
DEMOGRAPHIC PROFILES OF ENGLISH-SPEAKING COMMUNITIES REGION OF THE CRSSS DE LA BAIE-JAMES

BASED ON THE 2021 CENSUS OF CANADA

CUSTOMIZED VOLUME FOR THE CHSSN BASELINE DATA REPORT SERIES 2022-2023
PRODUCED BY DR. JOANNE POCOCK FOR THE
Community Health and Social Services Network
January 2025



Contents

Contents.....	2
Introduction	3
About the 2022-2023 Report Series.....	3
Baseline Data Report Series.....	3
Methodological Notes.....	4
Data Source	4
Linguistic definitions.....	5
Geographic Region	5
Demographic and Socio-economic Characteristics	6
Statistics Canada Definitions.....	6
Map of the Territory	7
Series of Tables – Demographic Characteristics.....	8
Demographic Size.....	9
Table 1 - Population Size	9
Age Structure.....	11
Table 2 - Age Structure of the Population.....	11
Income	14
Table 3 - Income	14
Household Living Arrangements.....	17
Table 4 - Population by Household Living Arrangements.....	17
Highest Educational Attainment.....	21
Table 5 - Highest Educational Certification.....	21
Labour Force Activity	24
Table 6 - Labour Force Activity	24
Appendix B – Baseline Data Report Series.....	27
Sources and References	28

Introduction

About the 2022-2023 Report Series

This volume of the Baseline Data Report (BDR) series presents demographic characteristics of the English-speaking population residing in the areas covered by CRSSS de la Baie-James. The selection of characteristics is guided by their importance as determinants of the health status and vitality of Quebec's official language minority community.

Baseline Data Report Series

The Baseline Data Report Series is intended to serve as a resource for Networking and Partnership Initiative (NPI) sponsor organizations¹ and their health and social service partners (e.g. CISSS/CIUSSS) to better understand the demographic factors, health determinants and language barriers affecting the English-speaking population in their region. A listing of the full series of BDRs from 2003 along with the data source for each volume is presented in the Appendix.

Determinants of Health

National governments and health organizations around the world have identified a broad range of social, economic and environmental factors that have been demonstrated to have a strong influence on the health of populations and individuals. The Public Health Agency of Canada outlines various determinants of health – some of which are social determinants – such as income and social status, social support networks, education, employment and working conditions, health services, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, gender and culture.²

Language Barriers

Significant research has been conducted on the impact of language barriers on health, quality of healthcare and safety in recent years. In this approach, the study of linguistic differences between social actors in a health-related setting, such as language discordant encounters between patient and clinician who do not speak the same language, is prevalent. Studies include a focus upon the use of language production as a cue for social categorization and

¹ For further information on the CHSSN *Networking and Partnership Initiative* go to <https://chssn.org/projects/npi/>

² Public Health Agency of Canada. "What Determines Health?" www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php Accessed February 2023.

impression formation which impacts the evaluation and treatment of individuals seeking health and social services.

Suggested Readings

Access Alliance Multicultural Health and Community. (2021). *Investing in Language Access to Optimize Health System Performance. A Review of the Literature*. https://accessalliance.ca/wp-content/uploads/2021/06/Access_Alliance_Investing_in_Language_Access_to_Optimize_Health_System_Performance.pdf

Bowen, S. (2015) for Société Santé en Français (SSF). *Impact of Language Barriers on Quality and Safety of Healthcare*. <http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study-1.pdf>

Denis, J.L., Potvin, L., Rochon, J. *et al.* (2020) “On redesigning public health in Québec: lessons learned from the pandemic”. *Canadian Journal of Public Health* **111**, 912–920. <https://doi.org/10.17269/s41997-020-00419-x>

Meuter, R., Gallois, C., Segalowitz, N., Ryder, A., & Hocking, J. (2015) “Overcoming language barriers in healthcare: A protocol for investigating safe and effective communication when patients and clinicians use a second language.” *BMC Health Services Research*. 15:371 published online 2015 Sept 10 doi:10.1186/s 12913-015-1024-8

Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts*. (2nd edition) / *Déterminants sociaux de la santé : les réalités canadiennes*, (2^e édition). Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. <https://thecanadianfacts.org/>

Reaume, M., Batista, R., Talarico, R. ...*et* Tanuseputro, P. (2020) “The impact of hospital language on the rate of in-hospital harm. A retrospective cohort study of home care recipients in Ontario, Canada”. *BMC Health Services Research* **20**, 340 <https://doi.org/10.1186/s12913-020-05213-6>

World Health Organization and Calouste Gulbenkian Foundation. (2014) *Social Determinants of Mental Health*. Geneva, World Health Organization, ISBN 978 92 4 150680 9.

Methodological Notes

Data Source

The information in this custom volume of the BDR series is based on a series of tables developed for the CRSSS de la Baie-James. The population included here are those in private households, drawing on the long-form Census which has a 25% sample of the Canadian population.

Linguistic definitions

There are numerous linguistic definitions that are used to identify the English-speaking population in Québec. The choice of linguistic indicator depends largely on the issue being examined. This report uses the [First Official Language Spoken](#) (FOLS) definition with multiple responses proportionally distributed since it best reflects the total English-speaking health service users in the province. First Official Language Spoken is derived from three Census questions: knowledge of official languages, mother tongue and home language. Dual responses are divided equally among English-speaking and French-speaking groups.

Other definitions include [Mother tongue](#) which refers to the first language learned at home in childhood and still understood. The [language most often spoken at home](#) is used to designate the home language. [Knowledge of official languages](#) indicates the official language in which a person can carry on a conversation. The [language used most often at work](#) indicates the language spoken most frequently at work.

Geographic Region

The region of CRSSS de la Baie-James consists of the RSS Nord-du-Québec excluding the census subdivision of Eeyou Istchee Baie-James.

Demographic and Socio-economic Characteristics

The demographic and socio-economic variables addressed in the 2022-2023 BDR are:

- Population size
- Age structure
- Household living arrangements
- Income
- Educational attainment
- Labour force activity

Statistics Canada Definitions

While for the most part the meaning of demographic and administrative terms are clarified as they arise in the report, the online Statistics Canada dictionary for the 2021 Census may also be consulted.

Map of the Territory



Series of Tables – Demographic Characteristics

Table 1 - Population Size.....	9
Table 2 - Age Structure of the Population	11
Table 3 - Income	14
Table 4 - Population by Household Living Arrangements.....	17
Table 5 - Population Living Below LICO, Within Age Groups.....	Error! Bookmark not defined.
Table 6 - Population Living Below LICO, by Household Living Arrangements..	Error! Bookmark not defined.
Table 7 - Highest Educational Certification, for Selected Age Groups	21
Table 8 - Labour Force Activity.....	24

Demographic Size

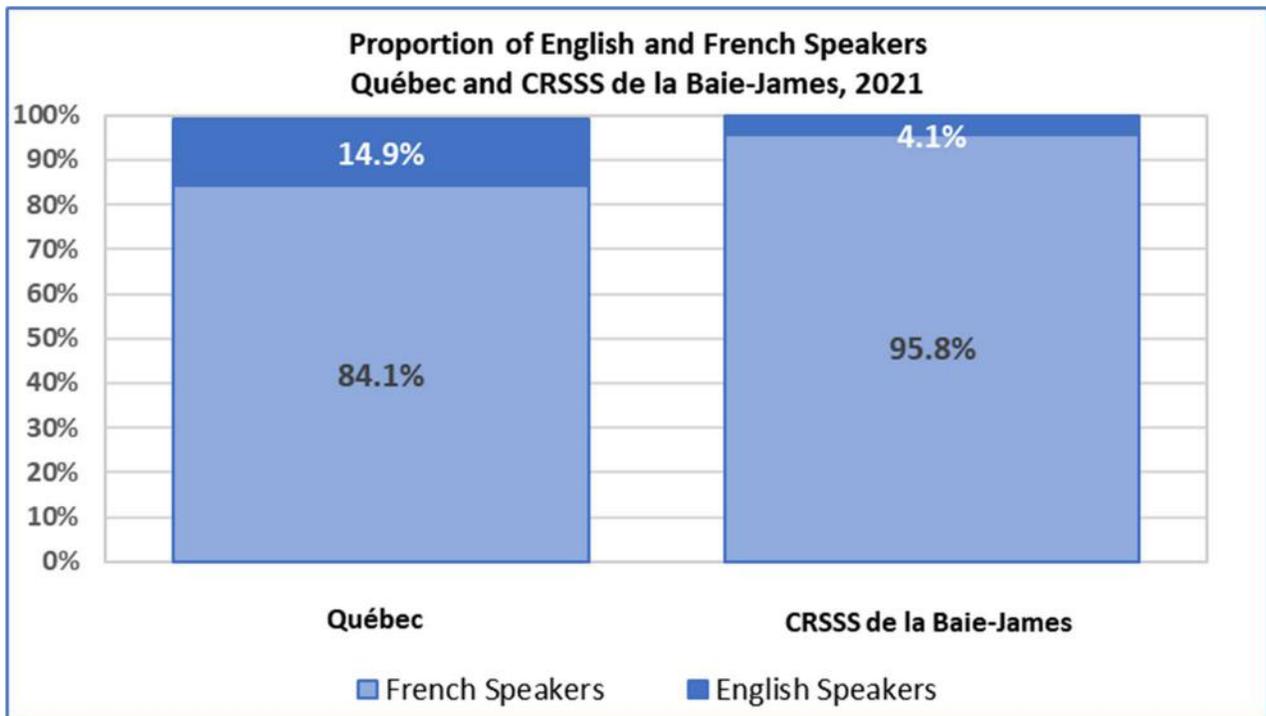
Quebec’s English speakers form one of Canada’s official language minority groups. Studies have confirmed that language barriers affect access and quality of care for linguistic minority communities. Obstacles to communication can reduce recourse to preventative services; increase consultation time including the number of tests and the possibility of diagnostic and treatment errors; affect the quality of services requiring effective communication such as social services; reduce the probability of treatment compliance and reduce users’ satisfaction with the services received.³ In the complex context of a medical situation, where the communication between care provider and patient is a key factor in the achievement of a positive health outcome, it is not surprising that the language spoken most often is considered the most effective. The treatment by health professionals of sensitive issues such as cancer, addiction, or depression, requires ease of communication as a feature of building trust and offering comfort to patients.

Table 1 - Population Size

Size of Population		Québec	CRSSS de la Baie-James
English speakers	number	1,253,580	515
	percentage	14.9%	4.1%
French speakers	number	7,074,330	12,175
	percentage	84.1%	95.8%
Total population	number	8,406,905	12,710
	percentage	100.0%	100.0%

Source: JPocock Research Consulting, 2021 Census, Statistics Canada. Population in private households - 25% sample.

³ See Bowen, S. (2001). *Language Barriers in Access to Health Care*, Ottawa: Health Canada. Also, Bowen, S. et al. (2010).” From ‘multicultural health’ to ‘knowledge translation’ – rethinking strategies to promote language access within a risk management framework”. *The Journal of Specialized Translation (Jostrans)*, Issue 14, http://www.jostrans.org/issue14/art_bowen.php.



- Across Québec, there were 1,253,580 English speakers, representing 14.9% of the provincial population.
- In 2021, there were 515 English speakers living in the CRSSS de la Baie-James region where they represented 4.1% of the population. This share is much lower than the overall provincial share for English speakers.

Age Structure

The distribution of the English-speaking population across age categories, and the extent to which language majority and minority communities differ in accordance to age, is important in understanding their distinct health needs and resources. Each stage of life tends to be associated with specific health and social service needs. The strategy for meeting these needs by public agencies must also take the age and age-related competencies of the client group into consideration. From Sanderson's study we learn that the types of issues experienced by Quebec's English-speaking seniors and their caregivers in accessing services differ from those of English speakers younger in age.⁴

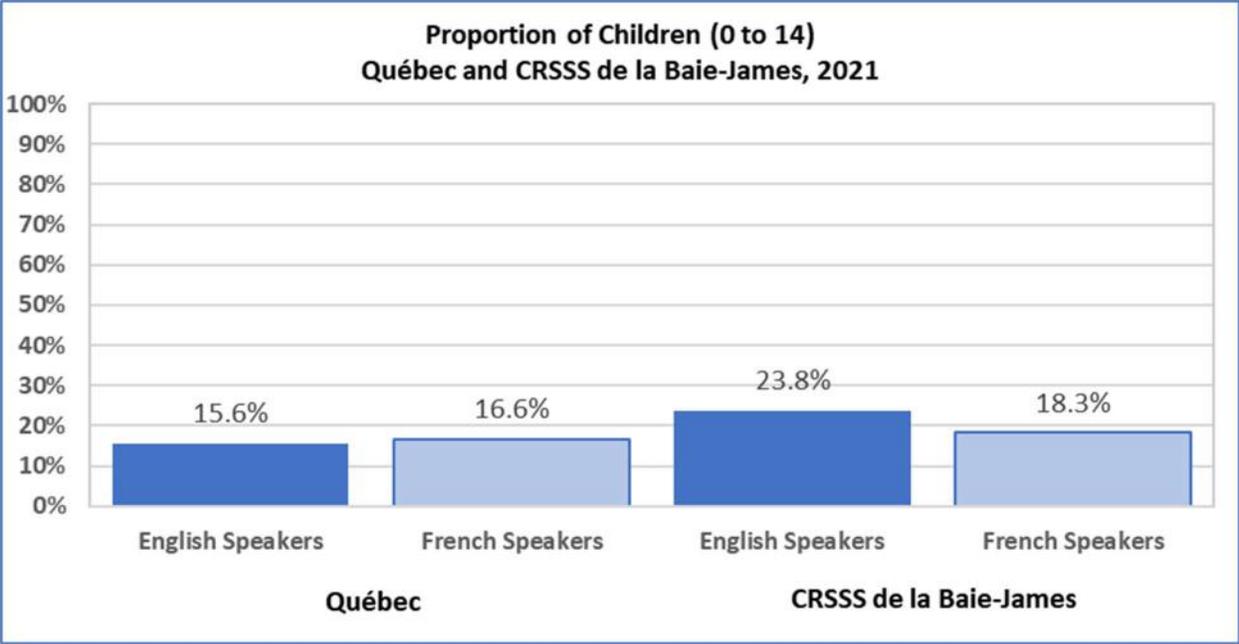
Typically, the age structure of the majority is important in shaping the scope and design of available health services and programs. Improving the health and the vitality of all citizens residing in a given territory requires attention to the problems that are pressing for the minority and may be overlooked by focusing on the majority, and awareness of problems that are shared by both language groups but are being met with system solutions that are not equally accessible for both.

Table 2 - Age Structure of the Population

Age Structure of the Population	Québec		CRSSS de la Baie-James	
	English	French	English	French
Total - Age groups	1,253,580	7,074,330	515	12,175
0-14 years	195,065	1,174,295	123	2,223
15-24 years	160,090	726,400	55	1,260
25-44 years	376,685	1,792,825	158	3,033
45-64 years	328,055	1,924,990	115	3,625
65+ years	193,685	1,455,820	50	2,020
Total - Age groups	100.0%	100.0%	100.0%	100.0%
0-14 years	15.6%	16.6%	23.8%	18.3%
15-24 years	12.8%	10.3%	10.7%	10.3%
25-44 years	30.0%	25.3%	30.6%	24.9%
45-64 years	26.2%	27.2%	22.3%	29.8%
65+ years	15.5%	20.6%	9.7%	16.6%

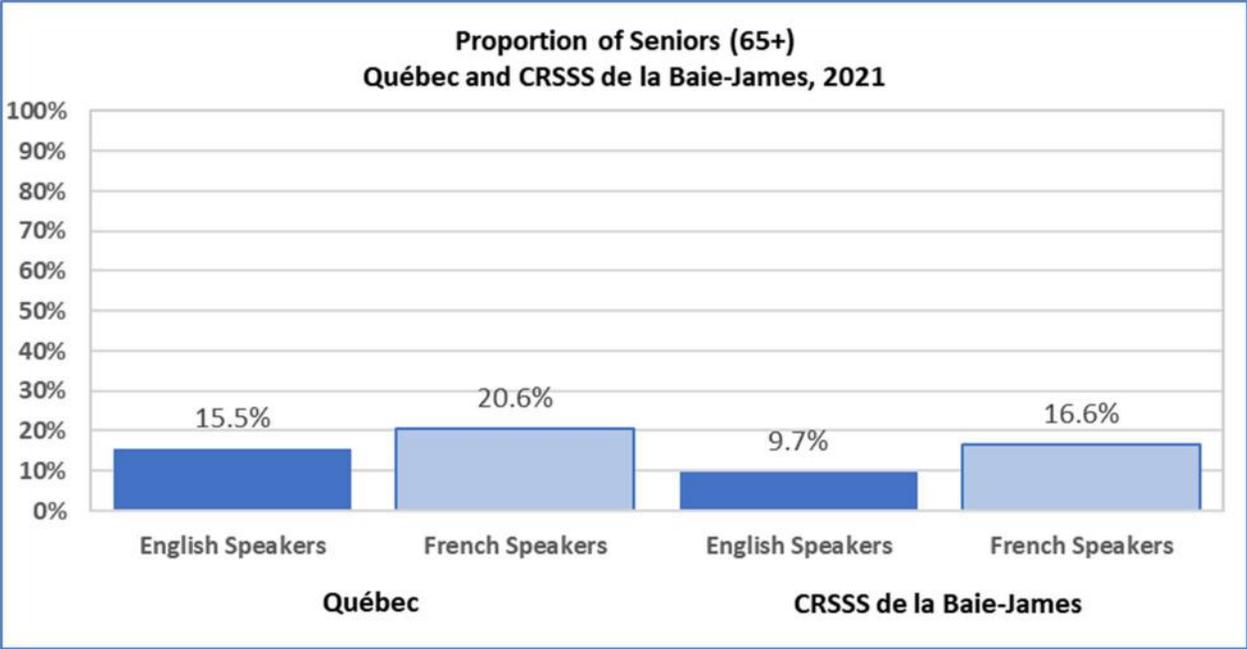
Source: JPocock Research Consulting, 2021 Census, Statistics Canada. Population in private households - 25% sample.

⁴ Sanderson, D. (2020). Language Related Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec. *SAGE Open*, 10(3). <https://doi.org/10.1177/2158244020951261>



Children (aged 0-14)

- Across Québec there were 195,065 English-speaking children aged 0-14, representing 15.6% of the English-speaking population. The proportion of children in the English-speaking population is lower than the level in the French-speaking majority population in Quebec.
- In 2021, there were 123 English-speaking children aged 0-14 living in the CRSSS de la Baie-James region where they account for 23.8% of the population. The proportion of children in the regional English-speaking population is much higher than their proportion in the regional French-speaking majority population. This proportion is much higher than the level for English-speaking children across the province.



Seniors (aged 65 and over)

- Across Québec, there were 193,685 English-speaking seniors aged 65+ representing 15.5% of the English-speaking population. The proportion of seniors in the English-speaking population is much lower than that found in the French-speaking majority population in Quebec.
- In 2021, there were 50 English-speaking seniors aged 65+ living in the CRSSS de la Baie-James region where they accounted for 9.7% of the population. This share is much lower than that of English-speaking seniors across the province. The proportion of seniors in the regional English-speaking population is much lower than the proportion in the French-speaking majority population.

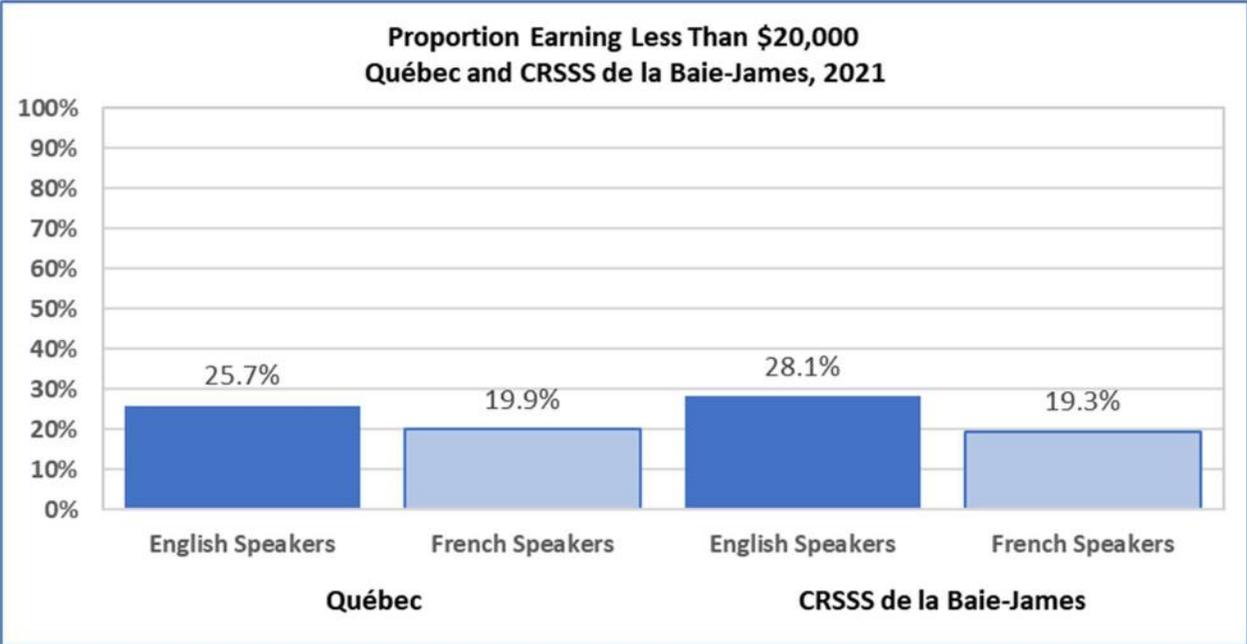
Income

Long-standing and substantial research provides evidence that income and social status are key determinants of the level of health and well-being experienced by communities and their members. Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence.⁵ For vulnerable low-income households, language barriers in access to public health services loom large as they cannot afford private care services nor are they likely to have access to work-related benefits or private insurance coverage. Studies also suggest that the distribution of income in a given society may be a more important determinant of health than the total amount of income earned by society members. Large gaps in income distribution are linked to increases in social problems and poorer health status among the population as a whole.⁶

Table 3 - Income

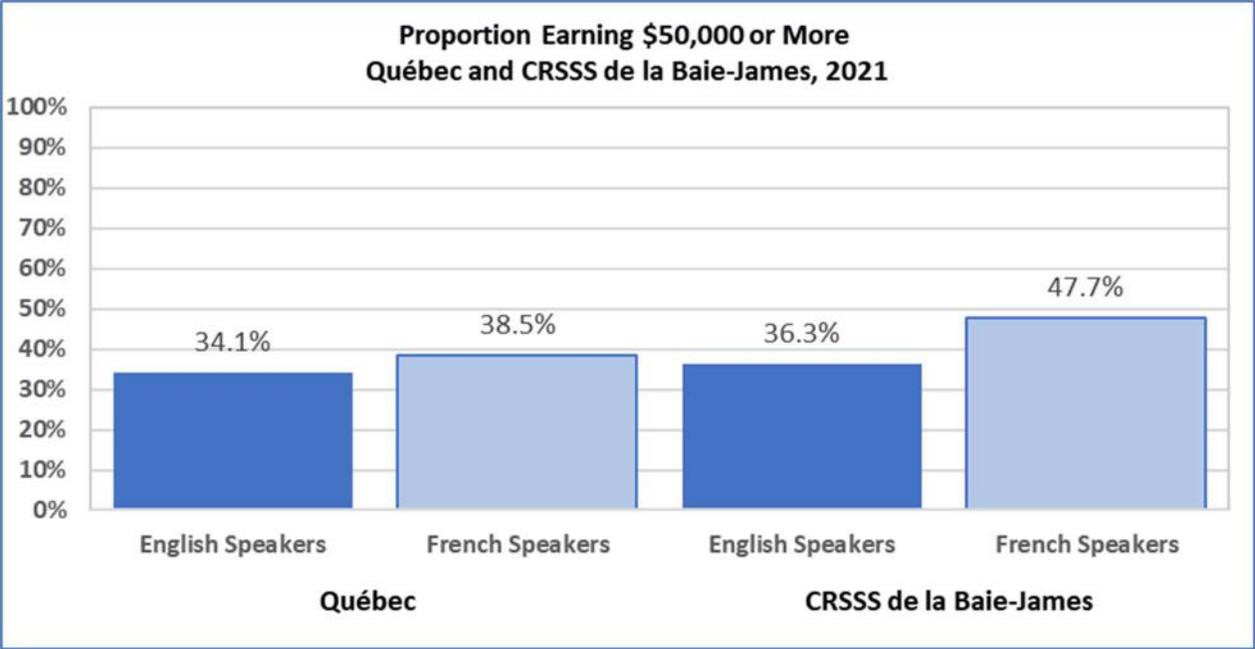
⁵ Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#evidence> Accessed February 2023.

⁶ Ibid.



Income under \$20k

- Across Québec in 2021, there were 269,805 English speakers aged 15+ with income under \$20k. This group represents 25.7% of the English-speaking population aged 15+. The proportion of English speakers with income under \$20k is much higher than that found in the French-speaking majority population in Quebec.
- In 2021, there were 2,045 English speakers aged 15+ with income under \$20k in the CRSSS de la Baie-James region where they represent 28.1% of the English-speaking population aged 15 and over. This share is much higher than that displayed by the provincial English-speaking population. The proportion of those with income under \$20k in the region's English-speaking population is much higher than the proportion in the French-speaking majority population.



Earning \$50k and over

- Across Québec, there were 357,635 English speakers aged 15+ with a total income of \$50k or more, who represented 34.1% of the English-speaking population in that age group. The proportion of high earners in the English-speaking population is lower than that found in the French-speaking majority population in Quebec.
- In 2021, there were 145 English speakers aged 15+ with a total income of \$50k or more living in the CRSSS de la Baie-James region, where they represented 36.3% of the population. This proportion was higher than the proportion of English-speaking high earners across the province. The proportion of high earners in the regional English-speaking population is much lower than the share of high earners in the French-speaking majority population in the region.

Household Living Arrangements

Household living arrangements may be used as an indicator of groups within a population who are vulnerable to a poor health status. Parents of minors living in lone parent households were more likely to report food insecurity, high levels of psychological distress and having more than one health problem compared to parents with other household arrangements.⁷ Individuals living alone may lack the important health benefits of a strong support network in the event of activity limitations due to disability, illness or aging. COVID-19 pandemic uncovered the vulnerability of individuals living in low-income multi-generational households. The recent health crisis turned single households consisting of three or more generations into a high-risk factor for contagious infection.⁸

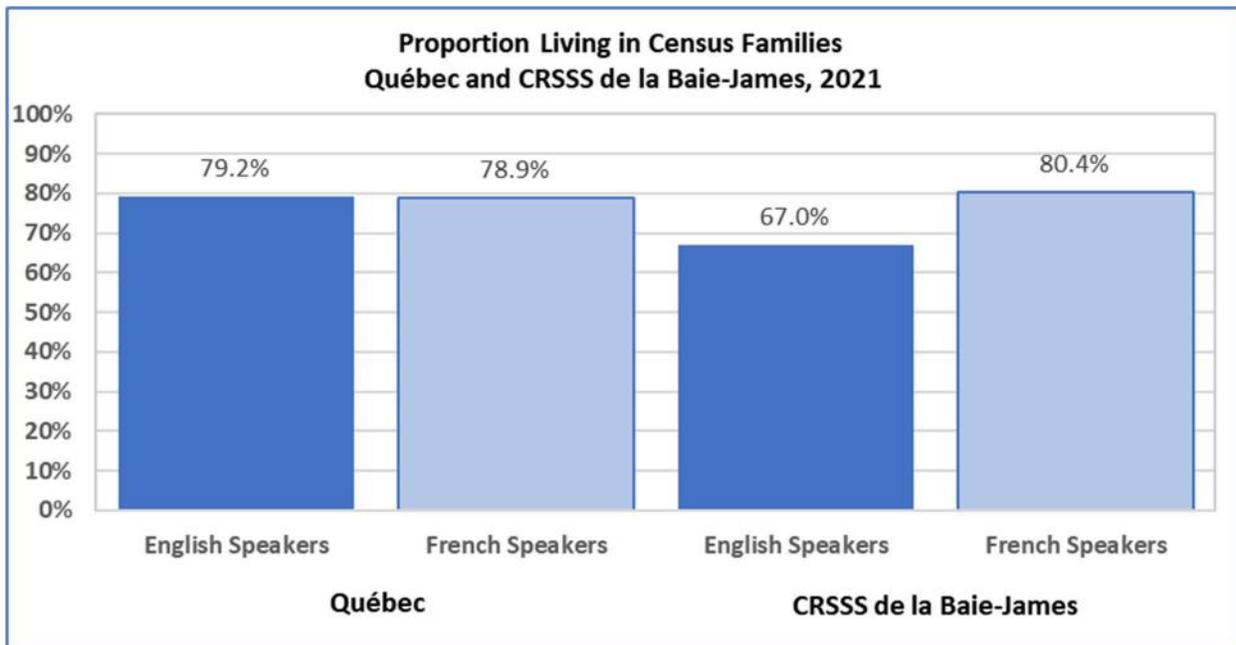
Table 4 - Population by Household Living Arrangements

Population by Household Living Arrangements	Québec		CRSSS de la Baie-James	
	English	French	English	French
Total - Household living arrangements	1,244,440	6,985,640	515	12,175
Total persons in census family households	985,995	5,512,205	345	9,790
Persons in two-parent households	835,415	4,706,995	270	8,675
Persons in single-parent households	150,580	805,215	75	1,115
Total persons in non-census family households	258,445	1,473,435	170	2,385
Living with relatives	28,935	127,905	68	348
Living with non-relatives only	55,820	209,445	50	250
Living alone	173,695	1,136,085	53	1,788
Total - Household living arrangements	100.0%	100.0%	100.0%	100.0%
Total persons in census family households	79.2%	78.9%	67.0%	80.4%
Persons in two-parent households	67.1%	67.4%	52.4%	71.3%
Persons in single-parent households	12.1%	11.5%	14.6%	9.2%
Total persons in non-census family households	20.8%	21.1%	33.0%	19.6%
Living with relatives	2.3%	1.8%	13.1%	2.9%
Living with non-relatives only	4.5%	3.0%	9.7%	2.1%
Living alone	14.0%	16.3%	10.2%	14.7%

Source: JPocock Research Consulting, 2021 Census, Statistics Canada. Population in private households - 25% sample.

⁷ For discussion of the survey, see Pocock, J. (2008) "Baseline Data Report 2007-2008. Quebec's Social and Health Survey Information." *Community Health and Social Services Network (CHSSN)*. www.chssn.org

⁸ Yang, F. and Aitken, N. (2021). *People living in apartments and larger households were at higher risk of dying from COVID-19 during the first wave of the pandemic*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00004-eng.htm> accessed February 2023.

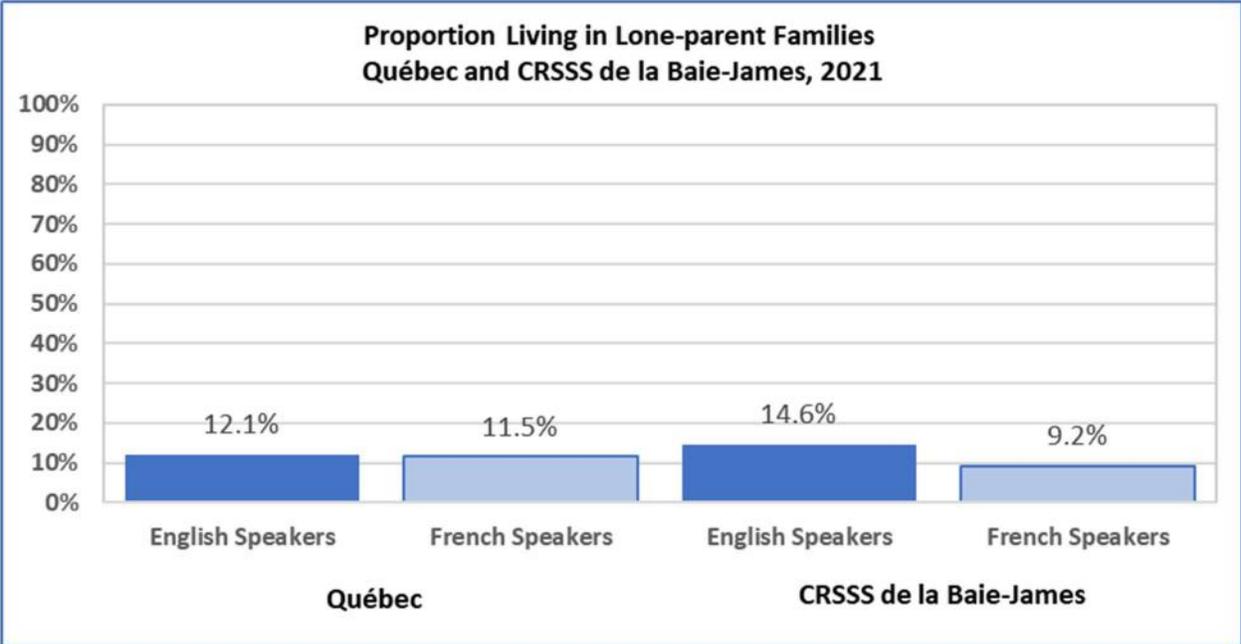


Living in Census families⁹

- Across Québec, there were 985,995 English speakers living in census family households. This group represents 79.2% of the 15+ English-speaking population. The proportion of English speakers living in census family households is similar to that found in the French-speaking majority population in Quebec.
- In 2021, there were 345 English speakers living in census family households in the CRSSS de la Baie-James region where they comprise 67.0% of the population. This share is lower than that displayed by the provincial English-speaking population. The proportion of those living in census family households in the regional English-speaking population is lower than the proportion in the regional French-speaking majority population.

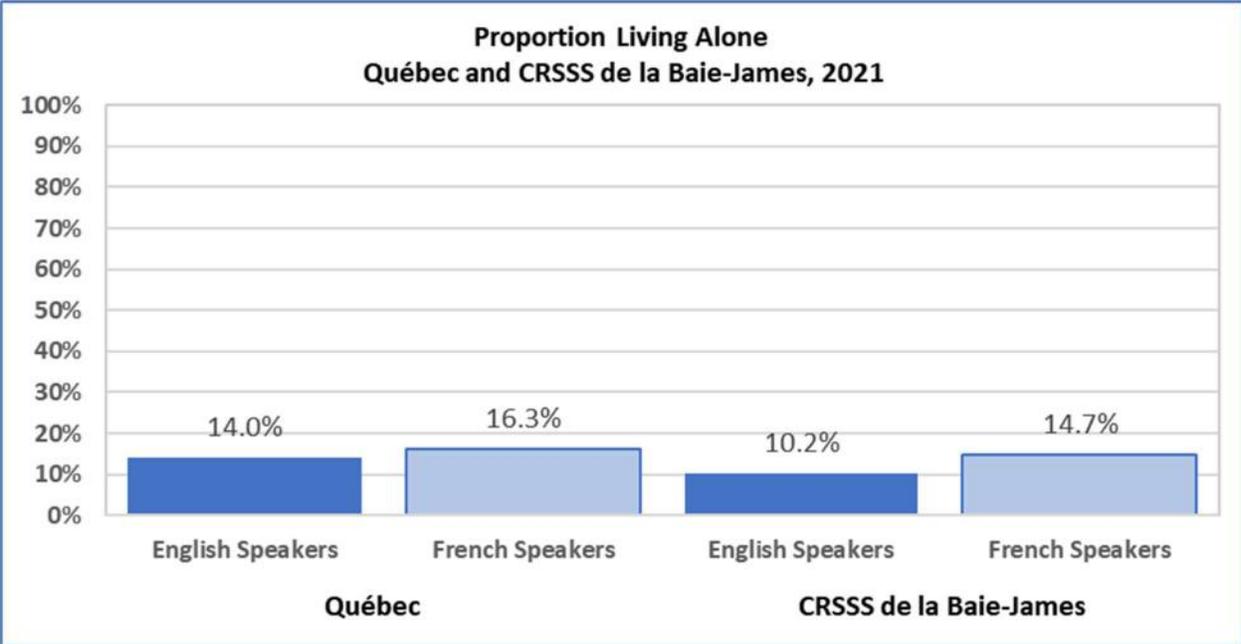
⁹ According to Statistics Canada, a "Census family is defined as a married couple and the children, if any, of either and/or both spouses; a couple living common law and the children, if any, of either and/or both partners; or a parent of any marital status in a one-parent family with at least one child living in the same dwelling and that child or those children. All members of a particular census family live in the same dwelling. Children may be biological or adopted children regardless of their age or marital status as long as they live in the dwelling and do not have their own married spouse, common-law partner or child living in the dwelling. Grandchildren living with their grandparent(s) but with no parents present also constitute a census family."

<https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=Unit&Id=32746> Accessed February 2023.



Living in lone-parent families

- Across Québec, there were 150,580 English speakers living in lone-parent families. This group represents 12.1% of the English-speaking population. The proportion of English speakers living in lone-parent families is similar to the proportion found in the French-speaking majority population in Quebec.
- In 2021, there were 75 English speakers living in lone-parent families in the CRSSS de la Baie-James region where they account for 14.6% of the population. The proportion of those living in lone-parent families in the regional English-speaking population is much higher than the proportion found in the regional French-speaking majority population. The proportion is much higher than that found in the provincial English-speaking population.



Living alone

- Across Québec, there were 173,695 English speakers living alone. This group represents 14.0% of the English-speaking population. The proportion of English speakers living alone is lower than the level in the French-speaking majority population in Quebec.
- In 2021, there were 53 English speakers living alone in the CRSSS de la Baie-James region, where they account for 10.2% of the population. This level is much lower than that displayed by the provincial English-speaking population. The proportion of those living alone in the regional English-speaking population is much lower than the proportion found in the regional French-speaking majority population.

Highest Educational Attainment

In many ways, education is an important determinant of the health status of a community. In Canada, the level of education achieved by an individual tends to be an indicator of social status, and ideally, a predictor of economic opportunity. The overall level of health literacy and preventative health practice enjoyed by a community also tends to be associated with the years of schooling by those included among its members¹⁰. A case in point, Generoux’s study of the psychosocial impact of the COVID-19 pandemic upon Quebec communities demonstrates that key protective factors such as a sense of coherence are linked to levels of education.¹¹

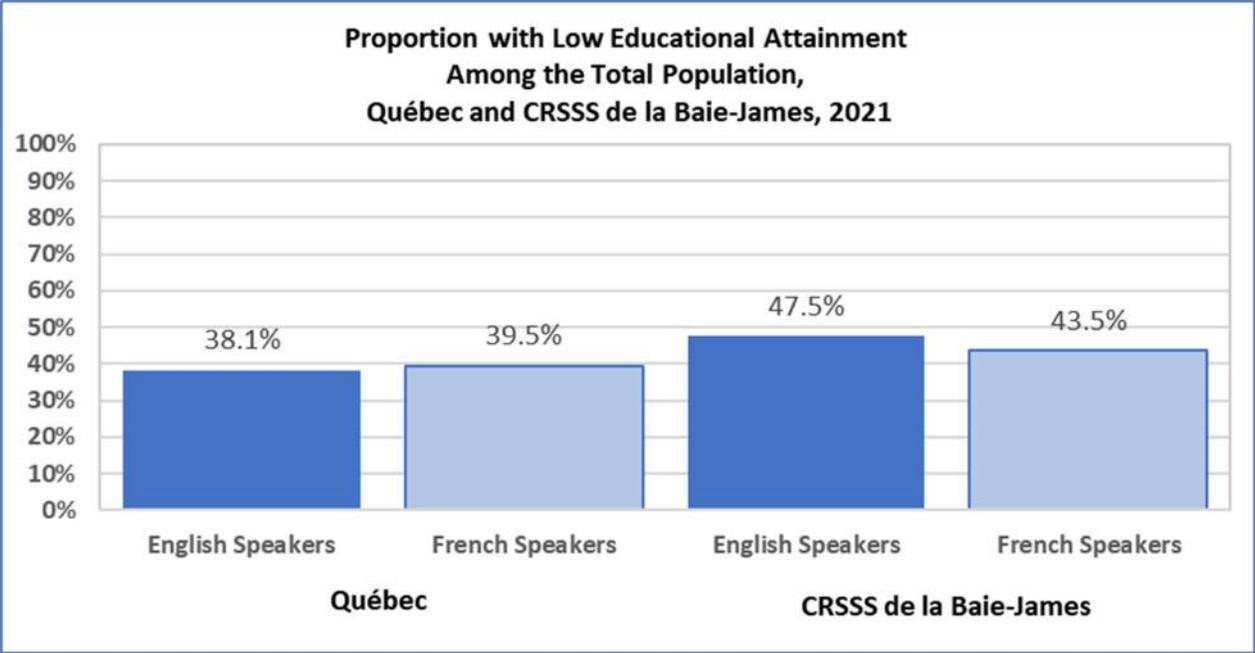
Table 5 - Highest Educational Certification

Total Population by Highest Educational Certification	Québec		CRSSS de la Baie- James	
	English	French	English	French
Total	1,049,640	5,811,880	400	9,955
High school diploma or less	399,730	2,293,515	190	4,335
Apprenticeship or trades certificate or diploma	86,445	1,007,585	60	2,610
College, CEGEP or other non-university certificate or diploma	178,355	1,020,485	65	1,715
University certificate or diploma below bachelor level	31,300	220,170	20	285
University certificate, diploma or degree at bachelor level or above	353,815	1,270,135	63	1,008
High school diploma or less	38.1%	39.5%	47.5%	43.5%
Apprenticeship or trades certificate or diploma	8.2%	17.3%	15.0%	26.2%
College, CEGEP or other non-university certificate or diploma	17.0%	17.6%	16.3%	17.2%
University certificate or diploma below bachelor level	3.0%	3.8%	5.0%	2.9%
University certificate, diploma or degree at bachelor level or above	33.7%	21.9%	15.6%	10.1%

Source: JPocock Research Consulting, 2021 Census, Statistics Canada. Population in private households - 25% sample.

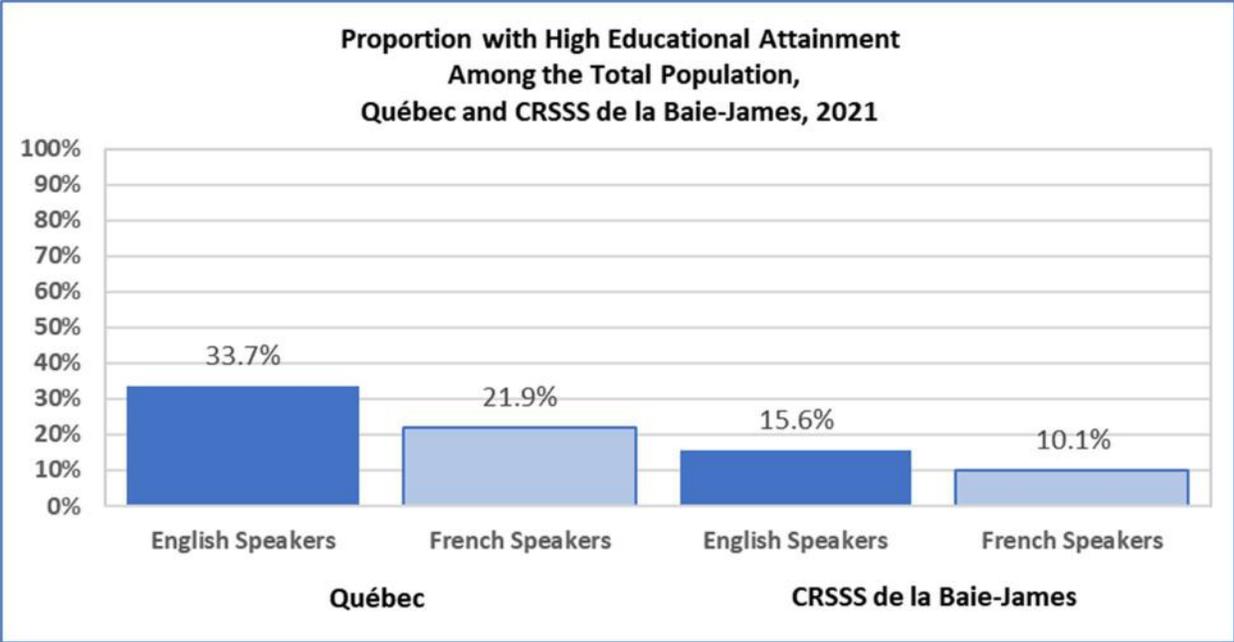
¹⁰ For further discussion of education as a health determinant see Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts*. (2nd edition) / *Déterminants sociaux de la santé : les réalités canadiennes*, (2e édition). Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. <https://thecanadianfacts.org/>

¹¹ Genereux, M., Roy, M., Pare, C., and Levesque, J. (2020). *Strengthening the Adaptive Capacities of Individuals and Communities in Times of Pandemic: The Key Role of the Sense of Coherence*. https://refips.org/wp-content/uploads/2020/12/COVID19_SOC_UIPES_REFIPS_final.pdf



Population aged 15+, high school diploma or less

- Across Québec, there were 399,730 English speakers aged 15 and over with a high school diploma or less. This group accounts for 38.1% of the English-speaking population aged 15 and over. The proportion of English speakers aged 15 and over with a high school diploma or less is similar to the level found in the French-speaking majority population aged 15 and over in Quebec.
- In 2021, there were 190 English speakers aged 15 and over with a high school diploma or less in the CRSSS de la Baie-James region where they account for 47.5% of the regional English-speaking population aged 15 and over. The proportion of those aged 15 and over with a high school diploma or less in the regional English-speaking population is higher than the proportion in the regional French-speaking majority population. The level for the English-speaking regional proportion is much higher than that exhibited by English speakers across the province.



Population aged 15+, university degree or higher

- In Québec in 2021, there were 353,815 English-speaking aged 15 and over with a university degree or higher. This group represents 33.7% of the English-speaking population. The proportion of English speakers aged 15 and over with a university degree or higher is much higher than that found in the same age cohort in the French-speaking majority population in Quebec.
- In 2021, there were 63 English speakers aged 15 and over with a university degree or higher in the CRSSS de la Baie-James region where they account for 15.6% of the regional English-speaking population. The proportion of those aged 15 and over with a university degree or higher in the regional English-speaking population is much higher than the proportion in the regional French-speaking majority population. This English-speaking regional proportion is much lower than that exhibited by the province's English speakers.

Labour Force Activity

The rate and type of labour force participation experienced by a community and its members is strongly associated with health status. In industrial nations like Canada, labour force activity is linked with level of income as well as the level of social integration enjoyed by a group.

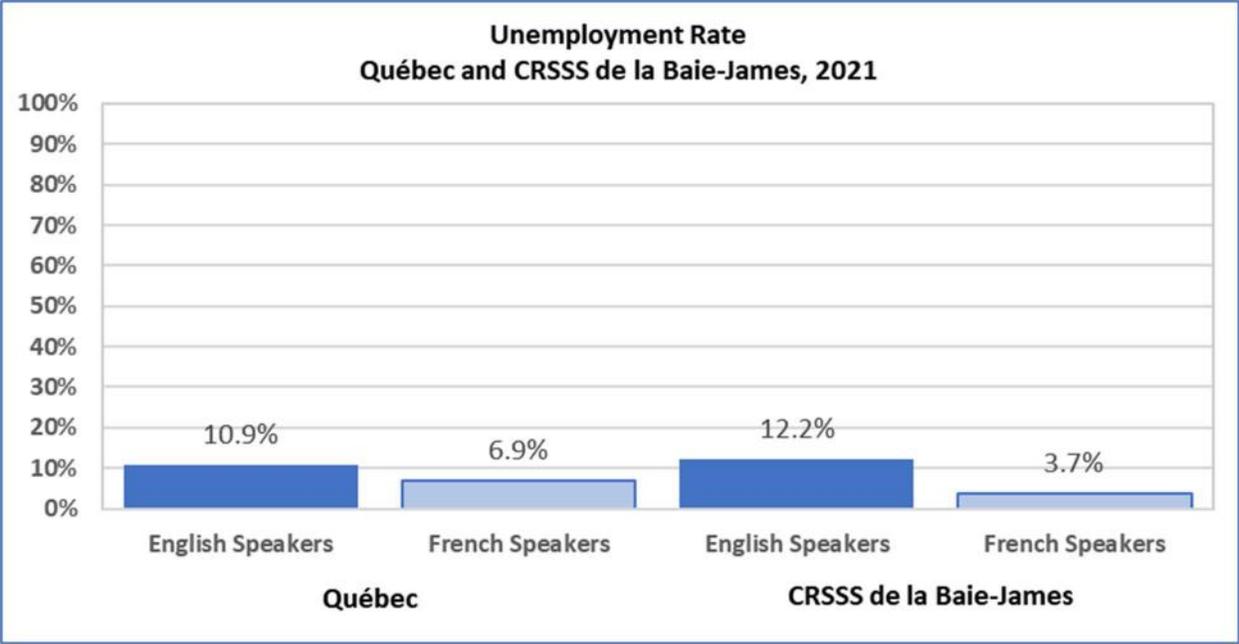
Employment is an important source of social identity and a key context for the establishment of a social support network that extends beyond the workplace. For an individual, work is an important source of the self-esteem and sense of control typically associated with good mental health.¹²

Table 6 - Labour Force Activity

Total Population by Labour Force Activity	Québec		CRSSS de la Baie- James	
	English	French	English	French
Total - Labour force activity	1,049,640	5,811,880	400	9,955
In the labour force	699,015	3,721,255	245	6,640
Employed	623,105	3,465,265	210	6,395
Unemployed	75,910	255,990	30	245
Out of the labour force	350,625	2,090,630	150	3,310
Total - Labour force activity	100.0%	100.0%	100.0%	100.0%
In the labour force	66.6%	64.0%	61.3%	66.7%
Employed	89.1%	93.1%	85.7%	96.3%
Unemployed	10.9%	6.9%	12.2%	3.7%
Out of the labour force	33.4%	36.0%	37.5%	33.2%

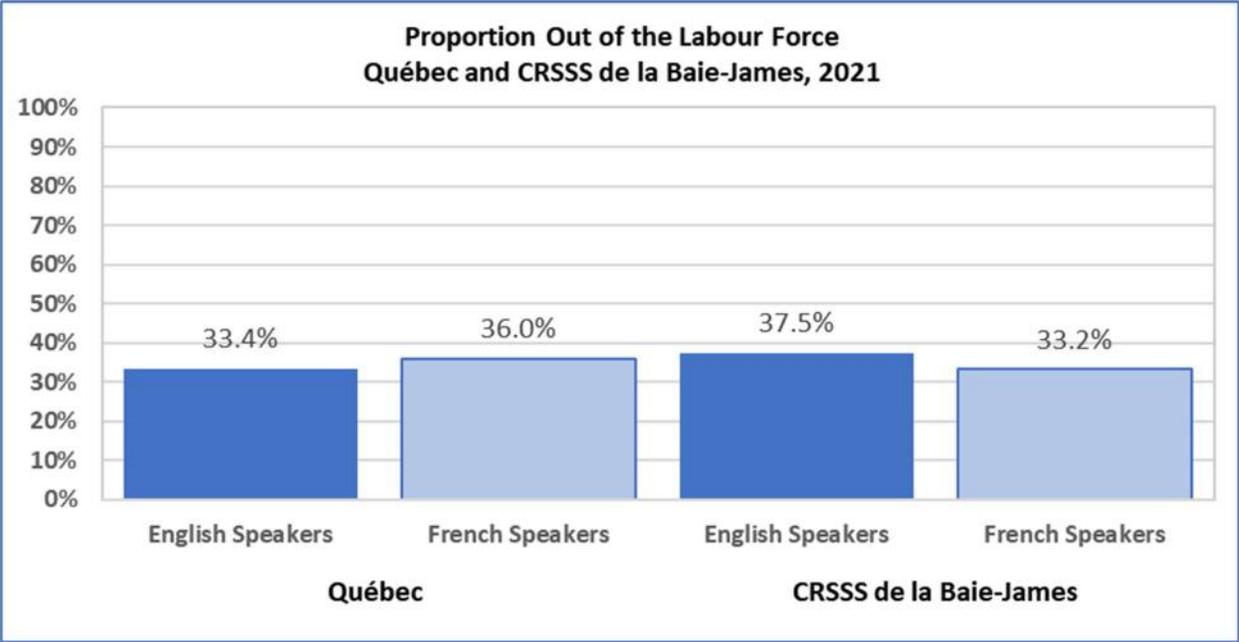
Source: JPocock Research Consulting, 2021 Census, Statistics Canada. Population in private households - 25% sample.

¹² For further discussion of employment and working conditions as health determinants see Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts*. (2nd edition) / *Déterminants sociaux de la santé : les réalités canadiennes*, (2e édition). Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. <https://thecanadianfacts.org/>



Unemployed

- Across Québec in 2021, there were 75,910 English speakers who were unemployed resulting in an unemployment rate of 10.9%. The unemployment rate of Quebec's English speakers was much higher than the unemployment rate of the French-speaking majority.
- In 2021, there were 30 unemployed English speakers in the CRSSS de la Baie-James region where they experienced an unemployment rate of 12.2%. The unemployment rate of the regional English-speaking population was much higher than the unemployment rate in the regional French-speaking majority population. Their unemployment rate was higher than that experienced by the provincial English-speaking population.



Out of the labour force¹³

- Across Québec in 2021, there were 350,625 English speakers out of the labour force in 2016. This group represents 33.4% of the English-speaking population aged 15+. The proportion of English speakers out of the labour force is lower than that found in the French-speaking majority population in Quebec aged 15 and over.
- In 2021, there were 150 English speakers out of the labour force in the CRSSS de la Baie-James region where they comprise 37.5% of the regional English-speaking population aged 15+. The proportion of those out of the labour force in the regional English-speaking population is higher than the proportion in the regional French-speaking majority population. This English-speaking regional proportion is higher than that exhibited by the provincial English-speaking population.

¹³ The Statistics Canada category “[out of the labour force](#)” refers to persons 15 years and over, excluding institutional residents, who were neither employed nor unemployed during the week of Sunday May 1 to Saturday May 7, 2011. It includes students, homemakers, retired workers, and seasonal workers in an “off” season who were not looking for work because of a long-term illness or disability. (<http://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/99-000-x2011001-eng.pdf>)

Appendix – Baseline Data Report Series

2003-2004	Regional Profiles of English-speaking Communities	2001 Census
2004-2005	Profiles of English-speaking Communities In Selected CLSC Territories	2001 Census
2005-2006	English-Language Health and Social Services Access in Québec	2005 CHSSN-CROP Survey on Community Vitality
2006-2007	Community Network Building	Case studies (qualitative interviews)
2007-2008	Health and Social Survey Information on Quebec's English-speaking Communities	1998 Québec Health and Social Survey
2008-2009	Regional Profiles of Quebec's English-speaking Communities: Selected 1996-2006 Census Findings	1996 and 2006 Census
2009-2010	Demographic Profiles of Quebec's English-speaking Communities for Selected CSSS Territories	1996 and 2006 Census
2010-2011	English-Language Health and Social Services Access in Québec	2010 CHSSN-CROP Survey on Community Vitality
2010-2011	2010-2011 Companion Report – Comparison of French and English respondents to the 2010 CROP survey	2010 CHSSN-CROP Survey on Community Vitality
2011-2012	Socio-economic Profiles of English-speaking Visible Minority Population by Quebec Health Region	2006 Census of Canada
2012-2013	Quebec's English-speaking Community Networks and their Partners in Public Health and Social Services	Survey of NPI organizations and interviews
2013-2014	Demographic Profiles of Quebec's English-speaking Communities for Selected CSSS Territories	2011 Census of Canada; 2011 National Household Survey
2014-2015	Canadian Community Health Survey (2011-2012) / Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities	Canadian Community Health Survey, 2011-2012
2015-2016	English-Language Health and Social Services Access in Québec	2015 CHSSN-CROP Survey on Community Vitality
2015-2016	2015 CHSSN-CROP Survey on Community Vitality / Findings on English-speaking Community Vitality Across Key Sectors	2015 CHSSN-CROP Survey on Community Vitality
2016-2017	Demographic Summaries for English-speaking Populations Across Quebec's RTS Territories (2011)	2011 Census of Canada; 2011 National Household Survey
2017-2018	Demographic Profiles of Quebec's English-speaking Communities for Selected RLS Territories	2016 Census of Canada
2018-2019	Socio-demographic Profile of Children Aged 0 to 5 and their Parents	2016 Census of Canada
2018-2019	English-language Health and Social Service Access in Quebec	2019 CHSSN-CROP Community Health and Social Survey
2019 -2021	Gender Based Socio-demographic Profiles	2016 Census of Canada
2019 -2021	Time Series Report: CHSSN/CROP Surveys 2005-2019	2005-2019 CHSSN CROP Community Health and Social Surveys
2021-2022	Socio-demographic Characteristics of Visible Minorities in Quebec's English-speaking Communities	2016 Census of Canada
2022-2023	Demographic Profiles of Quebec's English-speaking Communities	2021 Census of Canada

Sources and References

- Access Alliance Multicultural Health and Community. (2021). Investing in Language Access to Optimize Health System Performance. A Review of the Literature. https://accessalliance.ca/wp-content/uploads/2021/06/Access_Alliance_Investing_in_Language_Access_to_Optimize_Health_System_Performance.pdf
- Bowen, S. (2015) for Société Santé en Français (SSF). Impact of Language Barriers on Quality and Safety of Healthcare. <http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study-1.pdf>
- Bowen, S. (2001). *Language Barriers in Access to Health Care*, Ottawa: Health Canada.
- Bowen, S., Gibbons, M., Roy, J. and Edwards, J. (2010). From ‘multicultural health’ to ‘knowledge translation’ – rethinking strategies to promote language access within a risk management framework. *The Journal of Specialized Translation (Jostrans)*, Issue 14, http://www.jostrans.org/issue14/art_bowen.php.
- Bowen, S. (2015) for Société Santé en Français (SSF). *Impact of Language Barriers on Quality and Safety of Healthcare*. <http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study-1.pdf>
- Consultative Committee for English-speaking Minority Communities (CCESMC) 2002, *Report to the Federal Minister of Health*, Ottawa: Health Canada.
- Denis, J.L., Potvin, L., Rochon, J. et al. (2020) “On redesigning public health in Québec: lessons learned from the pandemic”. *Canadian Journal of Public Health* 111, 912–920. <https://doi.org/10.17269/s41997-020-00419-x>
- Genereux, M., Roy, M., Pare, C., and Levesque, J. (2020). Strengthening the Adaptive Capacities of Individuals and Communities in Times of Pandemic: The Key Role of the Sense of Coherence. https://refips.org/wp-content/uploads/2020/12/COVID19_SOC_UIPES_REFIPS_final.pdf
- Pocock, J. (2008). Baseline Data Report 2007-2008. Quebec’s Social and Health Survey Information. Community Health and Social Services Network. (CHSSN). www.chssn.org
- Public Health Agency of Canada. “What Determines Health?” www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php
- Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts*. (2nd edition) / *Déterminants sociaux de la santé : les réalités canadiennes*, (2e édition). Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. <https://thecanadianfacts.org/>
- Reaume, M., Batista, R., Talarico, R. ...et Tanuseputro, P. (2020) “The impact of hospital language on the rate of in-hospital harm. A retrospective cohort study of home care

recipients in Ontario, Canada". *BMC Health Services Research* 20, 340
<https://doi.org/10.1186/s12913-020-05213-6>

Sanderson, D. (2020). *Language Related Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec*. SAGE
Open, 10(3). <https://doi.org/10.1177/2158244020951261>

World Health Organization and Calouste Gulbenkian Foundation. (2014) *Social Determinants of Mental Health*. Geneva, World Health Organization, ISBN 978 92 4 150680 9.

Yang, F. and Aitken, N. (2021). People living in apartments and larger households were at higher risk of dying from COVID-19 during the first wave of the pandemic. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00004-eng.htm> accessed February 2023.