Disparities in Health and Access to Health Care among Official-Language Minorities in Quebec

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1. Does language affect health? Access to health care?

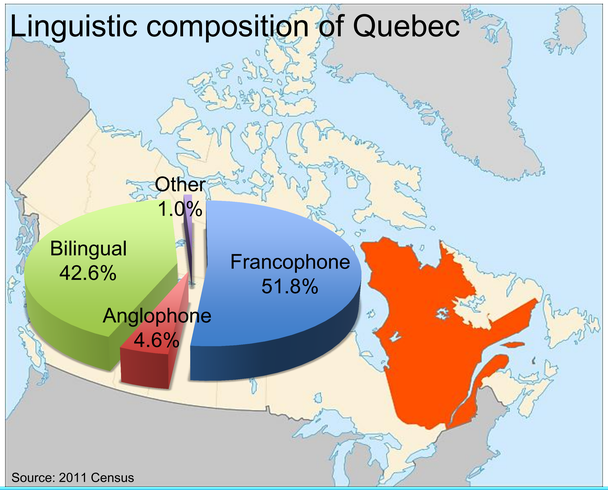
Why would we expect it to?

- Language ability can be a minority status attribute like race, class, and gender
- Minority statuses affect both health and access

2. How do we test it?

Quebec Anglophones are an 'official-language minority' unique in North America:

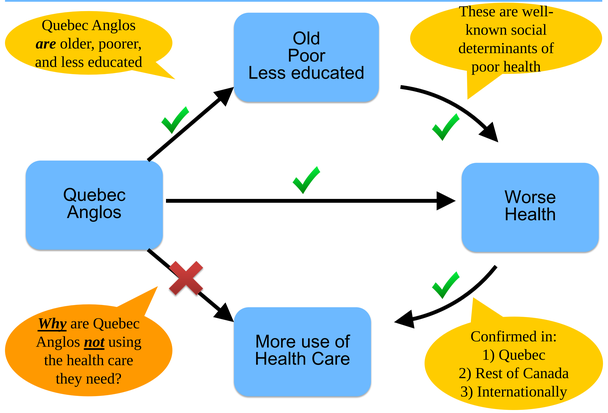
- Locally, regionally, they are a linguistic minority
- Nationally, and N.America, they are a majority
- Quebec Anglos provide the context for a natural pseudo-experimental research design to examine a language effect holding other factors constant.



3. Hypotheses

H1: Quebec Anglophones will have worse self-rated health than Francophones or Bilinguals.
H2: Their worse self-rated health will compel more use of health care, given a universal health system

4. The Puzzle

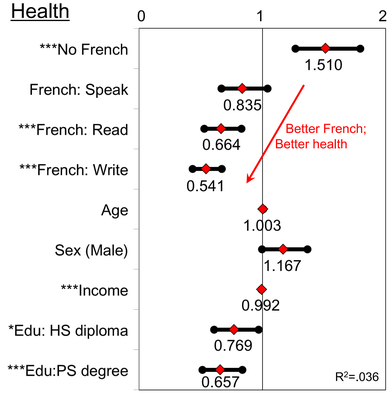


5. Data & Methods

Data	Community Health and Social Services Network (CHSSN) 2005 & 2010 *Community Vitality Survey.*
Sample	Anglophone adults; Pooled cross-sectional. N=6324 representing all regions of Quebec.
Dependent Variables	1) Self-rated health 1-5: dichotomized 'poor health' 2) Health services used past year: 'None' vs. 'Any'
Independent Variables	1) French ability: Binary No French vs. Any French 2) French ability: Index 0-3 (Speak, Read, Write)
Control Variables	Age, Sex, Income, Education
Methods	Logistic Regression, STATA 12

6. Results(H1): Effect on Health

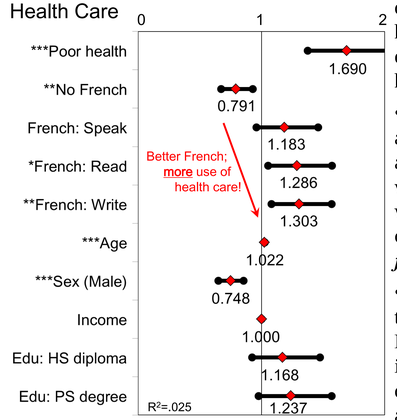
Odds Ratios with 95% Confidence Intervals for Determinants of Poor Health



- As French ability increases, poor health is reduced; i.e. better French is associated with better health, controlling for age, sex, income, and education.
- Surprised that age is unrelated to health? That's because the health question asks "compared to others your age".
- Income and education are familiar and important social determinants of health.

7. Results(H2): Effect on Access

Odds Ratios with 95% Confidence Intervals for Determinants of Access to Health Care



- Poor health is ***by far*** the strongest determinant of access to health care, which we expect in a universal health care system.
- Even so, language is an important barrier to access in Quebec. The worse one's French, the worse their access to care, ***even controlling for Anglos' poor health***.
- Being older or female tends to increase access. Fortunately, one's income or education does not determine their access to health care.

8. Discussion

Defining the inequity: The gap between Anglophones' poor health status and their underuse of health services is defined as 'unmet need'.

	Healthy	Sick
Uses Health Care	Preventive	Needs met
Does not use Health Care	No need	Unmet Need

Quebec Anglophones are 51% more likely to be in poor health, but 21% less likely to access health care. A secondary analysis shows this is ***not*** a regional or urban/rural effect of living in Montreal or Laval with higher proportions of Anglophones.

9. Conclusion

This ***unmet need*** is a health care disparity that conflicts with the goals of the Canada Health Act, whose stated purpose is the elimination of health inequalities. Our evidence shows that reducing barriers for linguistic minorities can have substantial positive health impacts.

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