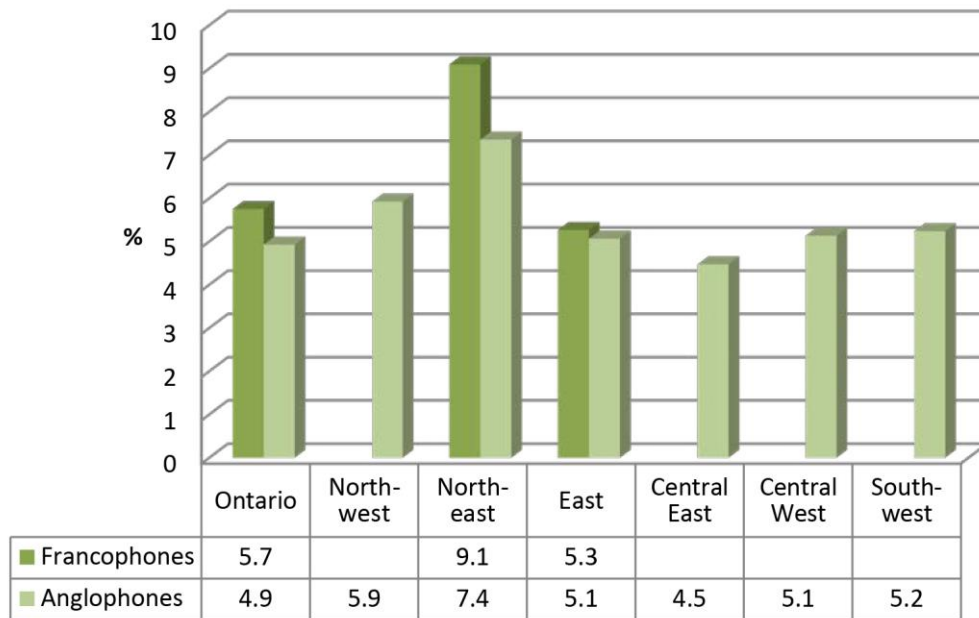
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Diabetes Cases



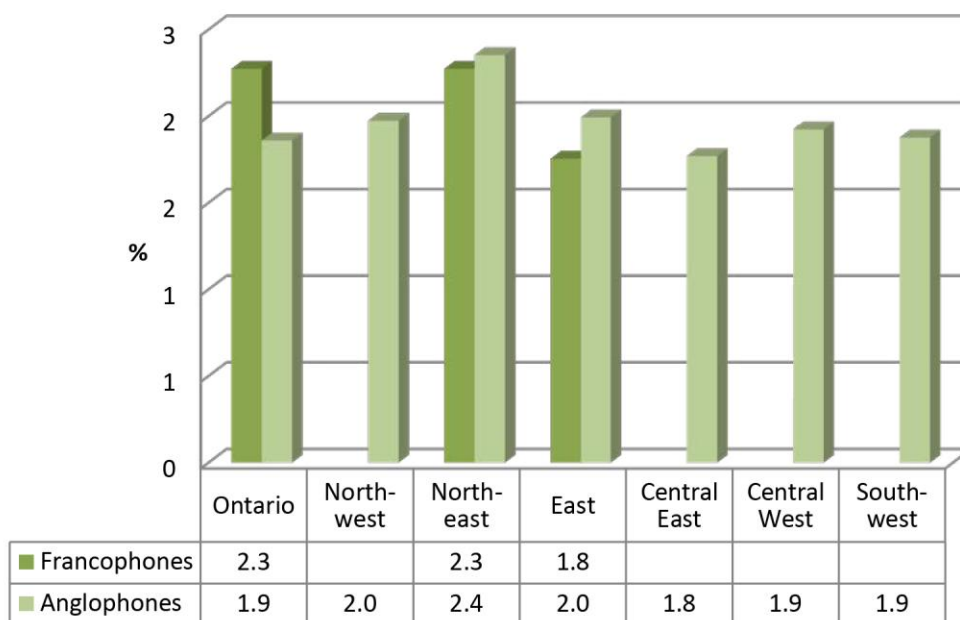
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Cardiac Disease Cases



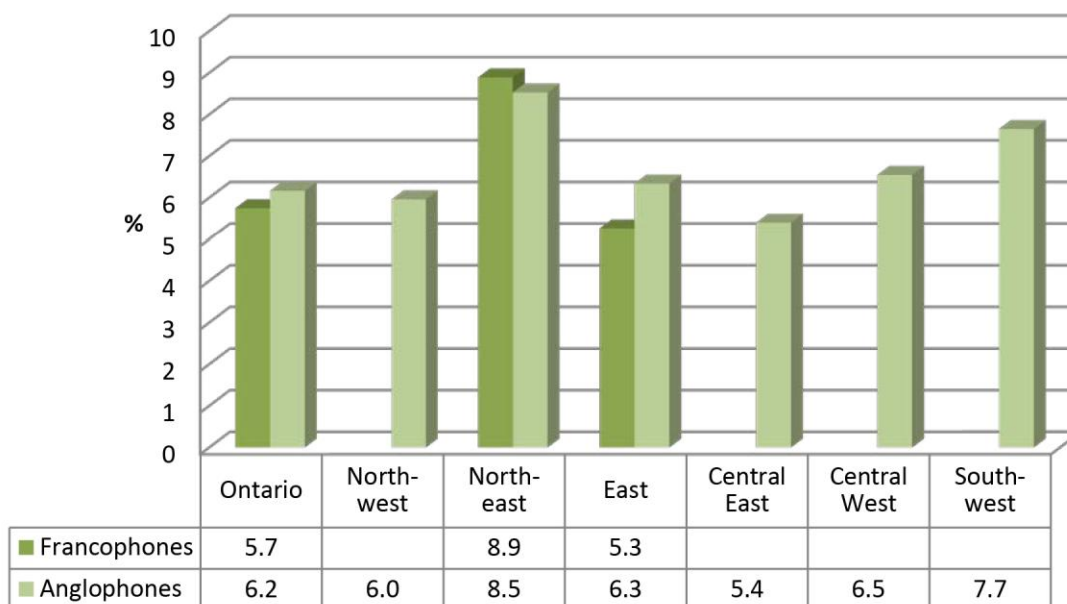
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Cancer Cases



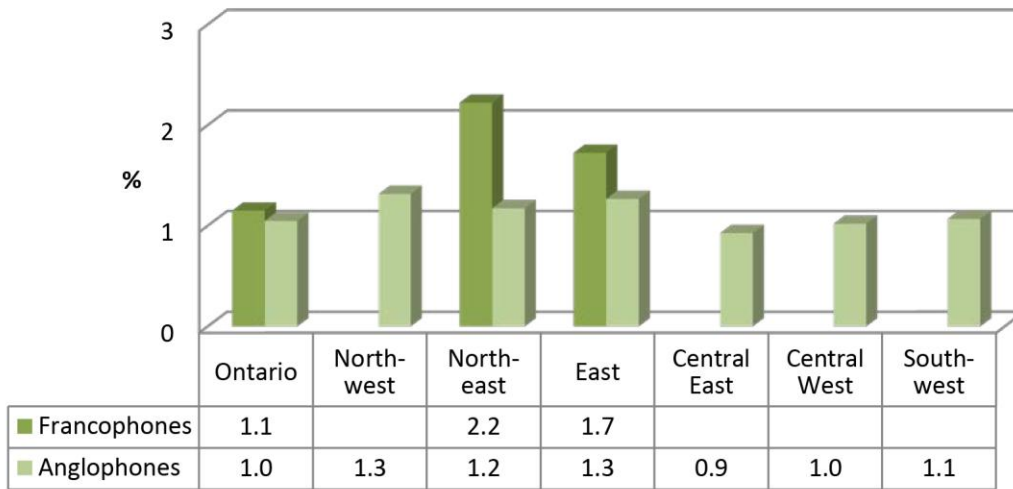
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Cases of Intestinal Disorders / Crohn's or Colitis, Stomach or Intestinal Ulcers



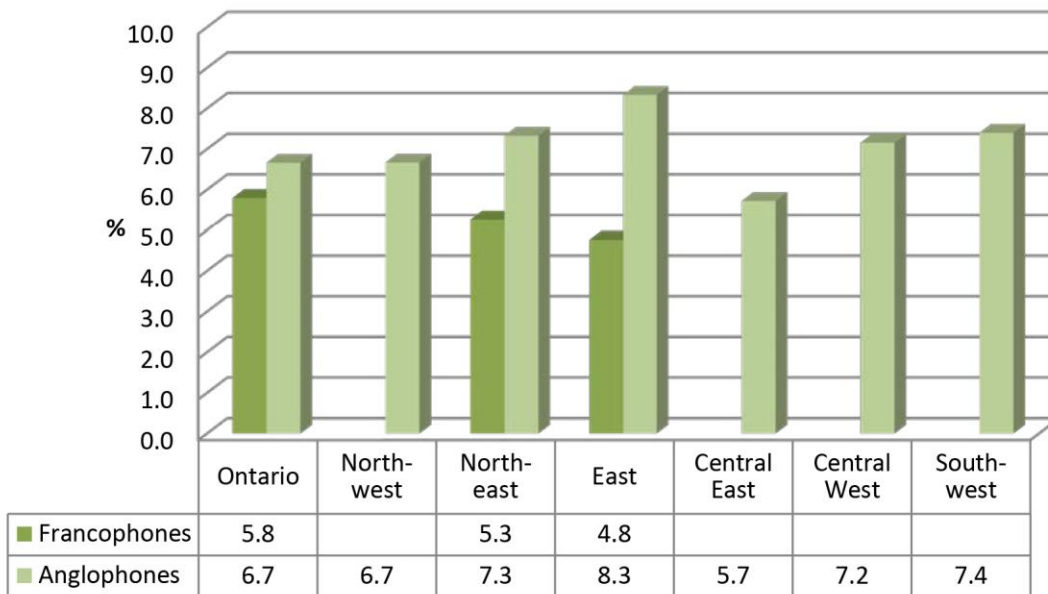
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Cases of Disorders Resulting from a Stroke



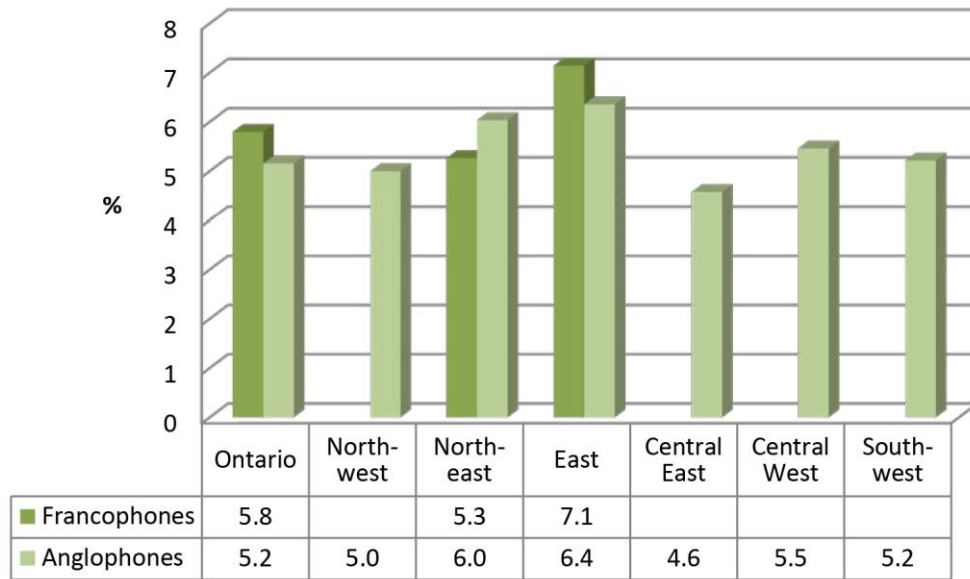
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Mood Disorder Cases (Depression, Bipolar Disorder, Mania, Dysthymia)



Note: A field is left empty if the number of respondents was insufficient for reporting results.

**Anxiety Disorder Cases
(Phobia, Obsessive-compulsive Disorder, Panic Disorder)**



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Chapter 3: Lifestyle and Health Behaviours

Summary

Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest, Northeast, Central East, Central West and Southwest regions.

Indicators

Changes made for health improvement purposes: Approximately 60% of francophones and anglophones across the province made changes to improve their health over the 12-month period leading up to the study. This proportion was similar and comparable between francophones and anglophones in the various regions studied.

Body Mass Index (BMI): Approximately 3% of francophones and anglophones (aged 18 years and over) province-wide reported a body mass index reflective of underweight. Forty-three percent of francophones and 47% of anglophones reported a BMI typical of normal weight. Figures for BMI linked to overweight stood at 36% and 35% (francophones versus anglophones), and 19% of francophones versus 16% of anglophones reported a BMI corresponding to high adiposity. These proportions were comparable at the regional level.

Daily Energy Expenditure index – physical and recreational activities: In Ontario, 24% of francophones and 26% of anglophones reported a Daily Energy Expenditure index for physical and recreational activities that reflected an active lifestyle. The index reported by 26% of francophones and 25% of anglophones was commensurate with a moderately active lifestyle and a similar proportion of both linguistic groups (50%) reported a Daily Energy Expense corresponding to an inactive lifestyle. In the Northeast region, proportions of physically active francophones versus anglophones were 24% and 30% respectively; numbers for moderately active individuals were comparable between the two groups (24% of francophones and 26% of anglophones respectively), while francophones who were not physically active outnumbered anglophones (52% versus 45%). In the Central East region, proportions of active or moderately active francophones and anglophones stood at 29% and 25% respectively. Among individuals whose index correlated to an inactive lifestyle, 43% were francophones and 52% were anglophones.

Daily fruit and vegetable consumption: Fifty-six percent of francophones and 60% of anglophones reported fruit and vegetable consumption equivalent to fewer than five servings or less than five times daily. Consumption figures ranging between 5 and 10 times/servings daily were reported by approximately 40% of francophones and anglophones. Finally, less than 5% of francophones and anglophones reported consumption of fruits and vegetables more than 10 times daily or equaling more than 10 portions daily. These observations were comparable on a regional level.

Type of smoker: Province-wide, the proportion of daily smokers was equal for both francophones and anglophones (17%), whereas occasional smokers accounted for 5% in both groups. The numbers for ex-smokers stood at 37% and 34% (francophones versus anglophones). Among respondents who reported that they had never smoked, 42% were francophones and 45% anglophones.

Exposure to second-hand smoke: Among respondents aged 18 years or over, 31% of francophones and 27% of anglophones reported exposure to second-hand smoke. Regionally, these proportions were comparable.

Types of alcohol consumers: Province-wide, 60% of francophones and 58% of anglophones reported that they were regular drinkers, compared to 20% of francophones and 18% of anglophones who drank occasionally, and 21% of francophones versus 24% of anglophones who did not consume alcohol. These proportions were similar in the Northeast and East regions. In the Northwest region, 50% of francophones and 60% of anglophones were regular drinkers. Proportions in the Central East, Southwest and Central West regions of the province were similar. In the East region, however, these proportions rose to 63% for both linguistic groups.

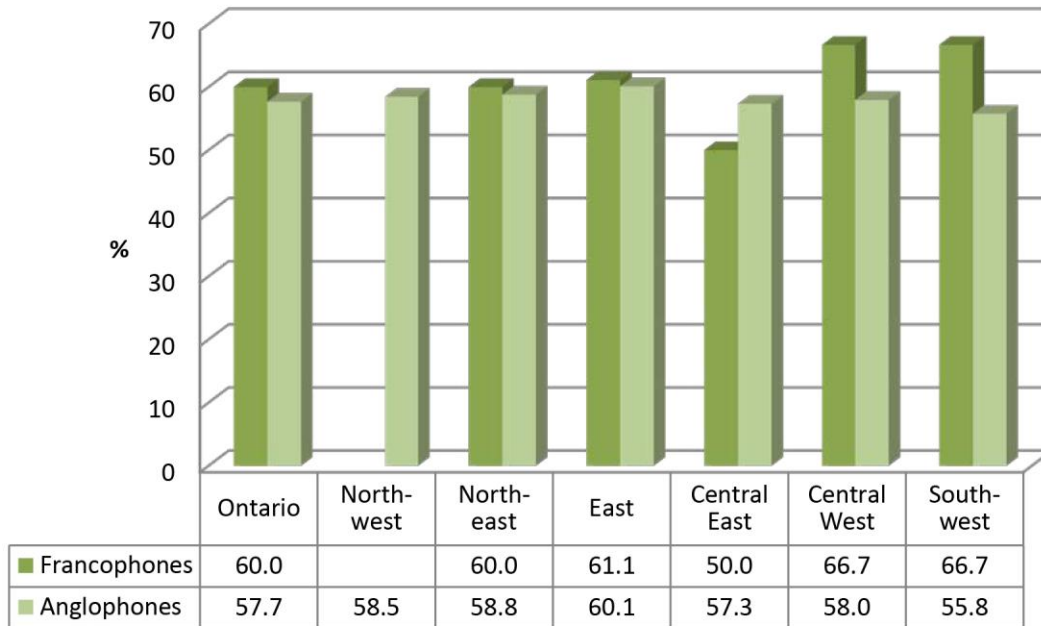
Types of gamblers: Across the province, 25% of francophones and 32% of anglophones self-identified as non-gamblers. Low-risk gamblers accounted for 2% of francophones and 4% of anglophones, while 48% of francophones and 44% of anglophones were moderate-risk gamblers.

Cannabis use (once in lifetime): On a province-wide basis, 33% of francophones and 39% of anglophones reported having used cannabis at least once. These proportions were comparable in the Northeast and East regions. In the Central East region, 50% of francophones and 36% of anglophones reported having used cannabis.

Cannabis use (once in the previous 12 months): Respondents who reported having used cannabis at least once in the previous 12 months represented 7% of francophones and 10% of anglophones.

Injury sustained in the previous 12 months: In total, 10% of francophones and 14% of anglophones had sustained an injury at some point in the previous 12 months.

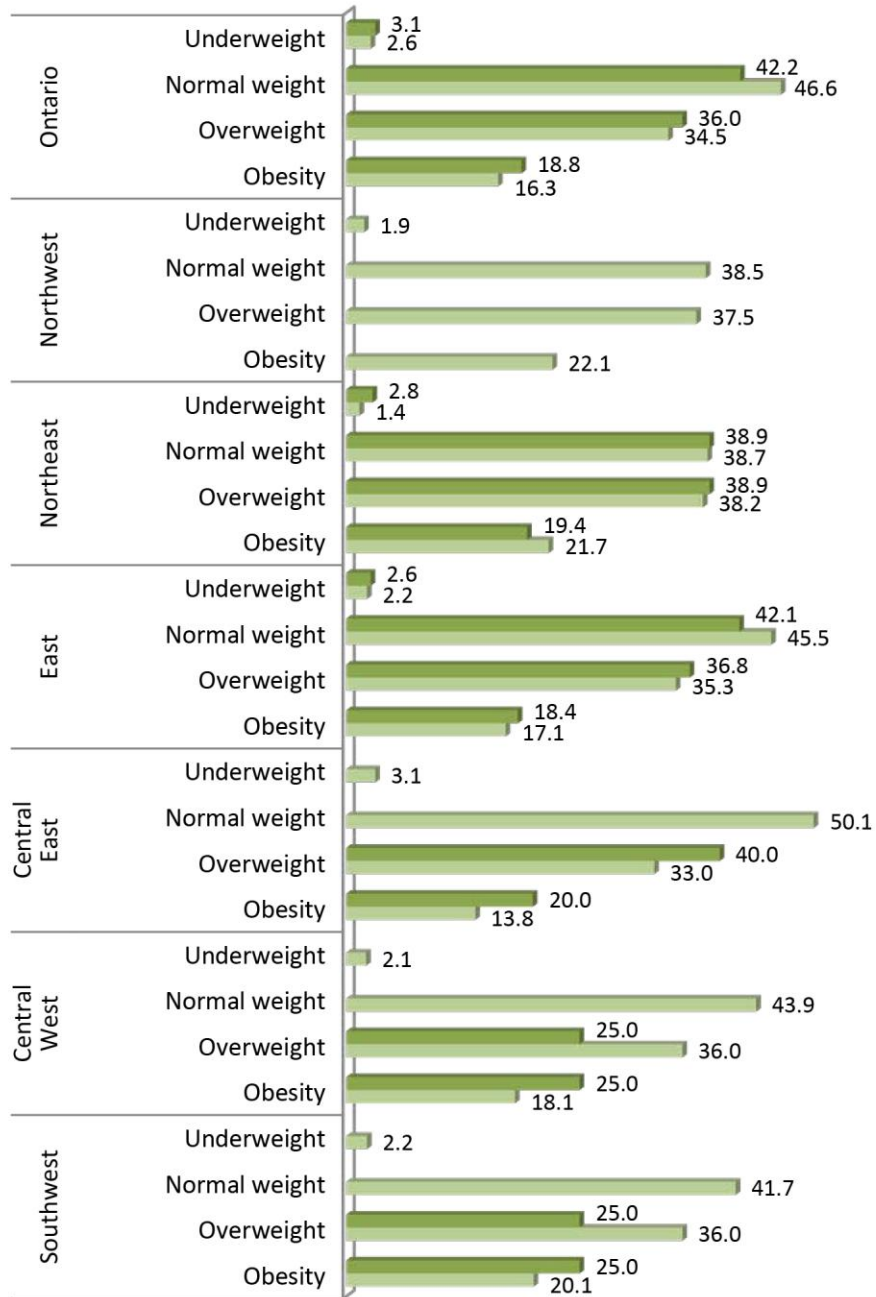
**Changes Made for Health Improvement Purposes over the Past 12 Months
(Weight Loss, Smoking Cessation, Physical Activity)**



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Self-reported Body Mass Index (BMI) (18 Years of Age and Over)

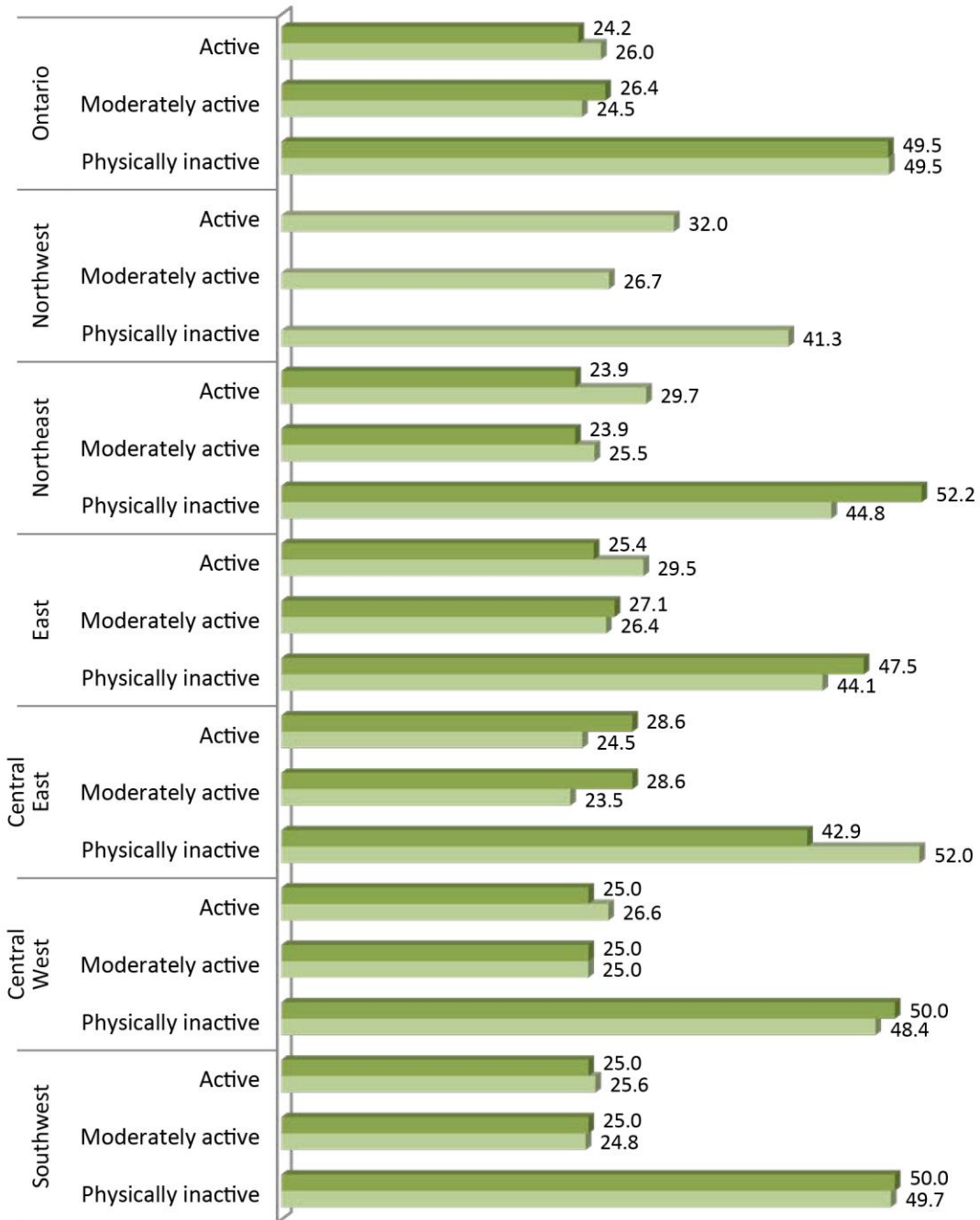
■ Francophones ■ Anglophones



Note: A field is left empty if the number of respondents was insufficient for reporting results.

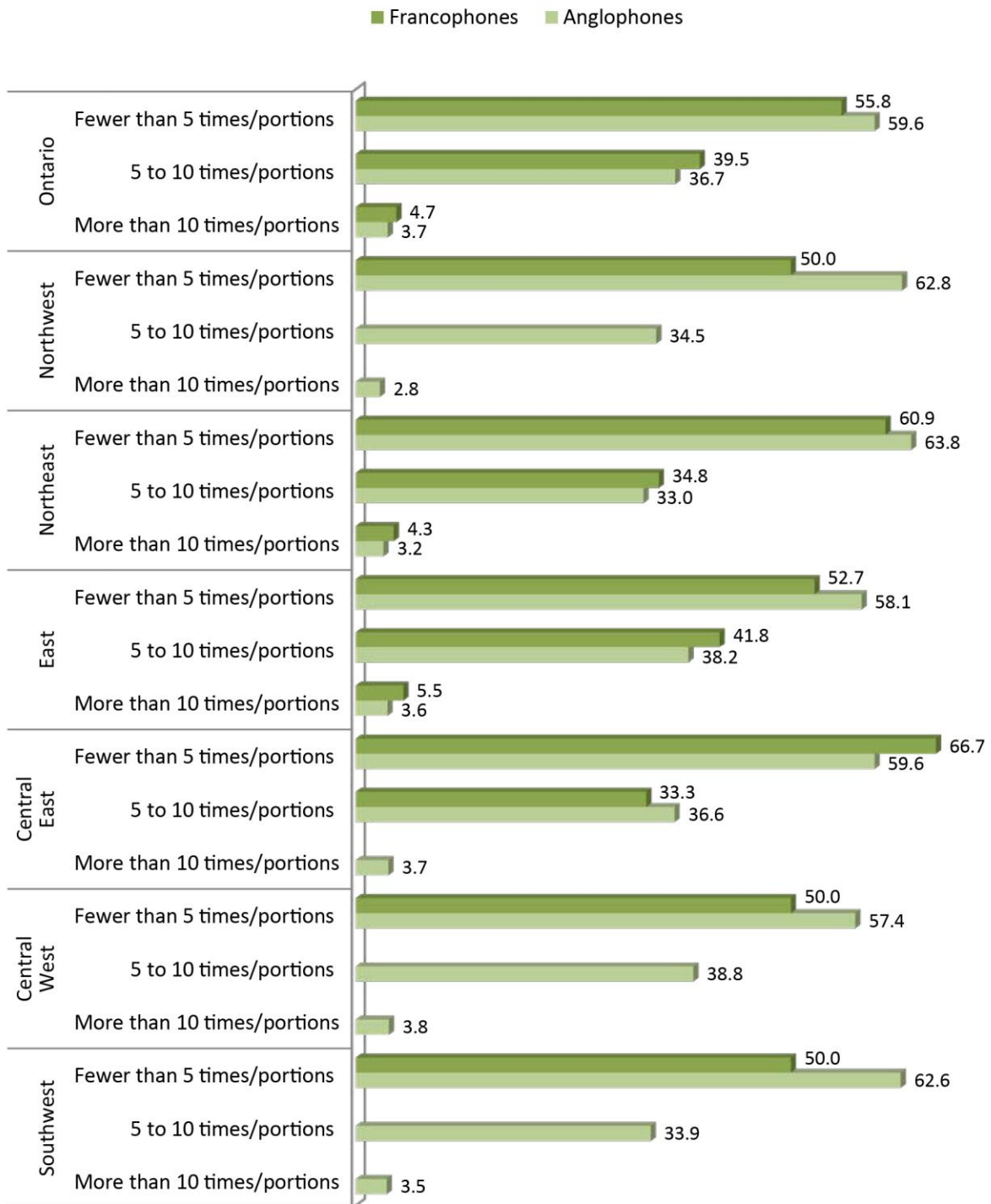
Daily Energy Expenditure Index – Physical and Recreational Activities

■ Francophones ■ Anglophones



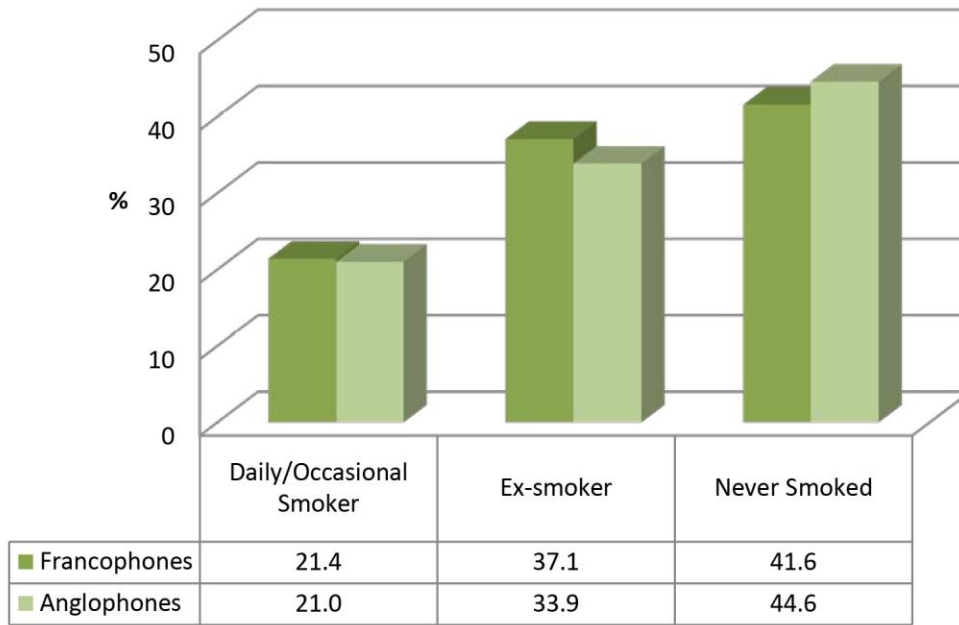
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Daily Fruit and Vegetable Consumption

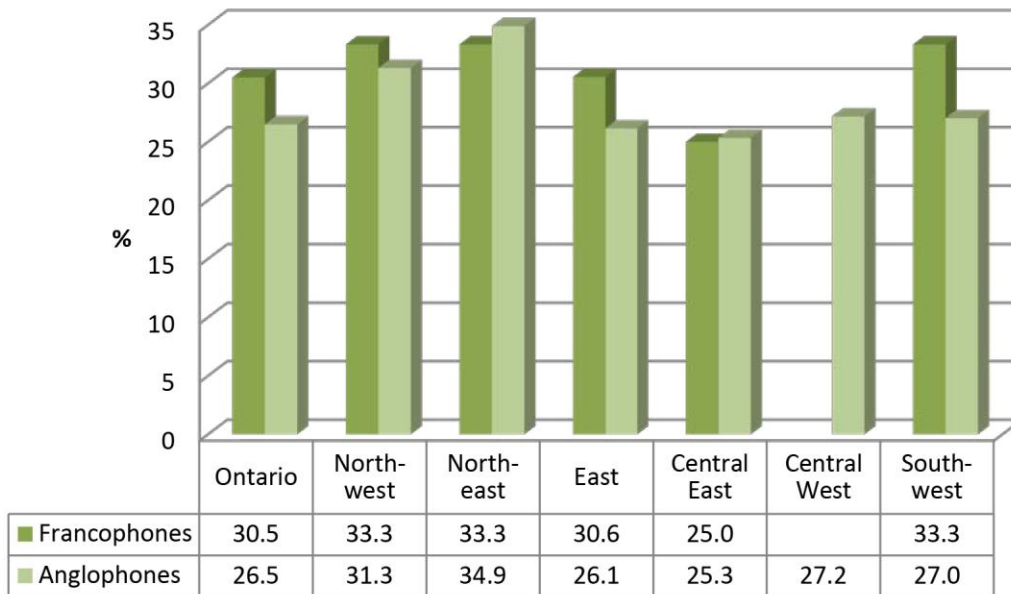


Note: A field is left empty if the number of respondents was insufficient for reporting results.

Type of Smoker



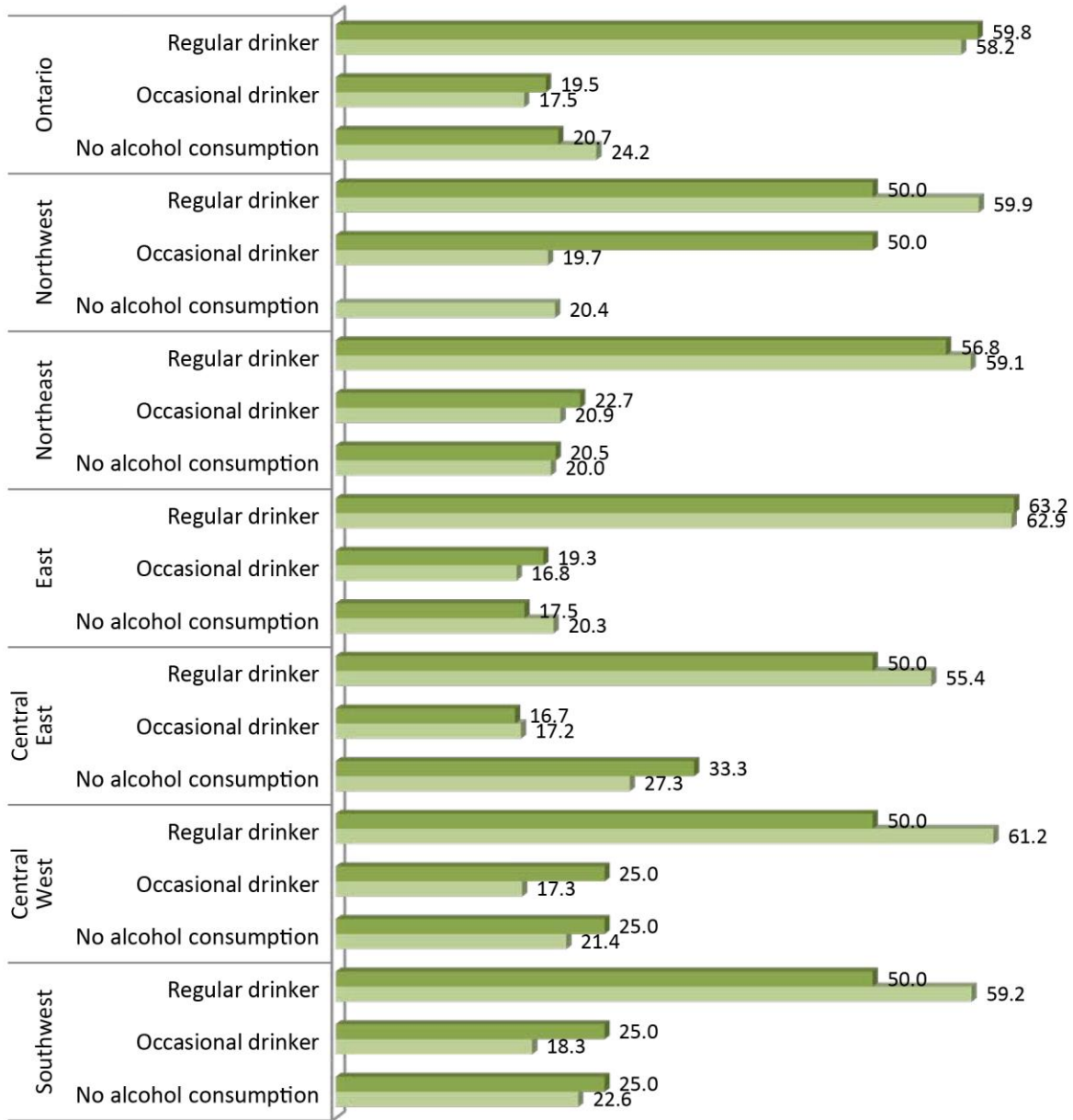
Exposure to Second-hand Smoke



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Types of Alcohol Consumers

■ Francophones ■ Anglophones

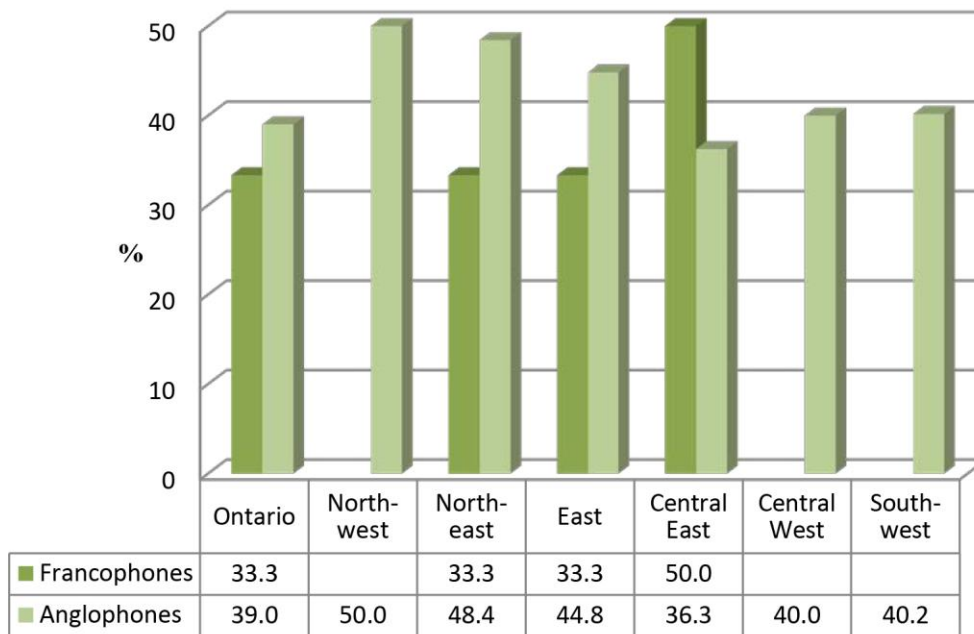


Note: A field is left empty if the number of respondents was insufficient for reporting results.

Types of Gamblers

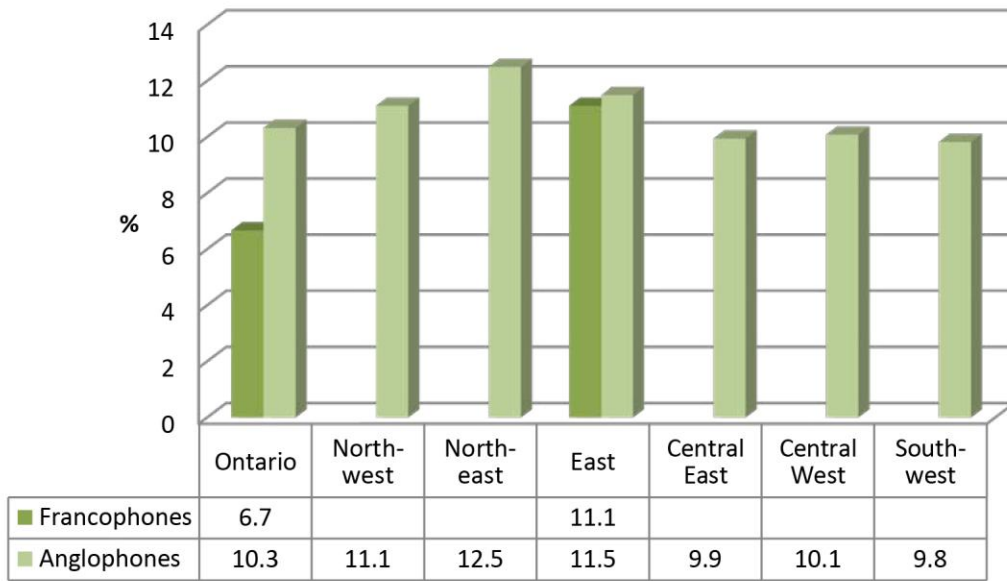


Cannabis Use over Lifetime (Including Once)



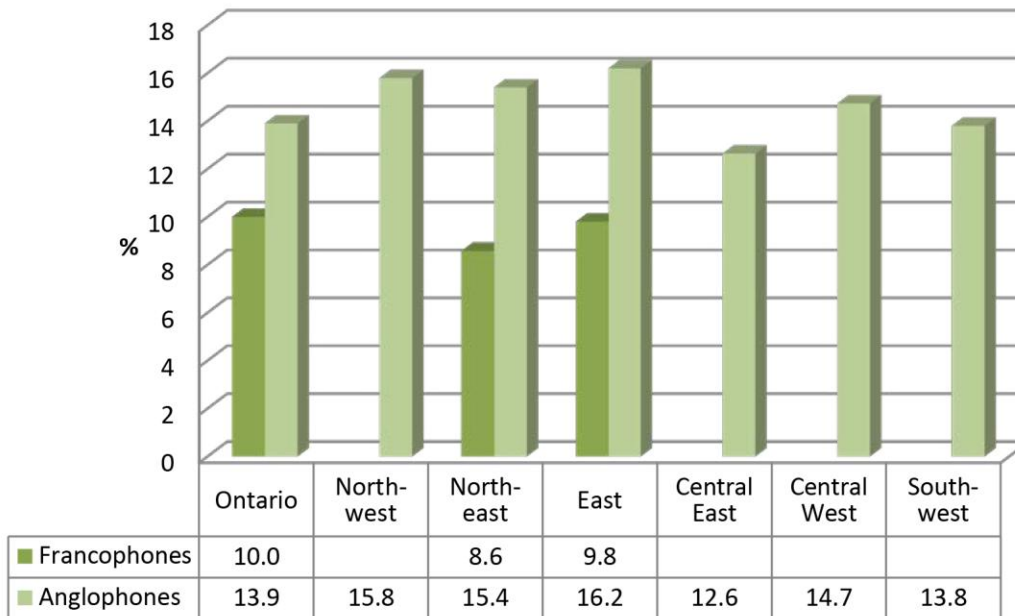
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Cannabis Use (Including Once) – Previous 12 Months



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Injury Sustained in the Previous 12 Months



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Chapter 4: Prevention and Screening

Summary

Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest, Northeast, East, Central East, Central West and Southwest regions.

Indicators

Breast self-examination: Similar proportions of francophone (83%) and anglophone (82%) women aged 50 years reported that they perform breast self-exams to detect any abnormal mass.

Mammogram: A significant proportion (88%) of women in Ontario aged 50 years or more had undergone a mammogram once in their lifetime, although these proportions were slightly higher among francophones than anglophones in the Northeast and East regions. Among women who had undergone a mammogram at some point in their lives, a higher proportion of anglophones (77%) than francophones (69%) stated that they had regular mammograms.

Pap test (screening for cervical cancer): Among women who were at least 18 years of age, 91% of francophones and 89% of anglophones reported having undergone a Pap test at some point in their lives.

PSA blood test (screening for prostate cancer): A higher proportion of anglophone (80.2%) versus francophone men (75%) had undergone a blood test to screen for prostate cancer. Among male respondents who had had this test, 71% of francophones and 73% of anglophones reported having it done regularly.

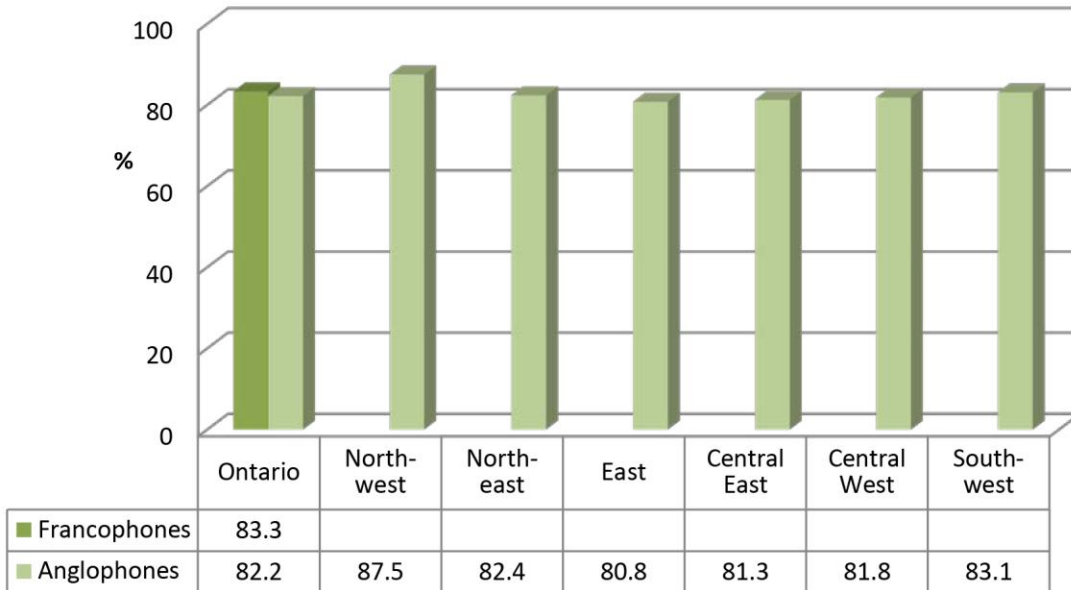
Screening for colorectal cancer: Almost one person in two aged 50 years or more had undergone screening for colorectal cancer at some point in their lives (47% of francophones versus 43% of anglophones). The highest proportions fell in the East region: 57% of francophones versus 47% of anglophones. Among individuals who had been screened, 71% of francophones and 73% of anglophones reported undergoing a screening test regularly.

Influenza virus vaccine: This vaccine had been administered to 82% of francophones and 85% of anglophones aged at least 65 years. The gap is higher in the East region (83% and 88% respectively).

Oral health (visiting a dentist): A higher proportion of anglophones (72%) versus francophones (68%) reported that they had visited a dentist in the 12-month period prior to the study.

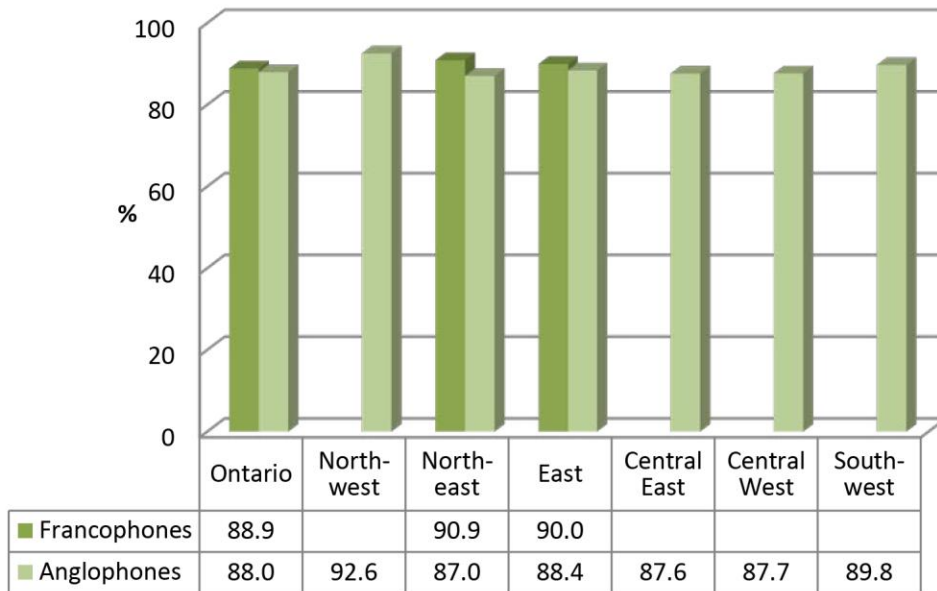
Vision tests: A proportionally higher number of francophones than anglophones had undergone a vision test in the 12 months leading up to the study (47% versus 43%).

**Breast Self-examination to Detect any Abnormal Mass
(Women 50 Years of Age and Over)**



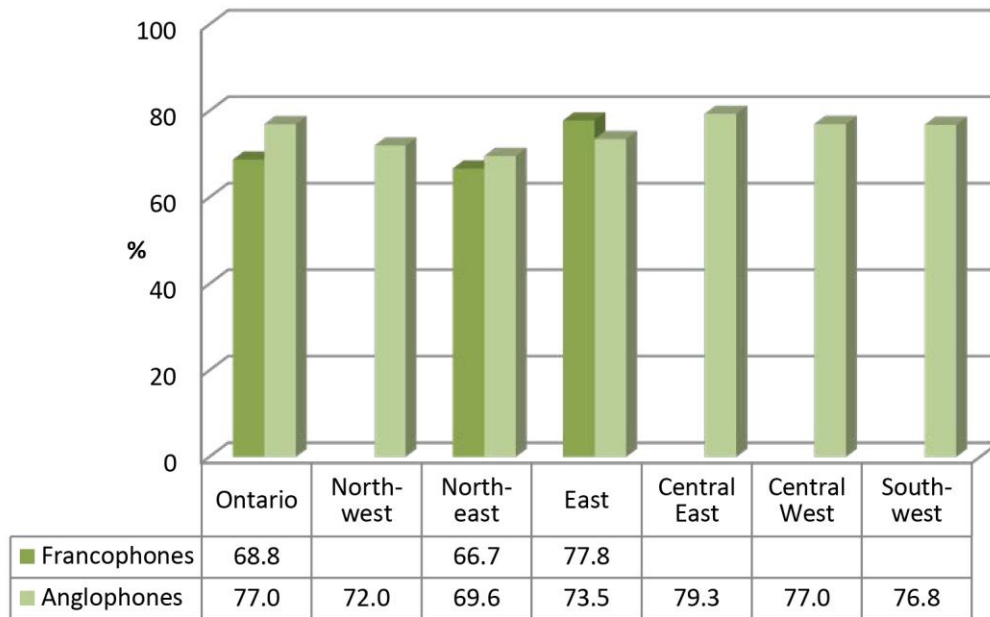
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Mammogram (Women 50 Years and Over)



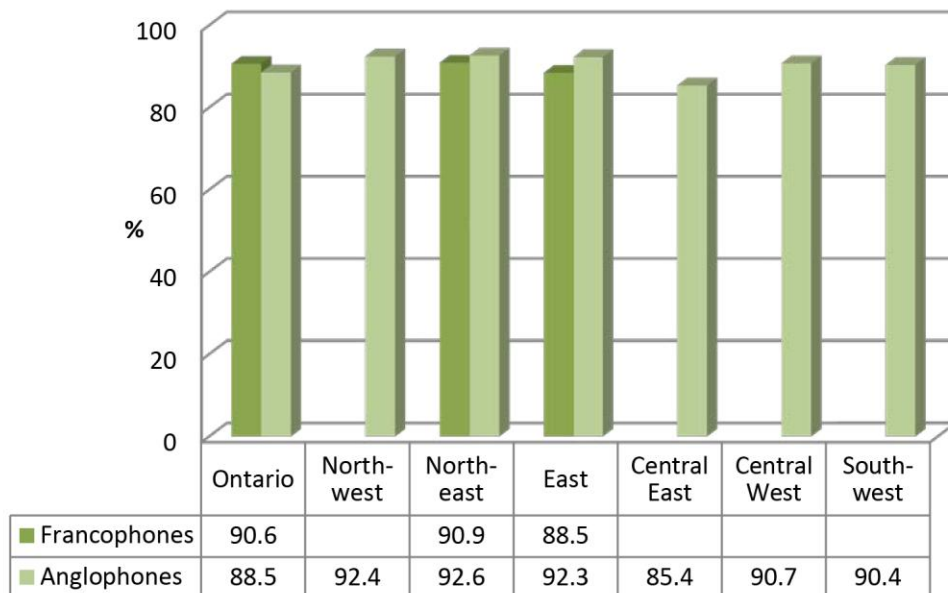
Note: A field is left empty if the number of respondents was insufficient for reporting results.

**Mammogram on a Regular Basis
(Women 50 Years of Age and Over)***



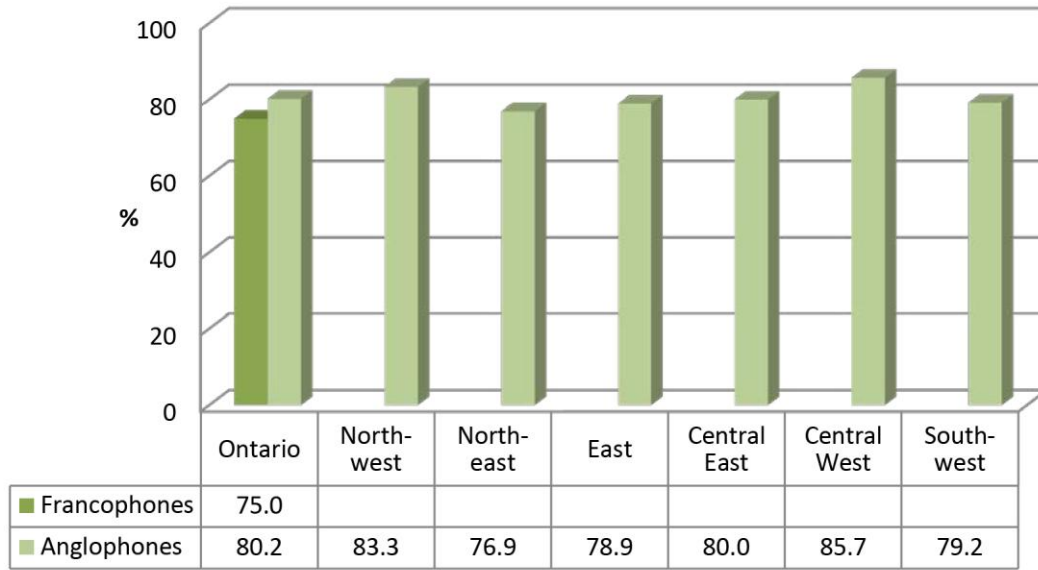
Note: A field is left empty if the number of respondents was insufficient for reporting results.
*Question put to women who had undergone a mammogram at least once in their lifetime

PAP Test (Women 18 Years of Age and Over)



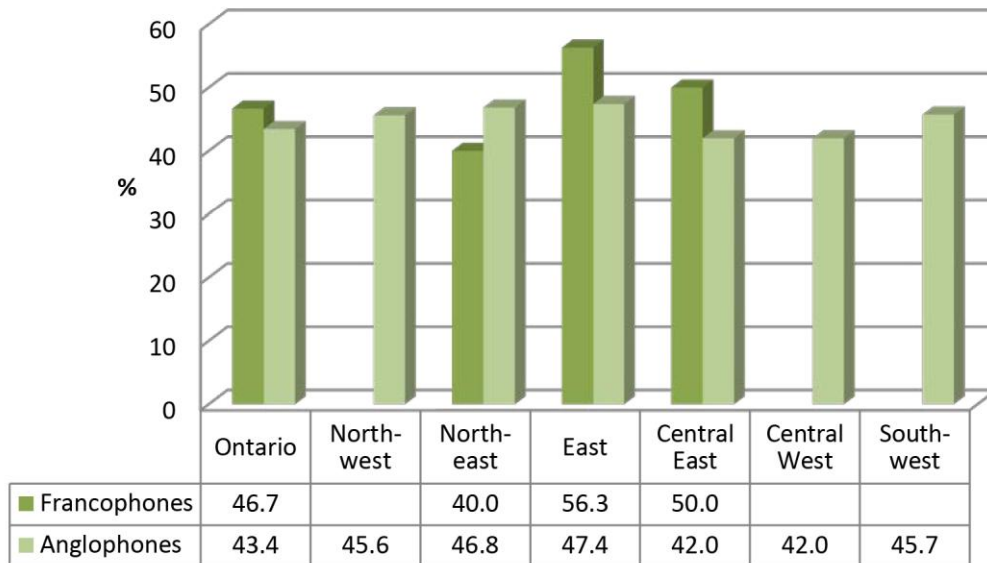
Note: A field is left empty if the number of respondents was insufficient for reporting results.

**PSA Blood Test (Prostate Cancer Screening)
(Men 60 Years of Age and Over)**



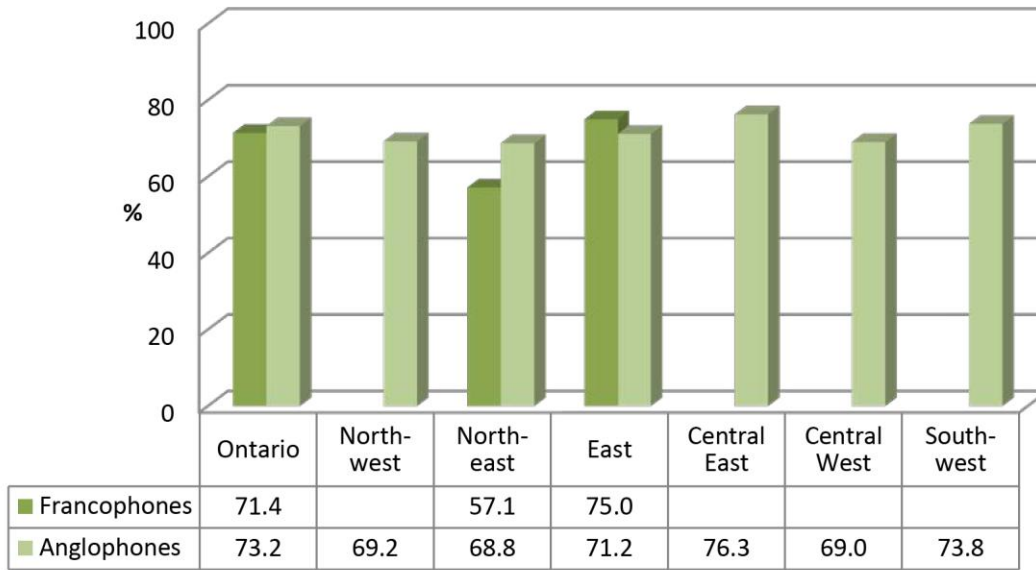
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Screening for Colorectal Cancer (50 Years of Age and Over)



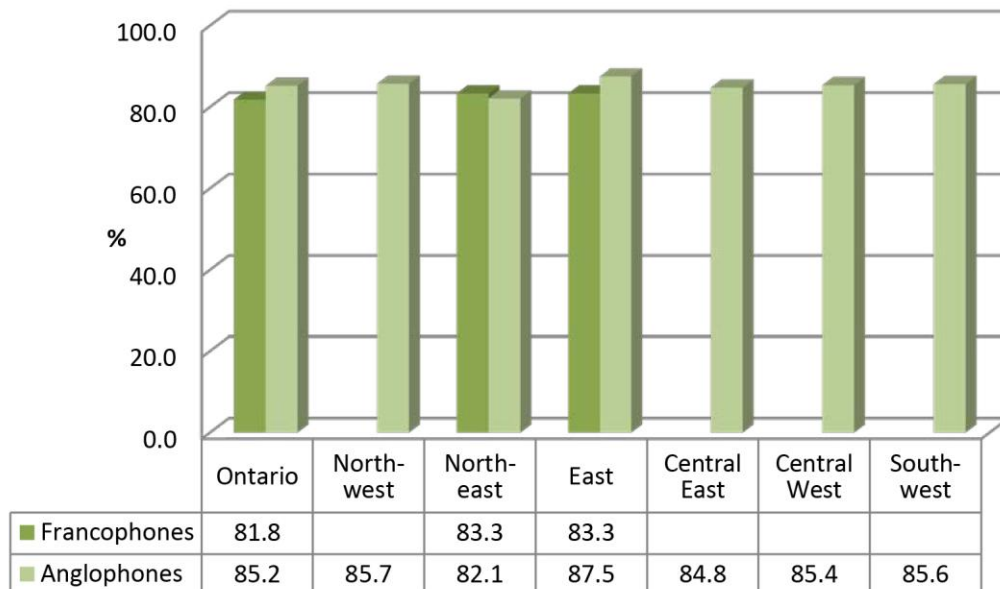
Note: A field is left empty if the number of respondents was insufficient for reporting results.

**Screening for Colorectal Cancer – Regular Exam
(50 Years of Age and Over)***



Note: A field is left empty if the number of respondents was insufficient for reporting results.
 * Question put to respondents who reported having undergone colorectal cancer screening at least once in their lifetime.

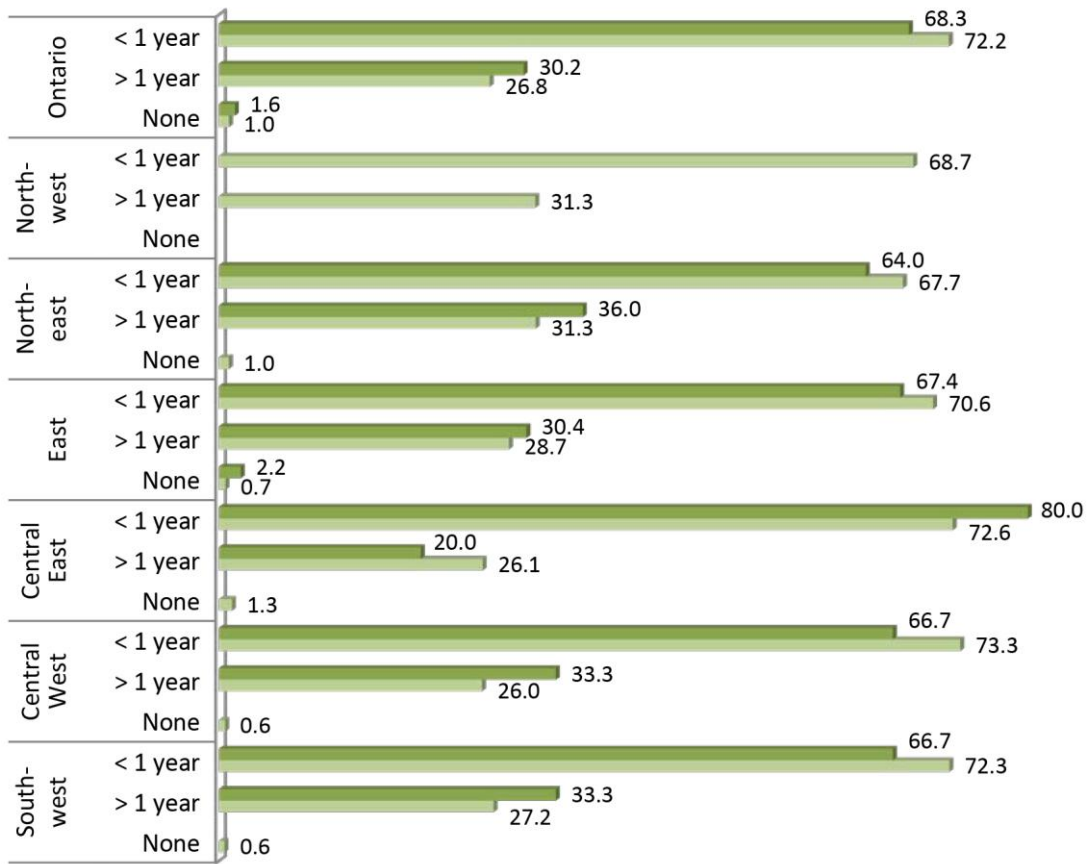
Already Received Influenza Virus Vaccine (65 Years of Age and Over)



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Last Dentist Visit

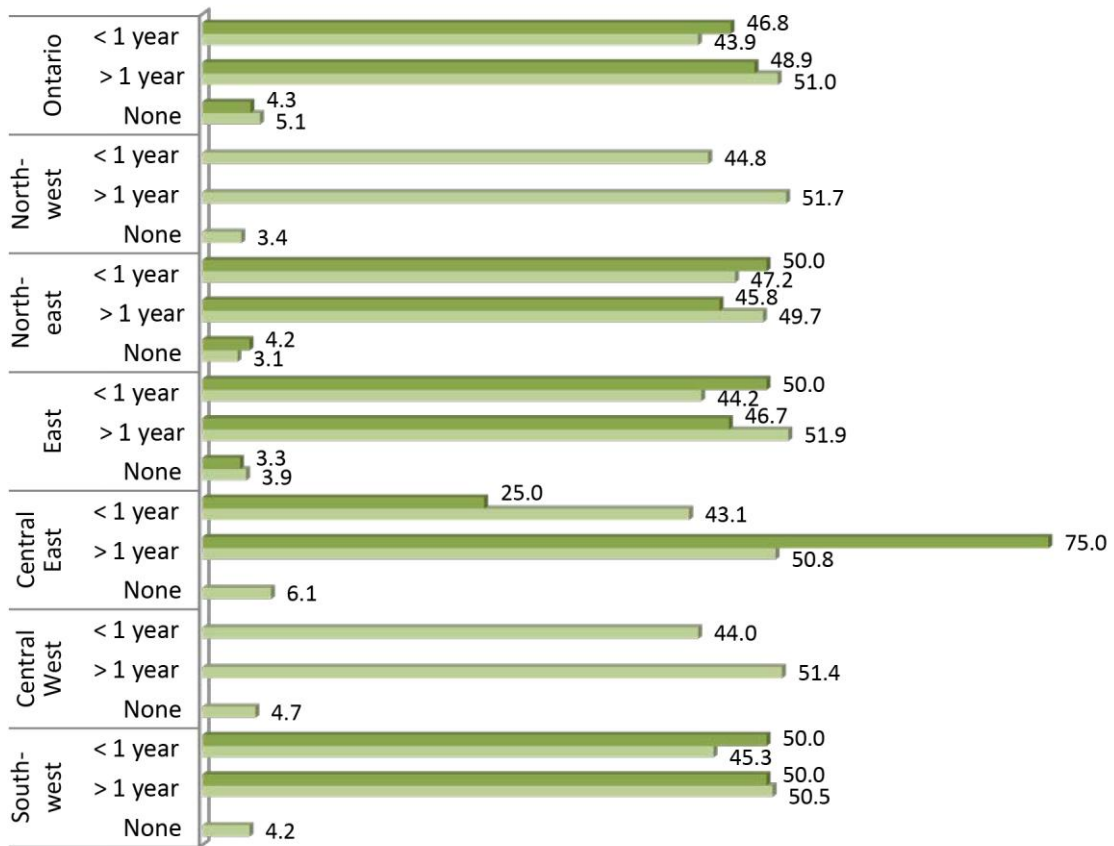
■ Francophones ■ Anglophones



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Last Vision Test

■ Francophones ■ Anglophones



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Chapter 5: Contact with Certain Healthcare Professionals

Summary

Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest, Northeast, East, Central East, Central West and Southwest regions.

Indicators

Having a regular physician: Of Ontario's total population, 90% have a regular family doctor.

Language spoken with the physician: Throughout Ontario, 52% of francophones said that they speak French with their family doctor. The highest proportion was recorded in the East (70%), with lower numbers in the Northeast (62%) and the Central East (25%). Almost 100% of anglophones speak English with their family doctor.

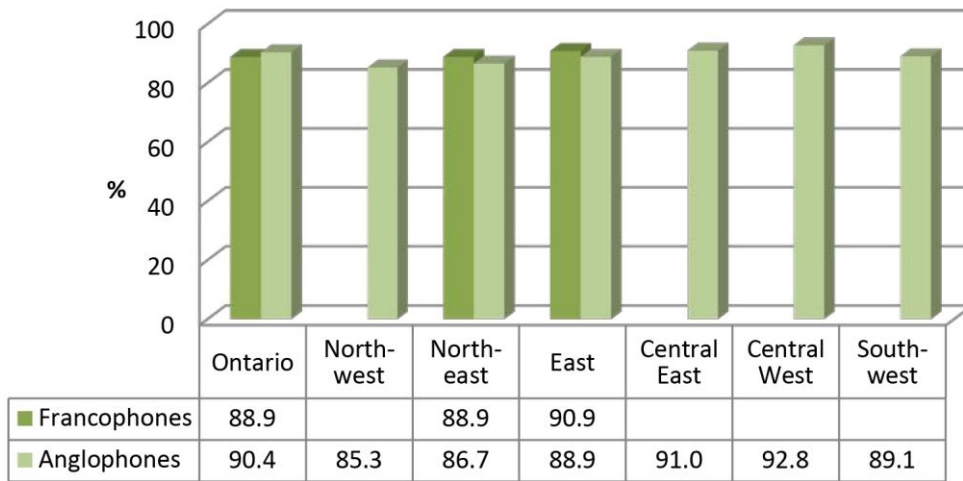
Reason for not having a physician: Among Ontarians who do not have a family doctor, 29% of francophones and 36% of anglophones reported that they had not tried to get one. The doctor's departure or retirement was cited by 25% of francophones and 24% of anglophones, and these proportions rose to 33% and 28% respectively in the Northeast. Among respondents who stated that their doctor was no longer accepting new patients, 25% were francophones and 23% were anglophones. Province-wide, 20% of francophones and 24% of anglophones, versus 50% of francophones in the Northeast cited the absence of a physician in their region.

Consulting a family physician: A high proportion of francophones (78%) and anglophones (80%) reported that they had consulted their family doctor at some point in the 12-month period prior to the study. Among francophone respondents, 44% had seen their family doctor once or twice during this period, and 33% at least three times. These numbers stood at 42% and 38%, respectively, for anglophones.

Nurse consultations: Approximately 10% of Ontario's population had consulted a nurse in the 12-month period leading up to the study. The highest rates of nurse consultation were recorded for francophones (20%) and anglophones (16%) in the East region.

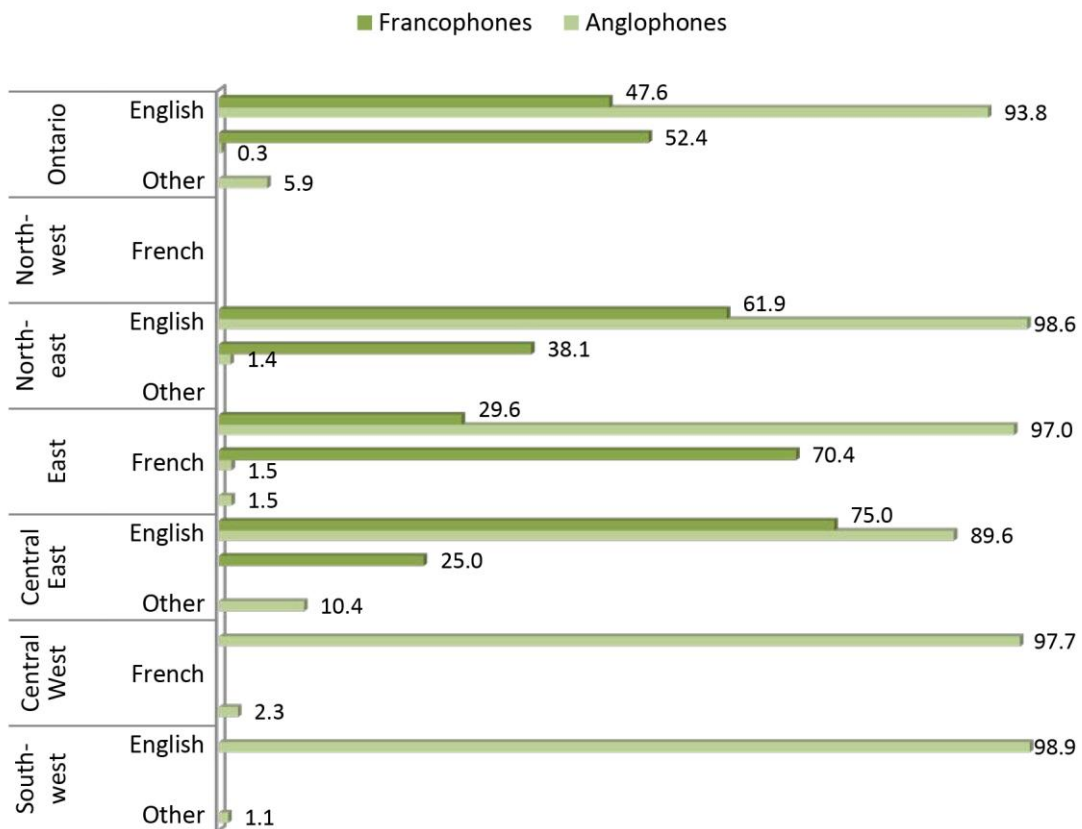
Visiting a dentist: Overall, 33% of francophones and 27% of anglophones reported that they had not visited a dentist at any time in the preceding 12 months.

Have a Regular Physician (15 Years of Age and Over)



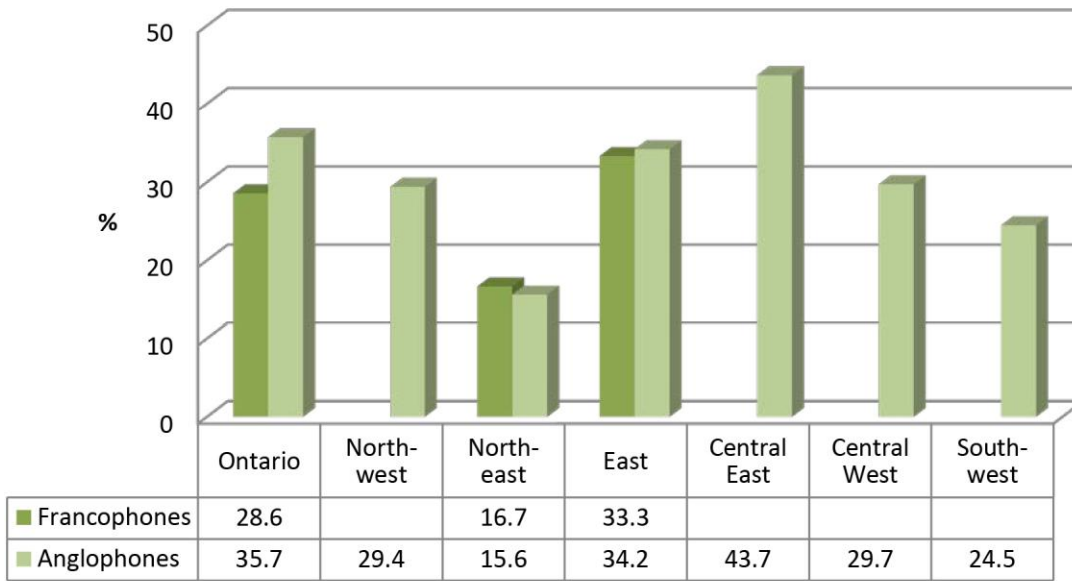
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Language Spoken with Physician



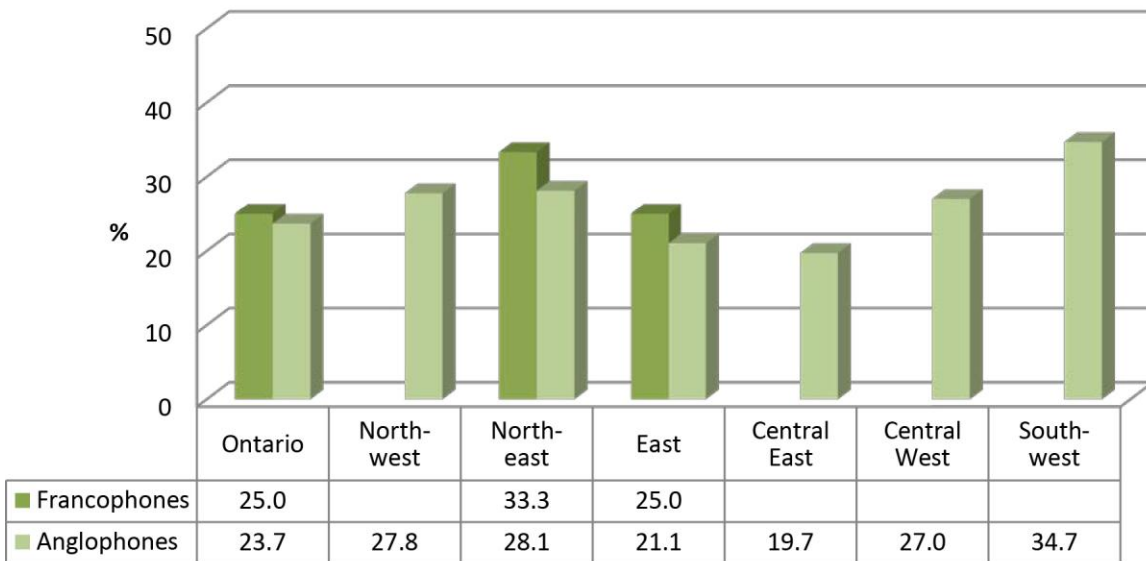
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Reason for Not Having a Physician – No Attempt to Get One



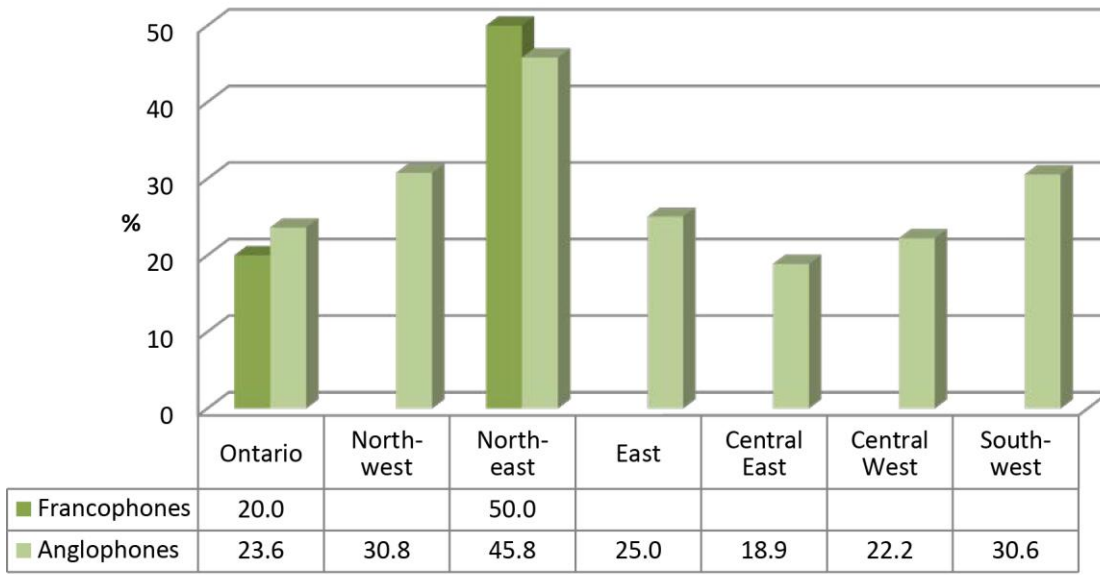
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Reason for Not Having a Physician – Departure/Retirement



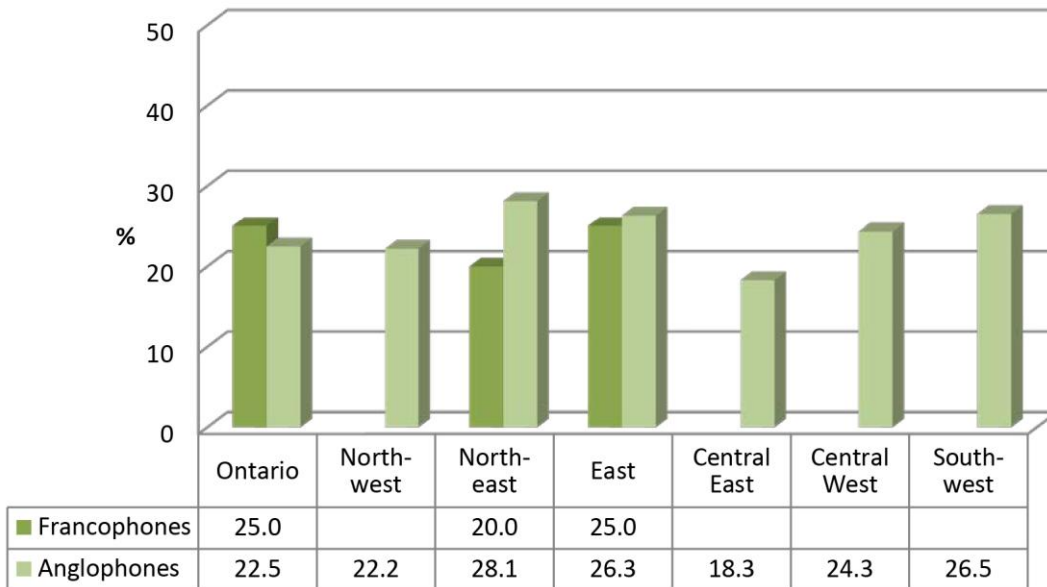
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Reason for Not Having a Physician – None in Region



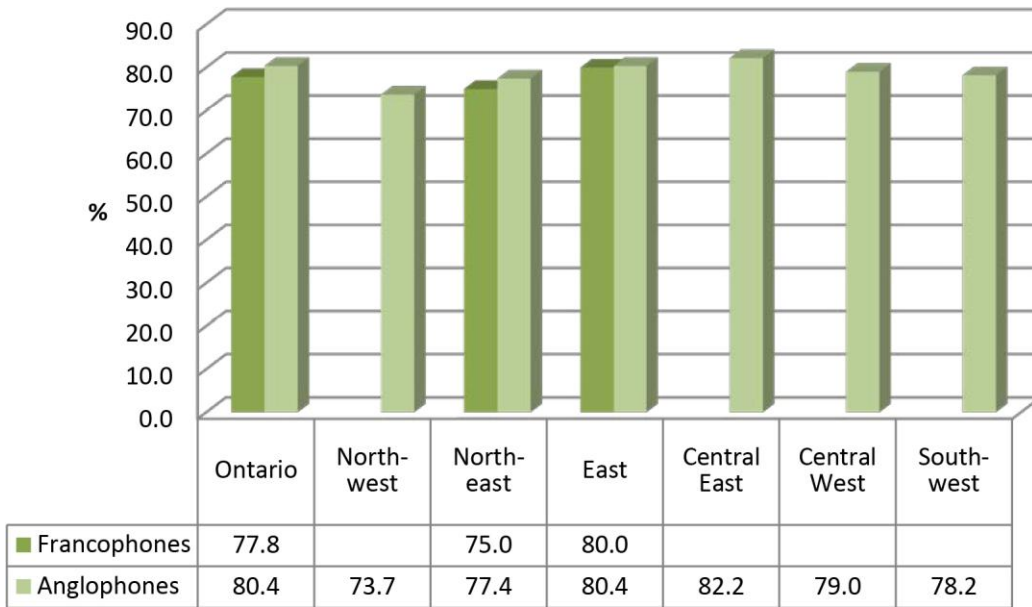
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Reason for Not Having a Physician – None Accepting New Patients



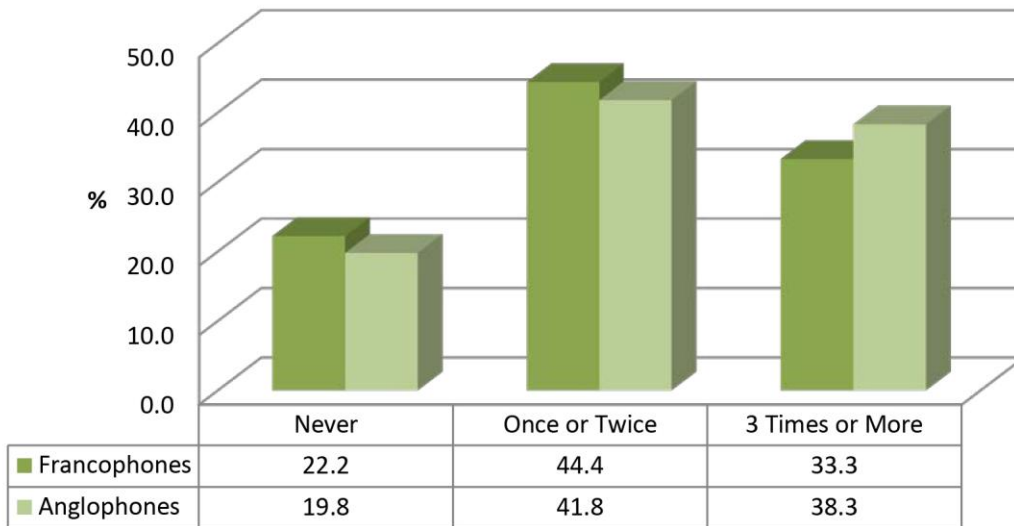
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Consult with Family Physician/General Practitioner – 12-month Period

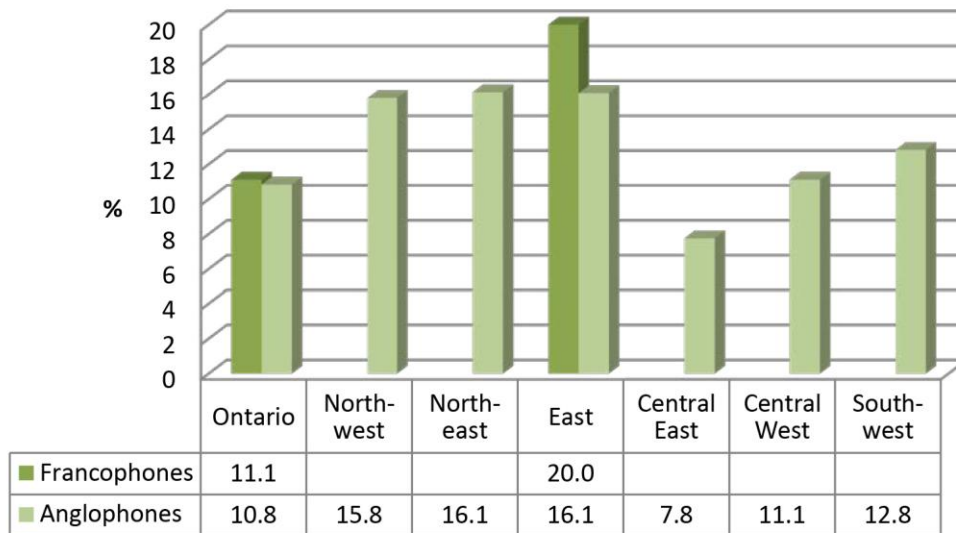


Note: A field is left empty if the number of respondents was insufficient for reporting results.

Number of Family Physician/General Practitioner Consults

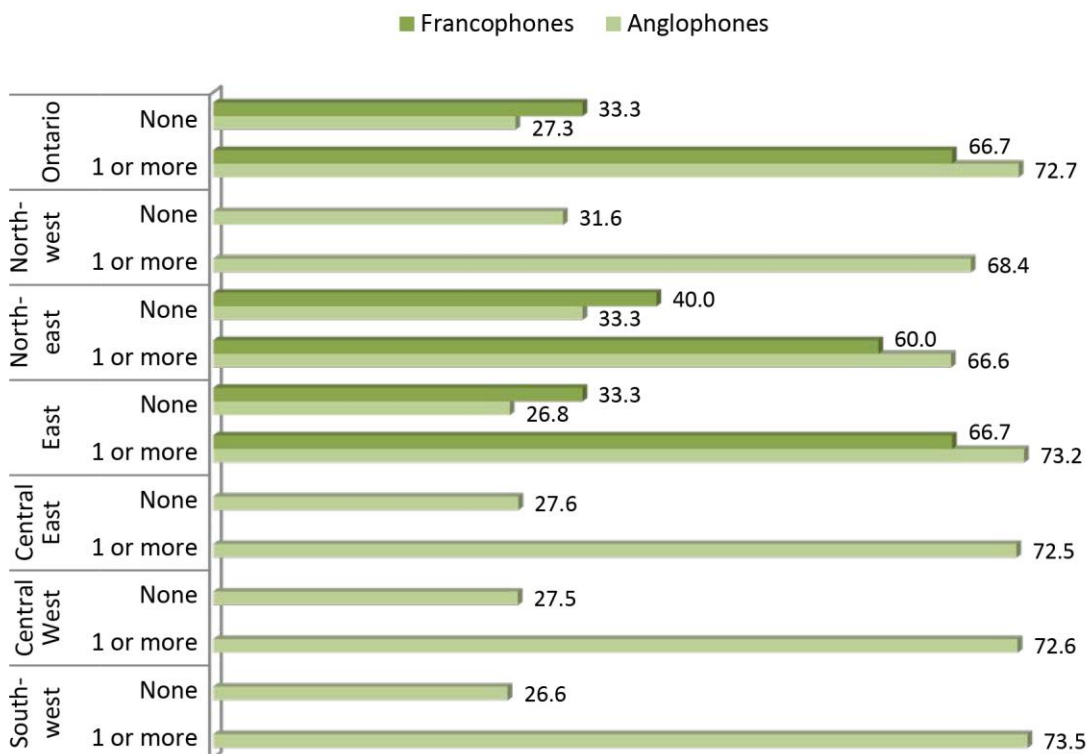


Nurse Consultations – 12-month Period



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Number of Dentist/Orthodontist Visits



Note: A field is left empty if the number of respondents was insufficient for reporting results.

* Question put to respondents who reported having visited a dentist or an orthodontist at least once in their lifetime.

Chapter 6: Needs and Difficulties Accessing Healthcare Services

Summary

Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest, Northeast, East, Central East, Central West and Southwest regions.

Indicators:

Medical specialists: On a province-wide basis, 28% of francophones and anglophones expressed the need for a specialist consult. Available data revealed that 25% of francophones and 24% of anglophones in the Northeast and East regions reported difficulty getting specialist care at some point in the 12 months leading up to the survey.

Elective surgery: Of Ontario's total population, 11% of francophones and 7% of anglophones reported that they had needed elective surgery at some point in the 12-month period prior to the survey.

Routine healthcare services: In total, 61% of francophones versus 52% of anglophones reported needing routine healthcare services for themselves or a family member. In the East region, the proportion of francophones rose to 73%, compared to 59% of anglophones. On a province-wide basis, however, francophones appeared to have less difficulty than anglophones in obtaining services (8% versus 16%). On the other hand, the highest proportion of respondents who reported having difficulty obtaining services was in the Northeast region: 20% of francophones and 19% of anglophones. In the East region, this difficulty was reported by 13% of francophones and 17% of anglophones.

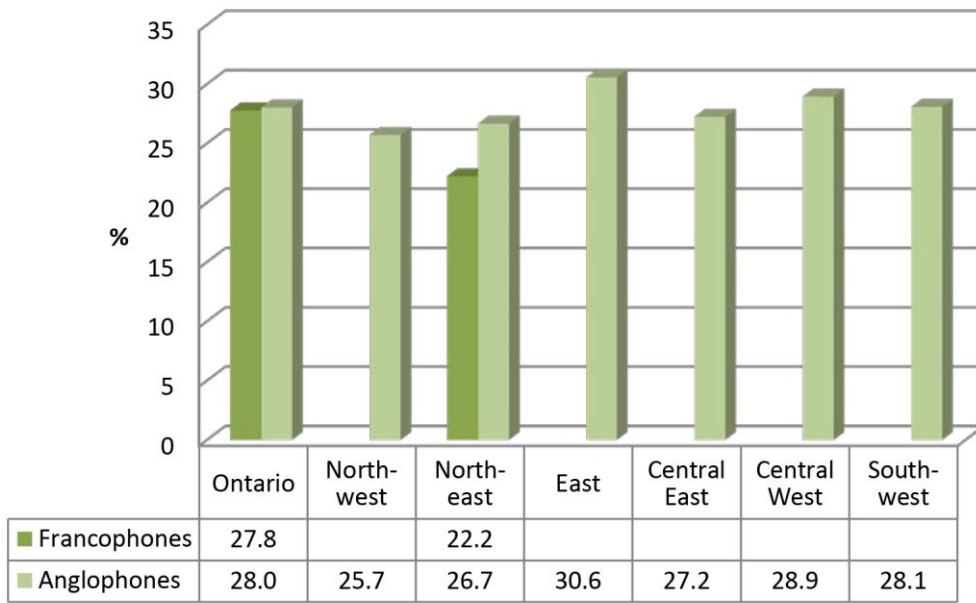
Immediate care for a minor problem: Of the two groups, 39% of francophones and 36% of anglophones stated that either they or a family member had needed immediate care for a minor health problem over the 12-month period preceding the study. In the East region, 46% of francophones versus 39% of anglophones expressed this need. The difficulty in obtaining immediate care was more pronounced in the Northeast, where it was reported by 33% of francophones versus 26% of anglophones. In the East region, however, a slightly higher proportion of anglophones versus francophones (29% versus 25%) stated that they had had difficulty getting immediate care.

Need for information: Overall, 42% of francophones and 46% of anglophones reported that they had needed health-related information, for themselves or a family member, over the one-year period preceding the study. Data available at the regional level revealed that 50% of francophones versus 42% of anglophones in the Central East region reported needing health-related information. On the other hand, two regions came in with higher proportions of anglophones versus francophones needing this information: the Northeast (45% versus 33%) and the East (52% versus 46%). In the East region, 20% of francophones versus 19% of anglophones said they had had difficulty obtaining health-related information.

Hospitalization: A smaller proportion of francophones (26%) than anglophones (29%) had been hospitalized, which was also the case in the Northeast (25% of francophones versus 34% of anglophones) and East regions (27% of francophones versus 32% of anglophones).

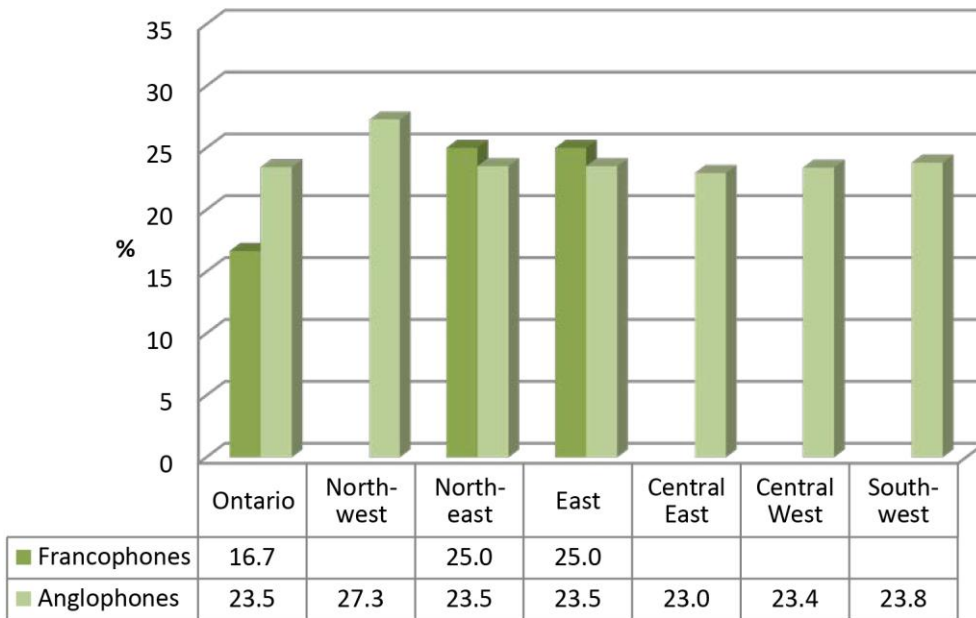
Home health care: Out of Ontario's total population, the proportions of francophones and anglophones receiving home healthcare services were equal (5%).

Need to See a Medical Specialist (15 Years of Age and Over)



Note: A field is left empty if the number of respondents was insufficient for reporting results.

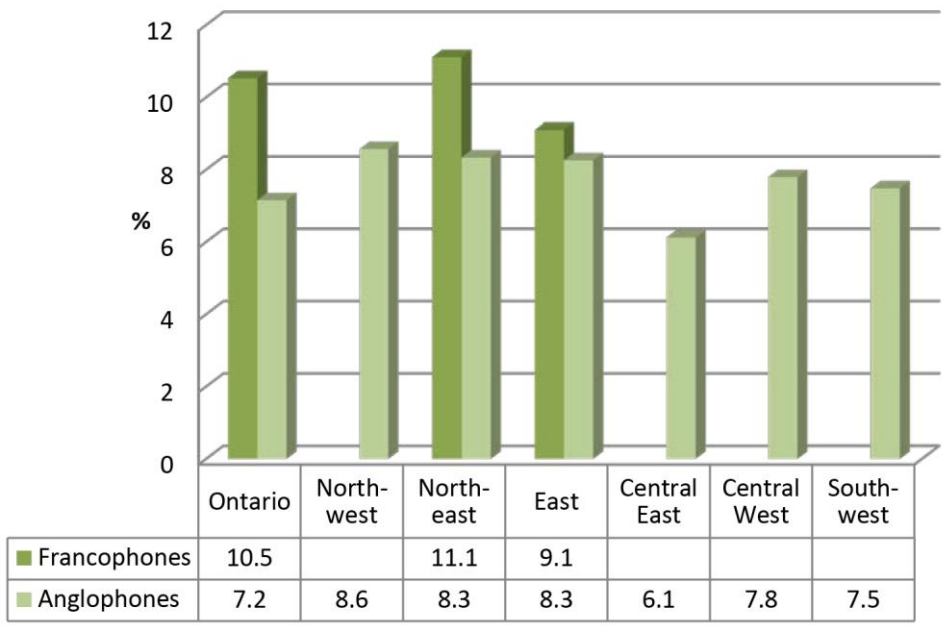
Difficulty Getting Specialist Care – Previous 12-month Period



Note: A field is left empty if the number of respondents was insufficient for reporting results.

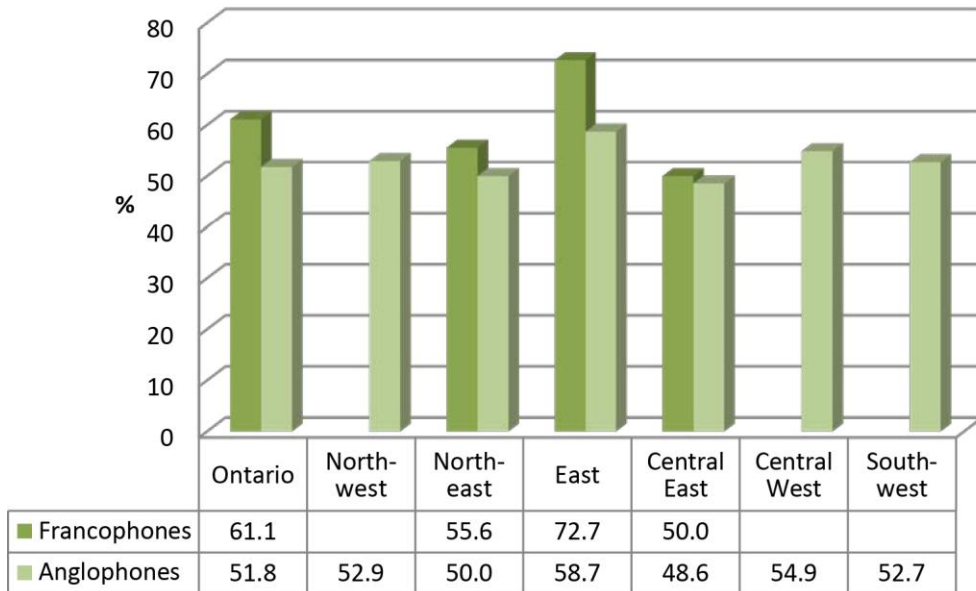
* Question put to respondents who reported a need to see a specialist.

Need for Elective Surgery – Previous 12-month Period



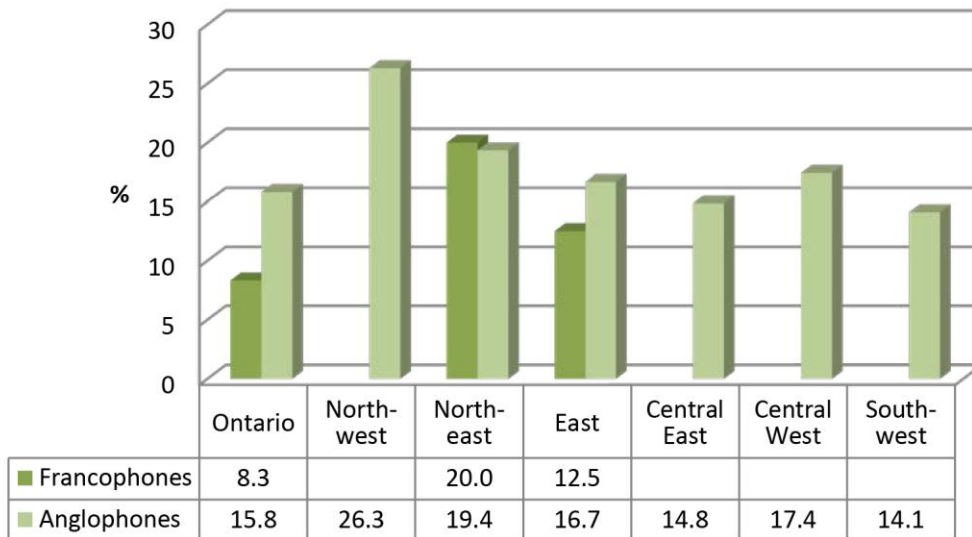
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Need for Routine Healthcare Services for Self/Family Member – Previous 12-month Period



Note: A field is left empty if the number of respondents was insufficient for reporting results.

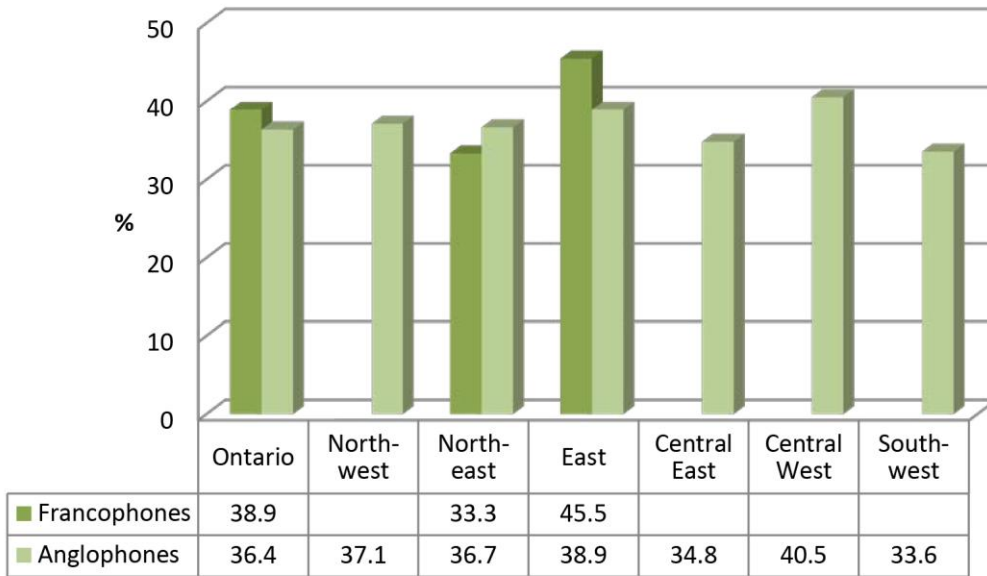
Difficulty Getting Routine Healthcare Services for Self/Family Member – Previous 12-month Period



Note: A field is left empty if the number of respondents was insufficient for reporting results.

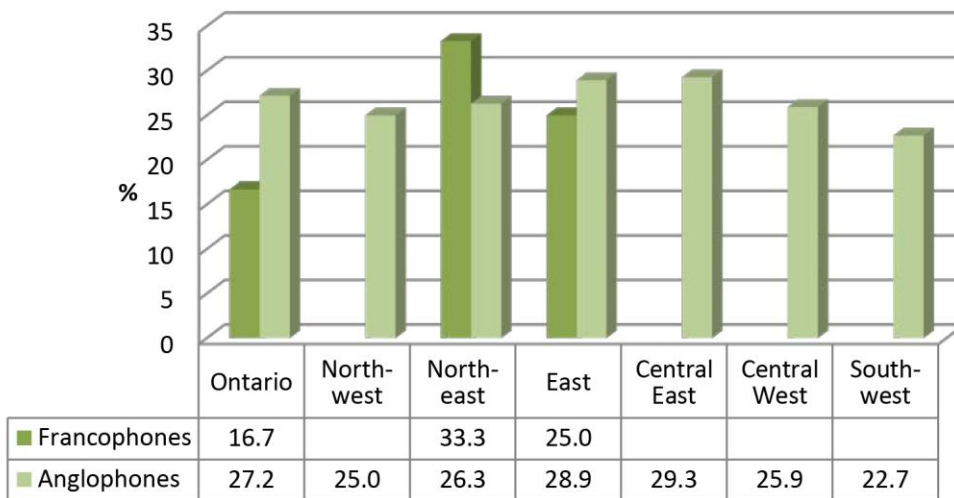
* Question put to respondents who reported a need for routine services for themselves or a family member.

**Need for Immediate Health Care for a Minor Problem,
for Self/Family Member – Previous 12-month Period**



Note: A field is left empty if the number of respondents was insufficient for reporting results.

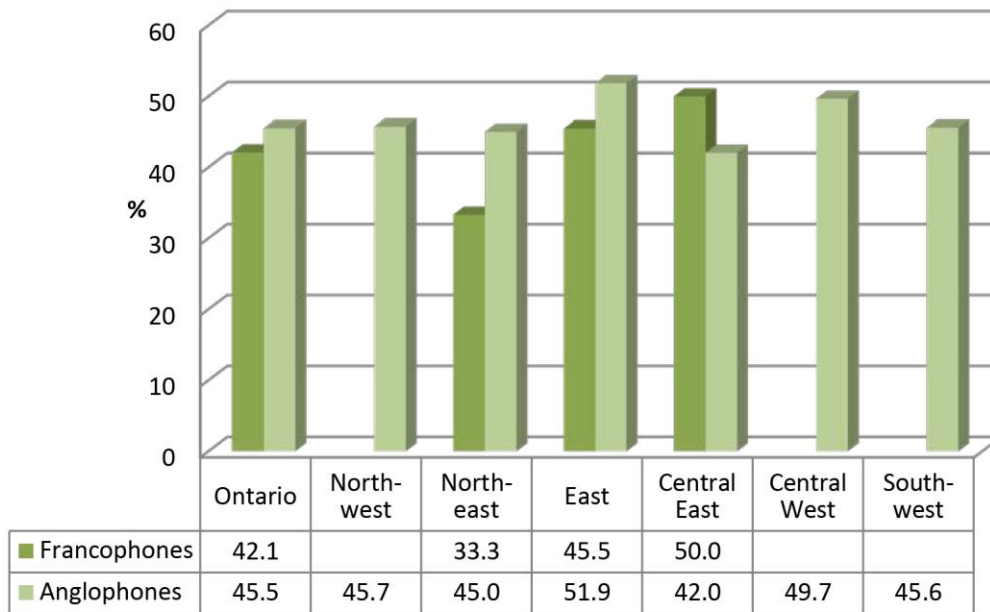
**Difficulty Getting Immediate Health Care for a Minor Problem,
for Self/Family Member – Previous 12-month Period**



Note: A field is left empty if the number of respondents was insufficient for reporting results.

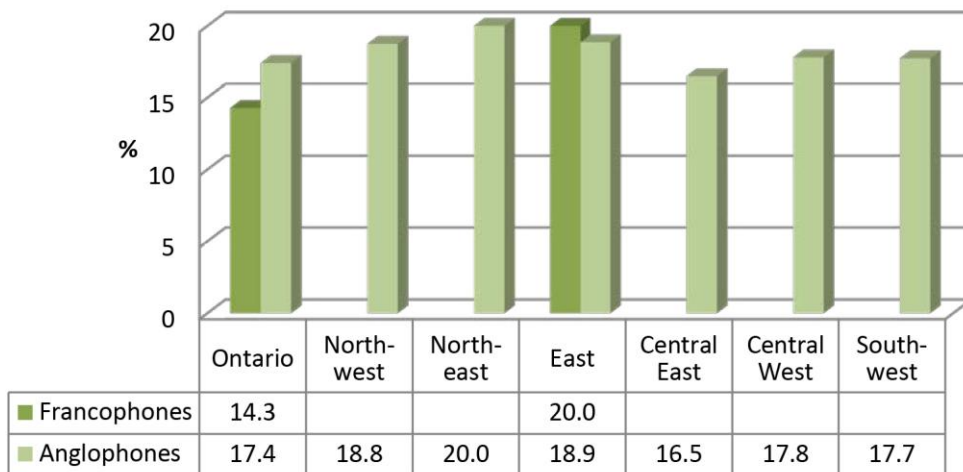
* Question put to respondents who reported having needed routine healthcare services for themselves or a family member.

**Need for Health-related Information for Self/Family Member –
Previous 12-month Period**



Note: A field is left empty if the number of respondents was insufficient for reporting results.

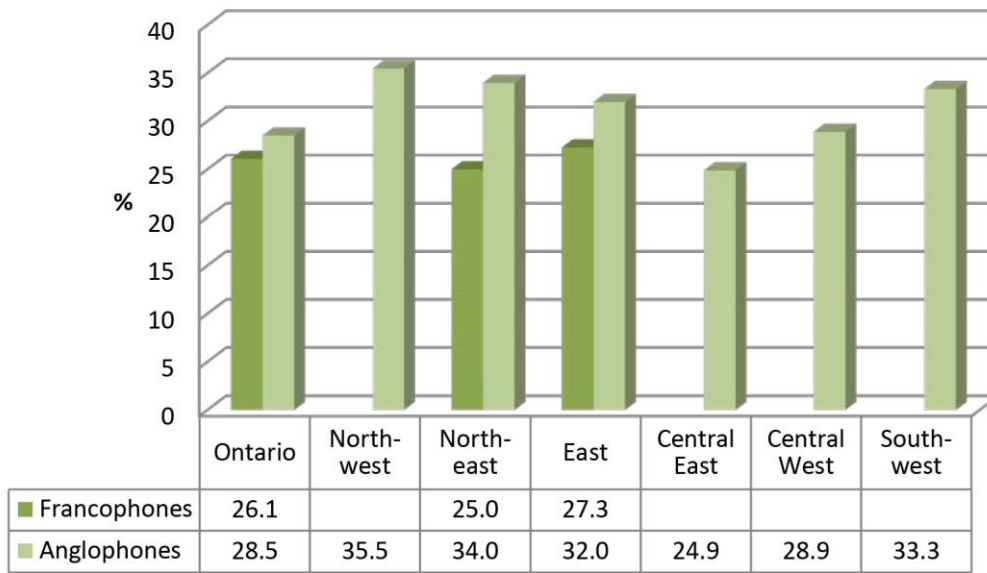
**Difficulty Getting Health-related Information
for Self/Family Member – Previous 12-month Period***



Note: A field is left empty if the number of respondents was insufficient for reporting results.

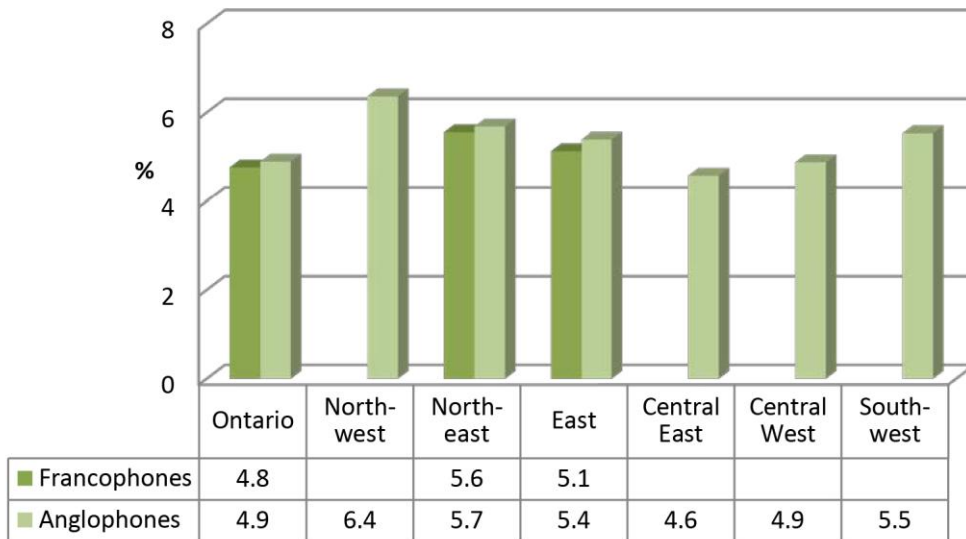
* Question put to respondents who reported a need for health-related information for themselves or a family member.

Hospitalization (among Recipients of Healthcare Services)



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Home Healthcare Services (18 Years of Age and Over)



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Chapter 7: Satisfaction with healthcare system

Summary

Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest, Northeast, East, Central East, Central West and Southwest regions.

Indicators

Access to provincial healthcare services: The proportion of Ontarians who rated healthcare access as “good” or “excellent” was equal for both francophones and anglophones, at 61%. In the East and Central East regions, accessibility was rated “good” or “excellent” by more francophones than anglophones (64% versus 58% and 67% versus 64%, respectively), while 62% of anglophones versus 50% of francophones in the Central West region rated it “good” or “excellent”.

Quality of provincial healthcare services: A significant majority of francophones and anglophones rated quality of care in Ontario as “good” or “excellent” (75% and 73%, respectively). In the province’s Northeast region, this proportion dropped to 67%. The largest number of respondents who rated quality of care as “good” or “excellent” was in the East region, followed by the Central East region.

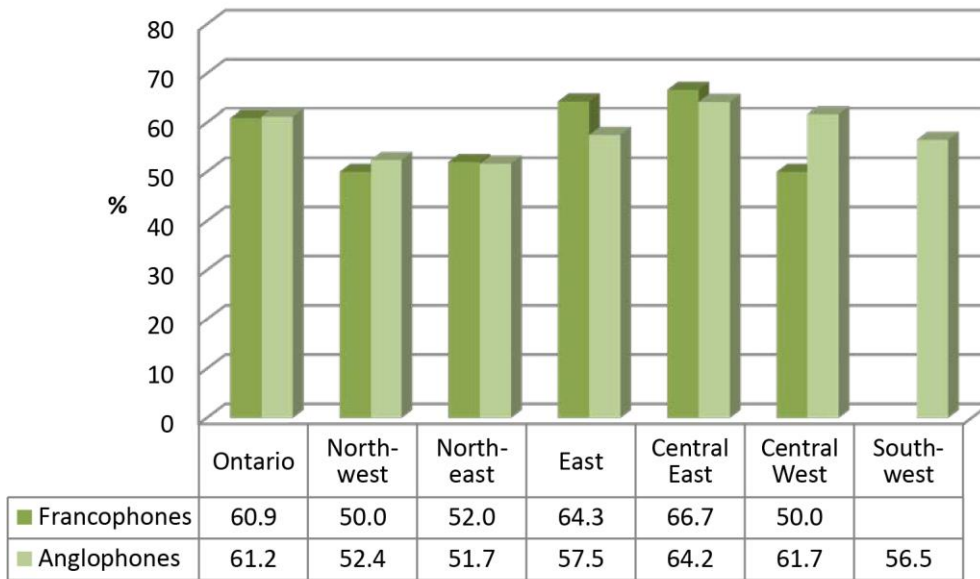
Access to community health services: The quality of community health services was rated “good” or “excellent” by 64% of francophones and 62% of anglophones. In all of the regions where this population could be taken into consideration, higher proportions of francophones than anglophones were satisfied with the quality of care – in the East region, these numbers stood at 70% versus 59%; in the Central East, 75% versus 65% and in the Northeast, 50% versus 47%.

Quality of community health services: This was rated “good” or “excellent” by 77% of francophones and 73% of anglophones. Proportions for this finding in the East region were higher for francophones than for anglophones (81% versus 74%). In the Northeast region, a lower proportion of francophones and anglophones (63%) rated the quality of community care “good” or “excellent”.

Satisfaction with quality of services received: Overall, francophones are slightly more satisfied than anglophones with the services they received (91% of francophones, compared to 88% of anglophones, reported satisfaction with these services). The highest level of satisfaction with healthcare services was recorded for the francophone population in the East region (95%).

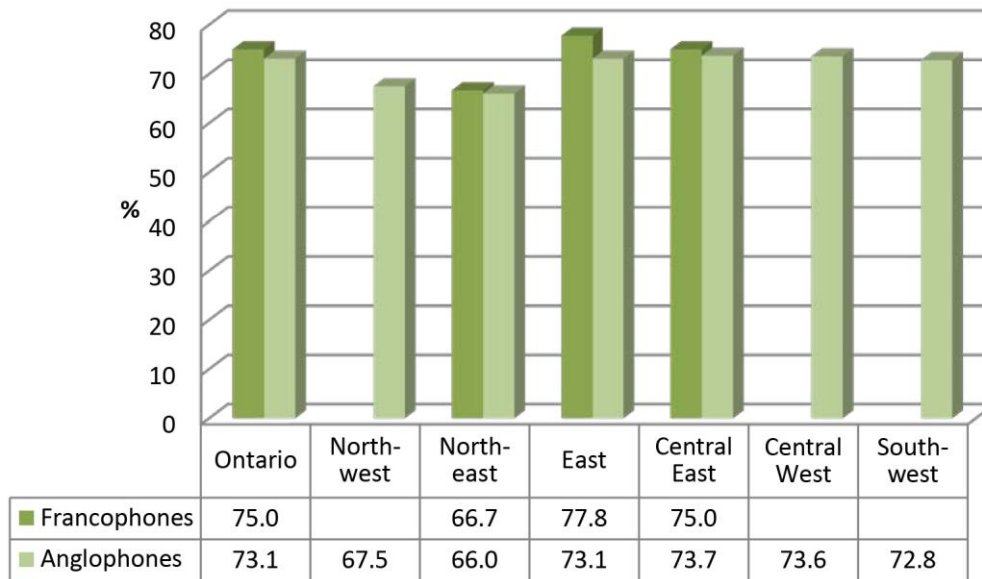
Satisfaction – health care received in hospital: Francophones and anglophones reported similar levels of satisfaction with the health care received in a hospital (83% versus 82%). In both groups, the level of satisfaction with services provided in a hospital setting was approximately 10% lower than that for overall healthcare services received.

**Ratings for Access to Provincial Healthcare Services
(Excellent or Good)**



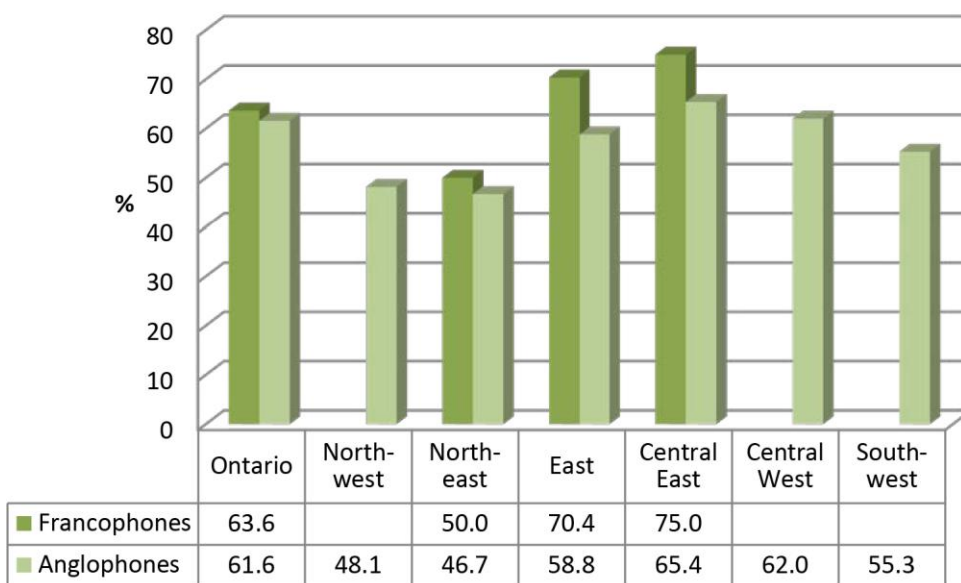
Note: A field is left empty if the number of respondents was insufficient for reporting results.

**Ratings for Quality of Provincial Healthcare Services
(Excellent or Good)**



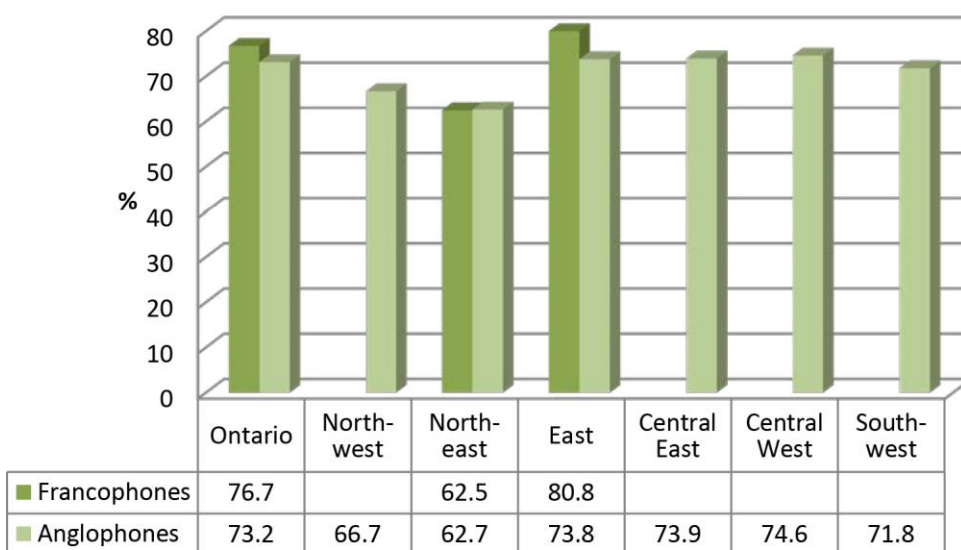
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Ratings for Access to Community Health Services (Excellent or Good)



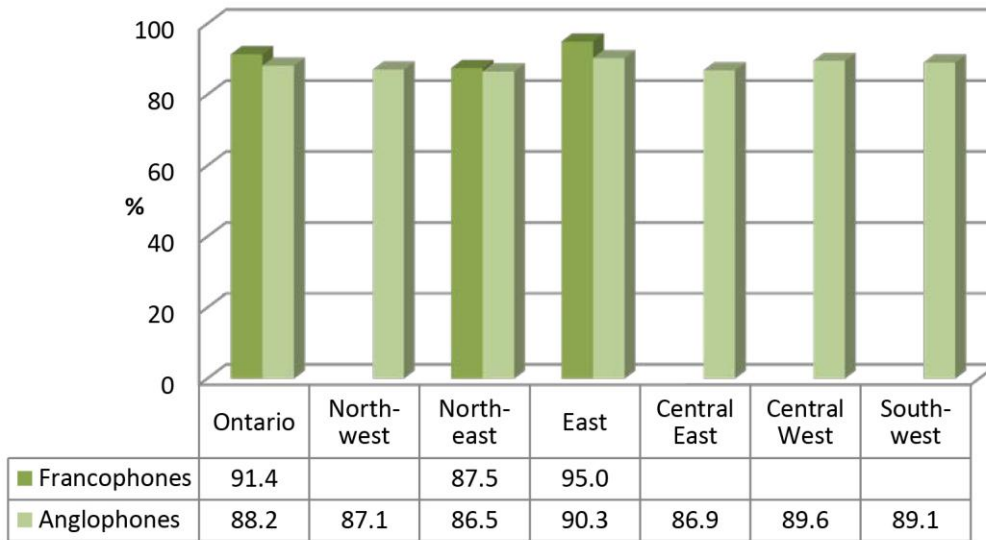
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Ratings for Quality of Community Health Services (Excellent or Good)



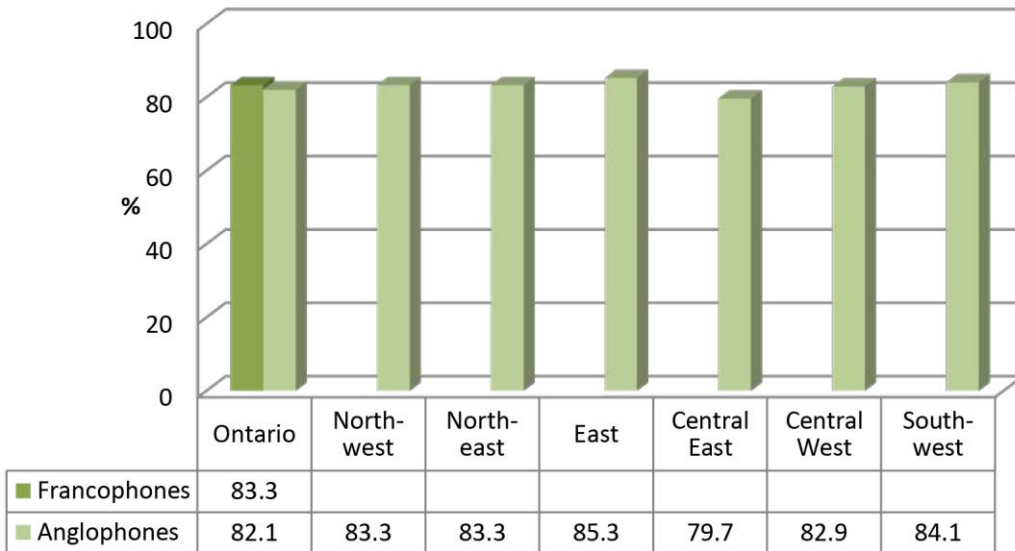
Note: A field is left empty if the number of respondents was insufficient for reporting results.

Satisfaction with Quality of Services Received



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Satisfaction with Quality of Services Received (Hospital Setting)



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Chapter 8: Social Participation and Sense of Community Belonging

Summary

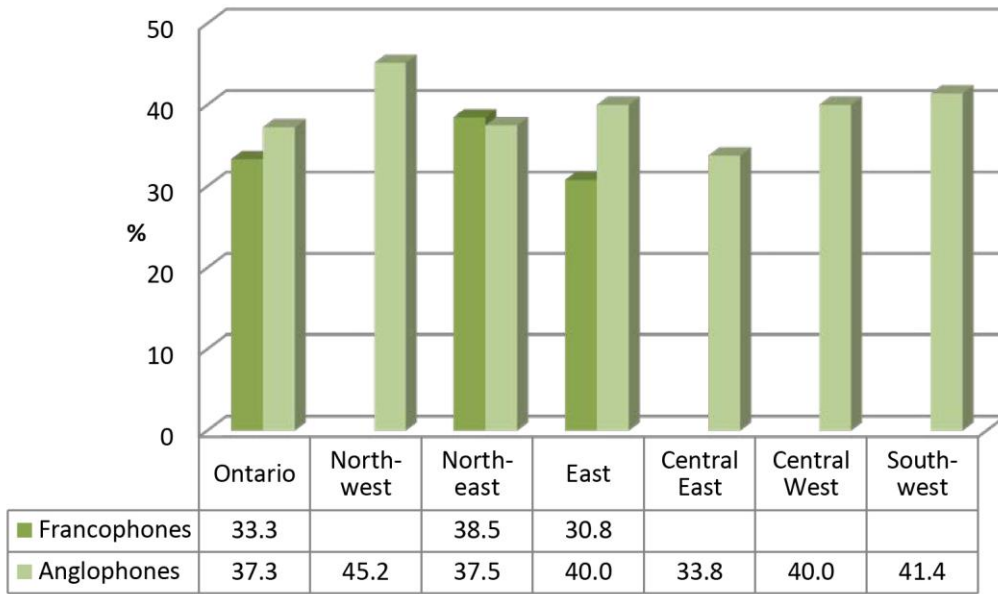
Note: The number of francophones in the sample size was inadequate to reporting results for certain variables in the Northwest, Central East, Central West and Southwest regions.

Indicators

Involvement with a non-profit organization: The proportion of francophones who were members of a charitable organization was lower than that of anglophones (33% versus 37%). In the East region, the proportion of francophones was much lower than that of anglophones (31% versus 40%).

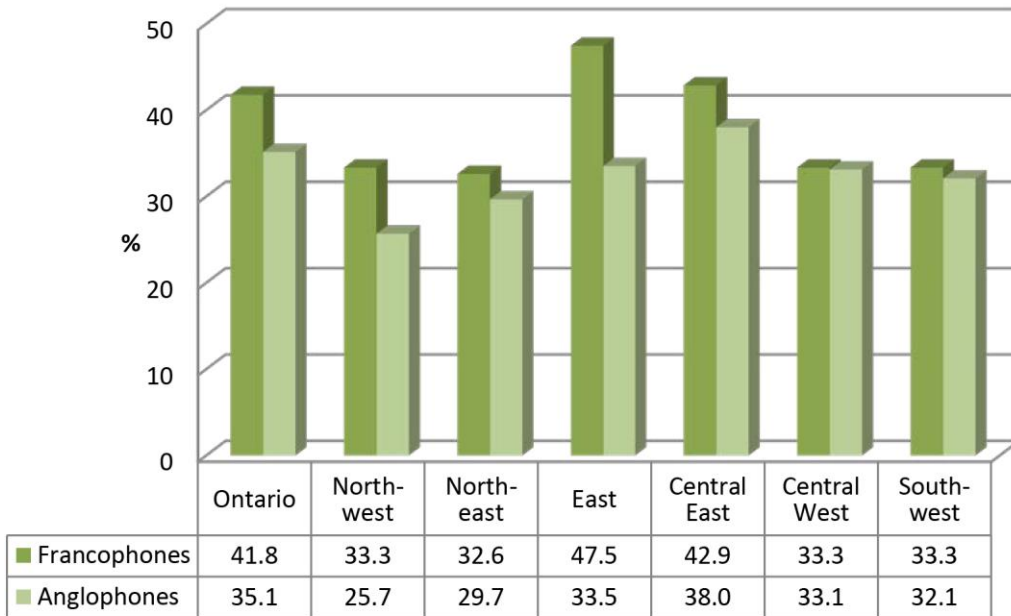
Sense of community belonging: In all regions of Ontario, francophones reported a lesser sense of belonging to the local community than did anglophones (declared as “low” or “very low” by 42% of francophones versus 35% of anglophones). This trend continued in the East (18% versus 34%), Central East (43% versus 38%) and Northwest (33% versus 26%) regions.

Involvement with a Non-profit Organization



Note: A field is left empty if the number of respondents was insufficient for reporting results.

Sense of Community Belonging: Low/Very Low



Note: A field is left empty if the number of respondents was insufficient for reporting results.