

# THE BASELINE DATA REPORT 2005-2006

## English-Language Health and Social Services Access in Québec



based on data from the  
2005 CHSSN-CROP Survey  
on Community Vitality

# CHSSN

Community Health  
and Social Services Network



Joanne Pocock, Research Consultant  
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**Community Health  
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Canada            Canada**

and administered by the Quebec Community Groups Network.



*The views expressed herein do not necessarily represent the official policies  
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# 1 Key Points of the Baseline Data Report 2005-2006

## 1.1 General State of Health

- Nearly two-thirds of Anglophone respondents across Quebec assessed their health as very good or excellent when compared to other persons their age. Anglophones in rural or isolated regions (Nord-du-Québec, Bas-Saint-Laurent, Côte-Nord and Gaspésie – Îles-de-la-Madeleine) as well as Estrie were more likely to have a lower assessment of their health.
- Household income status revealed the greatest variation in self-assessed health, as those with household incomes of less than \$30k annually were much more likely to describe themselves as in poor health and much less likely to describe their health as very good or excellent. In contrast, those in the higher household income brackets (\$70-\$100k and \$100k and over) were more inclined to describe themselves in good health.

## 1.2 Satisfaction with Access to Health and Social Services

- The CHSSN-CROP survey reveals that less than half of English-speaking respondents expressed satisfaction with their access to health and social services in English in their region (45.9%).
- On a regional basis, the highest level of satisfaction with access to health and social services is found amongst Anglophones living in the Abitibi-Témiscamingue, Nord-du-Québec, and Montreal (West) regions with satisfaction levels exceeding 50%. The lowest level of satisfaction with access to health and social services is expressed by Anglophones who reside in the Mauricie, Lanaudière, Chaudière-Appalaches and Capitale-Nationale regions, where only one in four or fewer expressed satisfaction.
- The highest level of satisfaction with access to English language services is found amongst those Anglophones who are 65 and over. The lowest level of satisfaction is expressed by those in the 25-44 age group. Those amongst the English-speaking population who assess their state of health as poor are more likely than those of other health categories to express low levels of satisfaction.

## 1.3 Use of Health and Social Services

- Amongst the services used by Anglophone respondents, doctors in private offices ranked highest at 66.5%, followed by hospital emergency or out-patient service at 51%, CLSCs at 46% and overnight hospital stays at 22%. Info-Santé was used least frequently among the 5 services queried with only 19% of respondents having used this important health information service within the previous 12 months, contrasting with 30% of the Francophone respondents who had done so. The rate of use amongst older Anglophones (65 and older) was even less frequent as less than 1 in 10 used the service.
- In each of 5 health and social service settings (doctor in private clinic, CLSC, Info-Santé, hospital emergency room, overnight stay in hospital) Anglophone respondents were less

likely to make use of formal public health and social services than their Francophone counterparts.

- Only 9.2% of Anglophones 65 years and over used Info-Santé in the last twelve months compared to 17.4% of Francophones in the same age group. 40.8% of Francophones aged 25-44 years reported having used Info-Santé in the last twelve months compared to 26.1% of Anglophones in the same age group.

## **1.4 Unpaid Care**

- A majority (83%) of Anglophone respondents said that they would turn to relatives and friends in the case of illness. Smaller proportions would turn to public health and social services (11%) and community resources (3%). Although Francophones also showed a strong reliance on parents and friends, they were more inclined to turn to public organizations in times of need.
- The proportion of Anglophones who would turn to family and friends is consistently high across the regions, with the lowest at 70.5% in the Capitale-Nationale region and the highest at 93.5% in the Mauricie region, followed closely by the Côte-Nord region at 90.2%. Looking across the regions, we observe that a lower reliance on family and friends tends to be associated with a higher rate of reliance on a community resource.
- The greatest variance amongst the regions is observed in the reliance upon community service in the event of illness. Anglophones in the Capitale-Nationale, Chaudière-Appalaches and Nord-du-Québec regions are more than three times more likely than those in other regions to turn to a community resource, while Anglophones in the Estrie region are almost twice as likely as those in other regions to do so.
- 16.9% of English-speaking respondents reported providing unpaid care for a person outside their household. The proportion of the Anglophone population providing unpaid care in this situation ranges from 4.8% in the Bas-Saint-Laurent region to 36.7% in Abitibi-Témiscamingue.
- Nearly one in ten (9.3%) of Anglophone respondents reported providing care for someone other than a relative, which is substantially lower than the proportion of Francophone respondents who reported doing so (23%). The proportion of the Anglophone population providing care in this capacity ranges from 1.9% in Saguenay-Lac-Saint-Jean to 15.7% in the Mauricie region.
- Those Anglophones who are 65 years and over are less likely to rely on relatives and friends in the event of illness than other age groups. They are more likely than other age groups to turn to public health and social services and/or a community resource. They are almost twice as likely as other age groups to choose an option outside of relatives, friends, a community resource or public services. We can surmise this option is private or for-profit care services.

- Francophones 45-64 tend to be highly reliant on public health and social services and a community resource in the event of illness when compared with their other age cohorts. Anglophones 45-64 tend to be more reliant on friends, or more likely to have nobody to turn to, compared to other Anglophone age cohorts in the same health situation.
- Anglophone men and women are fairly similar with women slightly more likely to turn to family and friends than men.
- When household income groups are compared, those earning less than \$30k annually show the strongest likelihood to turn to public service, or to have nobody to turn to, in the event of illness. Those earning \$50k-\$70k show the greatest likelihood to rely on a community resource. Those earning \$70k-\$100k are more than three times more likely than other income groups to turn to an option outside of relatives, friends, community resource and public health and social services.
- Those Anglophone respondents who assess their health as poor are the least likely to rely on relatives and friends, are more likely to turn to a community resource, and are more than twice as likely as other health groups to turn to public health services in the event of illness.
- When age groups are compared, those Anglophones in the 45-64 age group are providing the greatest proportion of unpaid care for a person living outside their household and for those other than relatives.

### **1.5 Out-of-Region Services**

- Just under one in five (18.3%) of Anglophones accessed a health and social service out of their region of residence in the year prior to the survey. The rate of use of such services was higher in certain regions (Capitale-Nationale, Centre-du-Québec, Lanaudière, Outaouais).
- The most popular services used out of the region of residence included doctors in a private office (35%), hospital emergency rooms (25%), overnight stays in hospitals (10%) and visits to CLSCs (11%).
- Most out-of-region services were provided out of the Montreal region, particularly for residents of regions close to Montreal. Residents in some regions (Gaspésie, Outaouais) close to other provinces showed tendencies to cross provincial boundaries to seek services.
- The most common reasons given for accessing services out of the region of residence where happenstance (in area at time of need 24%) and the lack of services in the home region (19%). Respondents also mentioned regular doctors (14%), medical referrals (9%), personal preference (7%) and availability in English (7%) as reasons for seeking services outside their region.
- Just under three-quarters (73.8%) of respondents received their out-of-region service in English.

## **1.6 Language Used in Health and Social Service Transactions**

- A large majority (86%) of Anglophone respondents were served in English when they used the services of a doctor in a private clinic but two-thirds used English when accessing CLSC services (67%), while slightly fewer than that did so while using Info-Santé (63%). Approximately three-quarters of Anglophone respondents English in hospital emergency rooms (70%) and in hospitals for visits involving an overnight stay (74%).
- The use of English with doctors varied enormously across regions with over 90% of respondents in the western and central parts of Montreal and in the Outaouais reported using English. In contrast, fewer than half of Anglophone respondents in a number of regions (Mauricie, Centre-du-Québec, Saguenay Lac-Saint-Jean) used English with doctors in private offices.
- Language use in CLSC service transactions varied tremendously across regions ranging from 80%+ in Nord-du-Québec, the Outaouais and western Montreal regions compared to less than one-third in the case of Mauricie, Bas Saint-Laurent, Capitale-Nationale, Centre-du-Québec and Saguenay – Lac-Saint-Jean.
- There is a wide difference within the Montreal region. 80.5% of English-speaking respondents in Montreal (west) received CLSC services in English, compared to 38.6% of respondents in Montreal (east).
- The language aspect of Info-Santé services also showed wide variation across regions with the Outaouais, Gaspésie – Îles-de-la-Madeleine and western Montreal showing levels above 80% while a number of other regions (Mauricie, Saguenay Lac-Saint-Jean, Chaudière-Appalaches, Centre-du-Québec, Lanaudière) show levels less than one-third using English with Info-Santé.
- There is a significant difference within the Montreal region. 81.5% of English-speaking respondents in Montreal (west) received Info-Santé services in English, compared to 48.3% of respondents in Montreal (east).
- In hospital emergency rooms and out-patient clinics, the use of English varied across regions, with the Outaouais, Abitibi-Témiscamingue and the western part of Montreal showing levels of 80% or more, contrasted with Mauricie, Saguenay – Lac-Saint-Jean, Bas Saint-Laurent, Capitale-Nationale and Centre-du-Québec where fewer than one in five respondents used English in this setting.
- There is wide range of access to emergency and out-patient services in English in the Montreal region. 85.9% of respondents in Montreal (west) received these services in English, compared to 49.4% of Montreal (east) respondents.
- Language use in hospital overnight stays also show great diversity by region. More than 90% of respondents in the western part of Montreal used English in such a situation as did three-quarters of those living in Montérégie, central Montreal, the Outaouais, Côte-Nord and Nord-du-Québec regions. In contrast fewer than one-quarter of respondents



in Bas-Saint-Laurent, Capitale-Nationale, Centre-du-Québec, Mauricie and Saguenay – Lac-Saint-Jean were able to do so.

- In the Montreal region, there is range of access to hospital services in English that require an overnight stay. 93.6% of respondents in Montreal (west) received these services in English, compared to 55.1% of Montreal (east) respondents.
- Looking across all five health situations, Anglophone respondents aged 65 and over tended to be the age group who were the least likely to ask for service in English and the most likely to be served in English. In transactions with a doctor, CLSC, and Info-Santé, those respondents age 15 -24 were the least likely to receive service in English and the most likely to request English service. In the situation of CLSC services, this group was more than twice as likely as other age groups to report having made a request for English service. In hospital emergency/out-patient clinic as well as hospital overnight Anglophone women were more likely than Anglophone men to be served in French despite asking for service in English.

### **1.7 Barriers to Requesting Services in English**

- The survey provides a rich set of data regarding the linguistic aspect of health and social service transactions, inquiring into such areas as active offer, perceived importance of language in the service transaction and degree of comfort in requesting service in English.
- Nearly one in five (18%) of respondents reported feeling uncomfortable in asking for services in English. Regions exceeding the provincial average in report feeling uncomfortable include Bas Saint-Laurent, Capitale-Nationale, Chaudière-Appalaches, Centre-du-Québec, Mauricie, Laval, eastern Montreal and Lanaudière. In each of these regions, at least one in four Anglophone respondents expressed discomfort in requesting services in English.
- In the Montreal region, 11.2% of respondents in Montreal (west) were uncomfortable asking for services in English, while 25.9% of respondents in Montreal (east) were uncomfortable.
- The most important reasons given for being uncomfortable related to efficiency (25% said that a request for English-language services may impose a burden while 22% expressed concern that a delay would occur), while others reported shyness (17%), fear that the answer would be no (16%) and Francophone staff issues (11%).

### **1.8 Health Information and Promotion**

- Access to health and social services in English depends upon the availability of information regarding these services. Use of services in English implies knowing what programs are offered and through what health agencies. The CHSSN-CROP survey asked respondents if, in the last two years, they had received information about services in English that are provided by the public health and social service institutions in their

region. Further, they were asked who provided the information (public health services, a community organization, newspaper or “other”) and how the information was conveyed (telephone or a visit, information meeting, through flyers, a website or “other”).

- Approximately three-quarters of Anglophone respondents (73%) reported that they had not received any information from public health and social services institutions about access to services in English in the two years prior to the survey. This level is nearly 90% in some regions (Bas-Saint-Laurent, Lanaudière and Centre-du-Québec). Some regions (Nord-du-Québec, Côte-Nord, Capitale-Nationale, Estrie, western part of Montreal) showed higher than average likelihood of receiving information about access to services in English.
- When Anglophones did receive information regarding English services in the last two years it was most frequently from public health services (33.3%) and the newspaper (32.7%). These are followed by community organizations (23.8%) and other (10.2%).
- In terms of the source of information about English-language services from public institutions, communities in Mauricie, Saguenay – Lac-Saint-Jean, Côte-Nord, Nord-du-Québec, Montérégie and eastern Montreal showed higher than normal tendencies to rely on public institutions themselves for information about services. Respondents in Bas-Saint-Laurent, Chaudière-Appalaches, Centre-du-Québec, Abitibi-Témiscamingue and Gaspésie – Îles-de-la-Madeleine were more likely than normal to rely on community organizations for their information. Community newspapers played a slightly more important role in the Outaouais, Capitale-Nationale, Laval, Estrie, Gaspésie – Îles-de-la-Madeleine and western/central parts of Montreal. The absence of English-language community newspapers in some regions (Bas-Saint-Laurent, Nord-du-Québec, Saguenay - Lac-Saint-Jean, Côte-Nord) accounts for their negligible role in those areas.
- Just one in five Anglophone survey respondents had received information about a public health promotion or prevention program in English in the two years prior to the survey. The school system was the most common source of such information (29%) followed by community organizations (28%) and by the public health system (21%). Anglophones in Nord-du-Québec, Abitibi-Témiscamingue Côte-Nord, Montreal (West), and Capitale-Nationale were among those most likely to have received information through public health institutions.
- In the Montreal region, 30.7% of respondents in Montreal (west) received information in English about public health promotion or prevention program from the public health system, while 18.6% in Montreal (centre) and 18.6% in Montreal (east) did so.
- Anglophones least likely to have obtained information from a community organization tended to be located in the following regions: Mauricie, Centre-du-Québec, Montreal (East), Laval, Lanaudière and Montérégie.

- Those regions more likely than others to have Anglophone respondents who received this kind of health information in the last two years from a school are: Nord-du-Québec, Côte-Nord, Laurentides, Montreal (West), and Gaspésie-Îles-de-la-Madeleine.
- Sources of information vary according to gender, age and income.
- Anglophone respondents 65 and over had a greater tendency to obtain information on a public health promotion or prevention program from public health institutions. Those 15-24 and 24-44 years of age were highly likely to have received information from a school.
- Those earning \$70k and over are more likely than those with lower incomes to receive information from a community organization or a school and to attend information meetings. Those earning under \$30k were the least likely to receive information through a school and most likely to obtain health information through a telephone or visit.



## 2 Introduction

### 2.1 *The Networking and Partnership Initiative (NPI)*

The NPI is a funding program of the Quebec Community Groups Network mandated by Health Canada as a measure of the Federal Action Plan for Official Language Communities. The NPI aims to support the creation of durable links between English-speaking communities and Quebec's health and social services system. The Baseline Data Report 2005-2006 is the third volume of a planned five-volume series produced by the Community Health and Social Services Network (CHSSN) to serve as a relevant and comprehensive knowledge base regarding the health status and vitality of Quebec's English-speaking population. The report is intended to serve as a resource that will allow local communities to better understand the demographic factors and health determinants affecting them and to assist institutional partners and community leaders to develop strategies to improve the well being of their constituencies.

The 2003-2004 report was the first volume of the Baseline Data Report (BDR) series. It consolidated existing knowledge related to the area of health and established a template for generating the first integrated regional portraits of Quebec's English-speaking population. The 2004-2005 report moved beyond provincial and regional realities to produce CLSC level profiles of the health determinants of eight communities that were selected to participate in the Networking and Partnership program. The Baseline Data Report 2005-2006 explores a single factor that is an important determinant of the health of English-speaking Quebec throughout its 17 health regions<sup>1</sup>, namely, access to health and social services. This timely report highlights both the challenges and opportunities of the situation of English-speaking communities in the new reality of Quebec's health and social services system.



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<sup>1</sup> In previous Baseline Data Reports, the Centre-du-Québec and Mauricie regions were combined. In this report, data is given for them separately so there are 17 regions rather than 16 as in previous reports.

## **2.2 About this report**

While the 2005-2006 report builds upon the extensive demographic and survey data analyzed in the previous two volumes, it is primarily focused upon the findings of the 2005 CHSSN-CROP Community Vitality Survey.<sup>2</sup>

In the spring of 2005, CROP Inc. was commissioned by the CHSSN to conduct a study collecting the opinions, perceptions and expectations of a representative sample of English-speaking Quebecers in each region of Quebec on a variety of issues including health and social services, education, manpower development, culture, social networks and communications. This aspect of the CROP study was complemented with a survey among a representative sample of French-speaking Quebecers on these same issues. A total of 3,129 English-speaking Quebecers and 1,002 French-speaking Quebecers aged 18 and over were interviewed by telephone between May 16th and July 5th 2005. A similar study was conducted by CROP in the spring of 2000 and the 2005 study was designed to replicate parts of the 2000 questionnaire to allow a measure of change over the course of five years. Many of the households targeted for interviews in the most recent questionnaire were those who had also participated in the study in 2000.

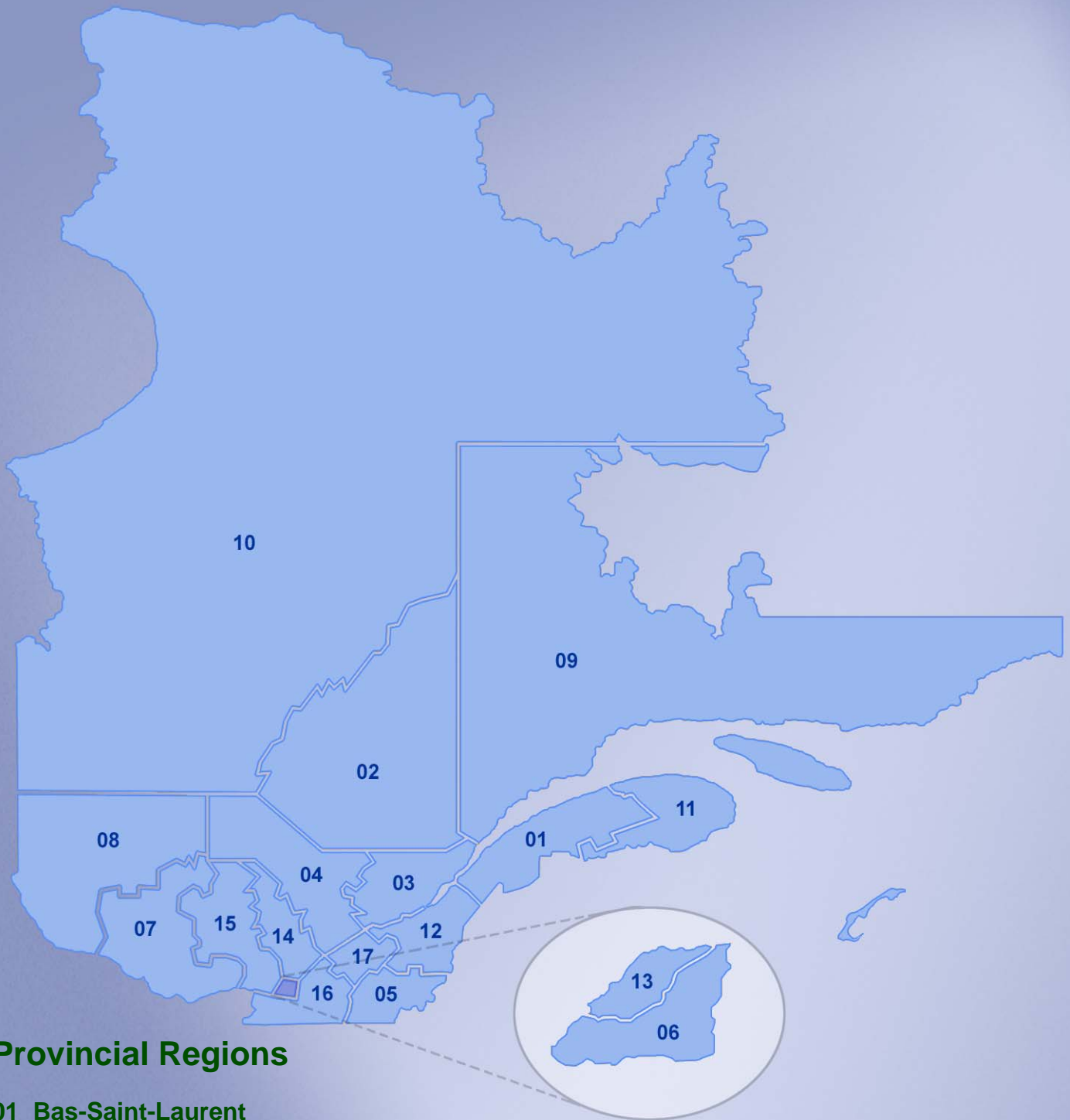
For the purpose of this BDR, we limit our focus to the results of questions designed to provide information on the perceptions and experiences of Quebecers regarding access to health services in English in each region. The commonalities and the distinct features of each regional community in terms of its health situation as well as its experience with, and perception of, Quebec's health and social service system are highlighted.

Where significant, and methodologically feasible, comparisons will be made between:

- the inter-regional realities of Quebec's English-speaking population (see the map of administrative regions on the following page);
- the situation of Quebec's majority and minority language populations;
- groups within the English-speaking population as defined by gender, age, household income, health status and level of bilingualism.

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<sup>2</sup> The author would like to acknowledge William Floch at Canadian Heritage and Jan Warnke at CHSSN for their work in organizing data from the CHSSN-CROP survey into tables. This report would not have been possible without them.



## Provincial Regions

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 01 Bas-Saint-Laurent              | 10 Nord-du-Québec                  |
| 02 Saguenay – Lac-Saint-Jean      | 11 Gaspésie – Îles-de-la-Madeleine |
| 03 Québec – La Capitale Nationale | 12 Chaudière-Appalaches            |
| 04 Mauricie                       | 13 Laval                           |
| 05 Estrie                         | 14 Lanaudière                      |
| 06 Montréal                       | 15 Laurentides                     |
| 07 Outaouais                      | 16 Montérégie                      |
| 08 Abitibi-Témiscamingue          | 17 Centre-du-Québec                |
| 09 Côte-Nord                      |                                    |

## 2.3 Methodological Notes

1. **Data Source** - Unless otherwise stated, the data in this report is drawn from the Anglophone questionnaire from the *2005 Survey on Anglophone Community Vitality* conducted by the CROP polling firm on behalf of the Community Health and Social Services Network (CHSSN). The survey consists of two separate questionnaires – one administered to 3,129 Anglophone respondents and a shorter questionnaire administered to 1,002 Francophone respondents. The bulk of the tables represent the views and experiences of Anglophone respondents. Where tables or analysis are based on data from the survey of Francophones, this is explicitly stated.
2. **Percentages** - The majority of tables in this report present results in the form of percentages. Non-responses (no answer, did not know, etc.) have been excluded from the totals prior to calculation of percentages.
3. **Geographic Regions** - The regions in the tables are the 17 administrative regions across Quebec (see map on page 6). To reflect the important differences in the composition and experiences of the Montreal Anglophone population which accounts for 60% of the province's Anglophone population, the Montreal region has been divided into three sub-regions: Montreal (West), Montreal (centre) and Montreal (east). These Montreal sub-regions correspond to clusters of CLSCs, as follows:

Montreal (west)	Montreal (centre)	Montreal (east)
Dollard-des-Ormeaux	Ahuntsic	Anjou
Lac Saint-Louis	Bordeaux-Cartierville	Hochelaga-Maisonneuve
Pierrefonds	Côte-des-Neiges	Mercier-Est
	Côte-Saint-Luc	Mercier-Ouest
	Lachine	Montréal-Nord
	Lasalle	Pointe-aux-Trembles
	Métro	Rivière-des-Prairies
	Mont-Royal	Rosemont
	Montréal - Centre-Sud	Saint-Léonard
	Montréal - Centre-Ville	Saint-Michel
	Notre-Dame-de-Grâces - Montréal-Ouest	
	Parc-Extension	
	Petite Patrie	
	Plateau-Mont-Royal	
	Pointe-Saint-Charles	
	Saint-Henri	
	Saint-Laurent	
	Saint-Louis-du-Parc	
	Saint-Paul	
	Snowdon	
	Verdun	
	Villeray	

4. **Weighting** – CROP has weighted the respondents by region, age cohort and gender to bring the respondent database in line with 2001 Census figures.
5. **Small samples** – Due to small samples in some regions (Bas Saint-Laurent, Saguenay – Lac-Saint-Jean, Centre-du-Québec), observations should be treated with caution. Similarly, follow-up questions based on responses to lead questions may generate small numbers of qualified respondents, which would reduce the reliability of certain observations in the report.
6. **Key population characteristics** – from the demographic characteristics contained in the survey dataset, data on age, bilingualism, income, gender and general state of health have been retained for inclusion in the tables. Data presented is mainly descriptive based on univariate analysis of these characteristics. At a later date, it would undoubtedly be useful to carry out multivariate analysis and other statistical analysis to develop a more comprehensive understanding of the experiences and perceptions of respondents.
7. **Multiple responses** - For a few questions analyzed in the present report (Q15, Q19b, Q19c, Q22, Q25b, Q25d), respondents were permitted to provide multiple responses. For the purpose of analysis, these multiple mentions have been summed up prior to the calculation of percentages. This means that the percentages refer to the proportion of all “mentions” for a particular response compared to the total responses for the question.





## **2.4 Access to services as a Health Determinant**

The Population Health Model<sup>3</sup>, supported by both federal and provincial health agencies, is an approach that aims to improve the health of an entire population by taking into account a broad range of individual and collective factors that have a strong influence on health<sup>4</sup>. Developing an understanding of what contributes to the good health and vitality of English-speaking communities requires an assessment of key health determinants. Mapping health determinants lays the groundwork for the development of health promotion strategies necessary to bring about the best possible health outcomes for these communities. A feature of this model is a commitment to making knowledge of health determinants relevant at the level of local communities who, with recent restructuring in the health sector, are increasingly called upon to “partner” with health agencies as the means to an optimal health status.

In this report our objective is to take a measure of access to health and social services as a key determinant for Quebec’s official language minority communities. This includes taking into account the interaction of this health determinant with others such as income, social support networks, gender and social environments. For example, the direct relationship between good health and the accessibility of services for treatment of illness, the prevention of disease, as well as promotion of health knowledge, has long been established. However, access not only concerns geographic location but also includes many elements one of which, in this case, is language as a key aspect for the delivery of health and social services.<sup>5</sup> Evidence suggests that the availability of accessible services, both geographically and linguistically, and the presence of strong social support networks which serve as the basis for the unpaid care so crucial to childhood development and healthy aging, go hand-in-hand.<sup>6</sup> These two important health determinants, in turn, are proven predictors of a more geographically stable population.

## **2.5 Demographic Profile of English-speaking Communities<sup>7</sup>**

In this section, we examine a number of key socio-demographic features that shape the English-speaking Quebec population surveyed by CHSSN-CROP in 2005. These features are selected with an eye to highlighting the areas of strength and vulnerability that must be considered in

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3 For an explanation of the Population Health Approach see James Carter. *A Community Guide to the Population Health Approach*, CHSSN, March 2003, [www.chssn.org](http://www.chssn.org)

4 Health Canada lists some twelve health determinants that have been shown to have a strong influence on the health status of a population among which access to health services is included. For further discussion, see Raphael Dennis, ed. (2004). *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholar’s Press, p.5.

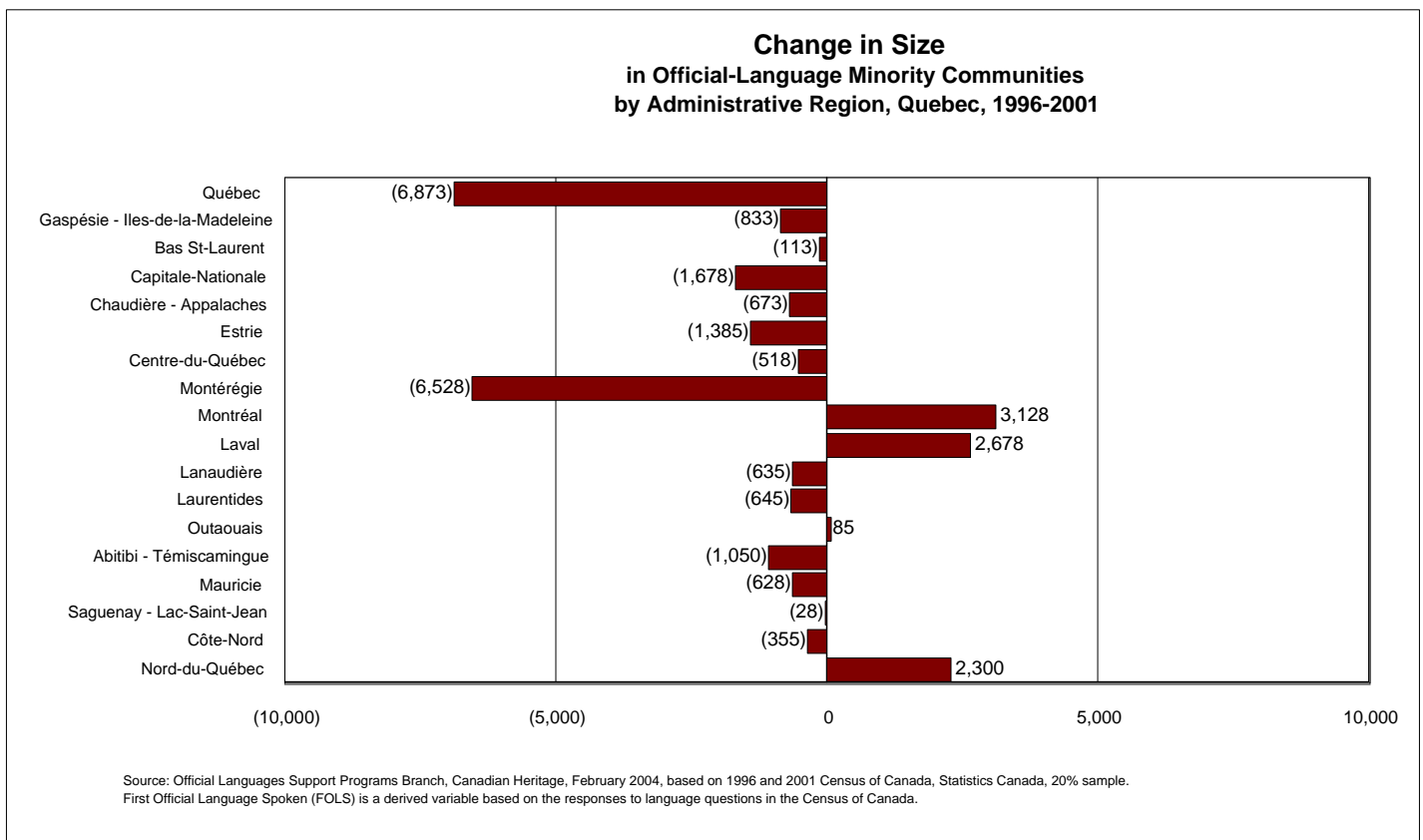
5 “There is compelling evidence that language barriers have an adverse effect on access to health services.”, Sarah Bowen, 2001. *Language Barriers in Access to Health Care*, Health Canada, p.v1

6 Wooley elaborates on the way government supported services and informal care strategies reinforce rather than replace one another. Wooley, Frances. 2001. “The Voluntary Sector” in *Isuma*, Vol.3, No.2. Summer, pp.1-11

7 The findings reported in the demographic profile section of this report are drawn from 2001 Census of Canada data organized by administrative region whereas the CHSSN-CROP survey data is based on the health regions. Quebec’s administrative regions are equivalent to health regions except in the cases of Nord-du-Québec and the Mauricie – Centre-du-Québec health region which is comprised of the Mauricie administrative region (north of the St. Lawrence River) and the Centre-du-Québec administrative region (south of the St. Lawrence River).

developing strategies aimed at improving the general well-being of Quebec's official language minority population. The high rate of individuals leaving the province, the accelerated rate of aging, high levels of unemployment and the growing gap between rich and poor that increasingly define English-speaking Quebec compared with its Francophone neighbour sharing the same territory, combine to indicate a population that is vulnerable to a decline in overall health status and the general quality of life which this resource supports. It is crucial to understand these defining features not only as they emerge in the differences between provincial language populations but also in the differences between the regional realities of Anglophone communities in their distinct environments across the province.

### 2.5.1 Growth and Decline of Regional Anglophone Populations



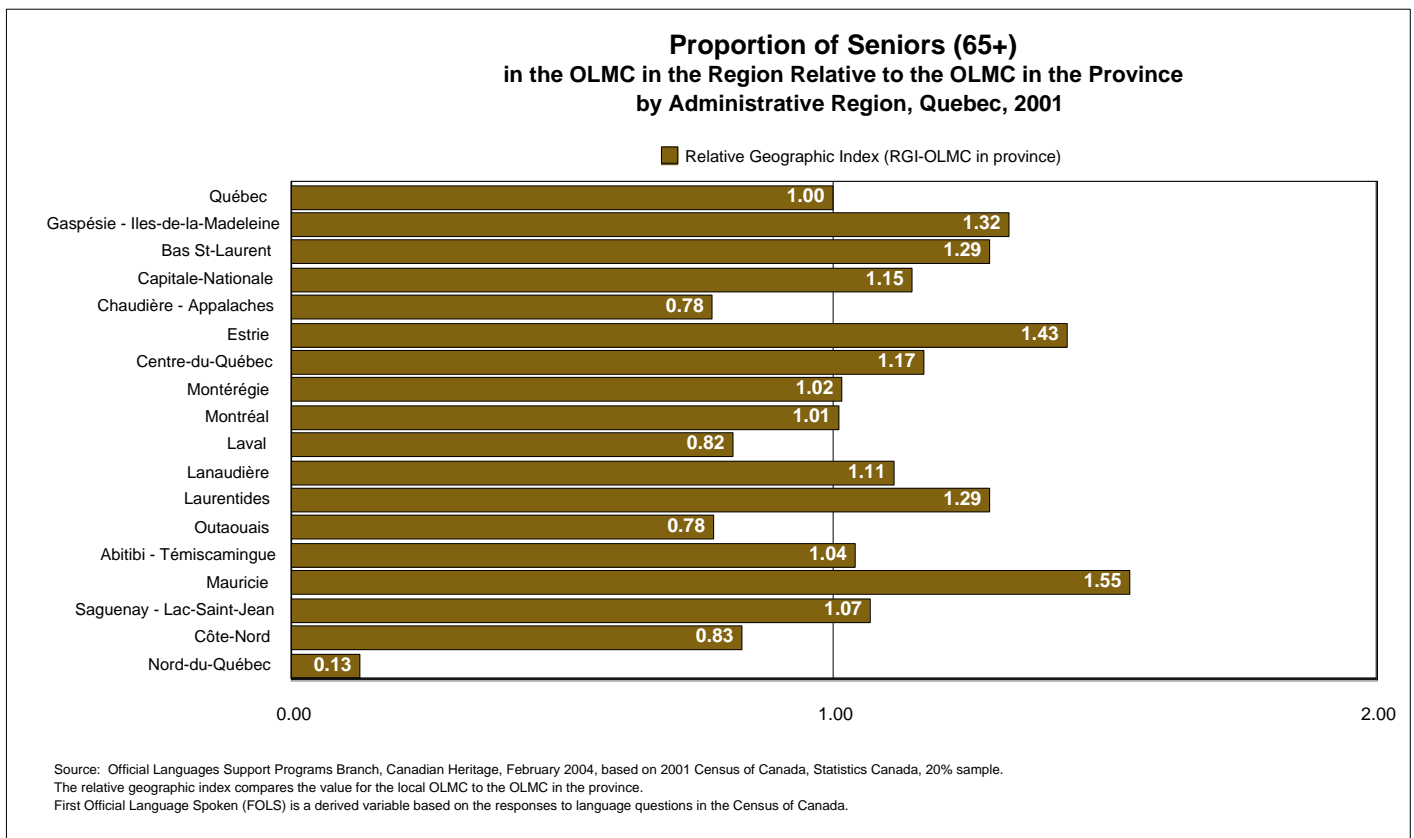
**Figure 1 – Change in Size, Regions, 1996-2001**

Ranging from the Montreal situation where 500,000 Anglophones live within 20 kilometres of each other to tiny Bas-Saint-Laurent where fewer than 1,000 Anglophones live in the Rimouski-Métis area, there are clear differences between communities in terms of their overall size and

weight in the population. Quebec's English-speaking population total some 926,000 persons and 9 of 16 administrative regions<sup>8</sup> have at least 10,000 English-speaking residents.

Generally, the Anglophone population of Quebec experienced a decline in total numbers in the period 1996-2001. Of the 16 Quebec regions, 12 witnessed a decline among the Anglophone population and as the above figure illustrates, patterns of growth and decline vary throughout Quebec's regions. In this period, growth was experienced in the Montreal region, Laval, Nord-du-Québec and slightly in the Outaouais. The demographic profile of Anglophones in Nord-du-Québec is influenced by the inclusion in that group of large numbers of Inuit and Aboriginal persons whose first official language spoken is English. This group has experienced a higher birth rate than other Quebec population groups in recent decades. The Saguenay-Lac-Saint-Jean region remained relatively unchanged in size. The greatest decline was experienced by the English-speaking population living in the Quebec region, followed by Montérégie, Capitale-Nationale and Estrie. This downward trend warrants attention as it indicates a loss of demographic vitality.<sup>9</sup>

## 2.5.2 Mobility and Aging



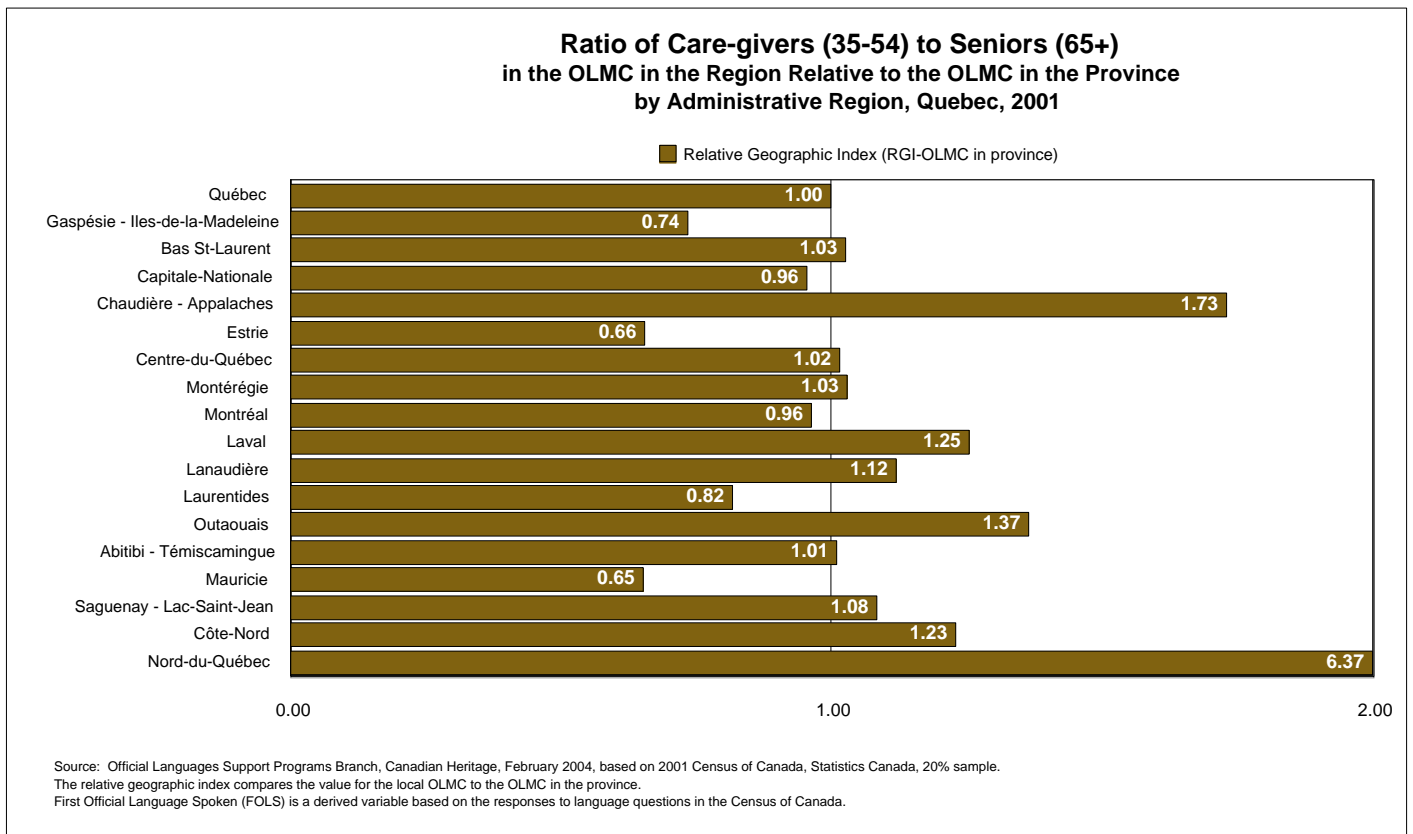
**Figure 2 - Proportion of Seniors, by Region, Relative to Provincial Proportion, 2001**

<sup>8</sup> These figures come from calculations done on 16 administrative health regions where Centre-du-Québec and Mauricie regions are combined rather than the 17 regions in the rest of this report where they are treated separately.

<sup>9</sup> For further discussion of demographic vitality see the *Consultative Committee for English-speaking Minority Communities Report to the Minister of Health*, Health Canada, October 2001.

There is a higher tendency of aging in the English-speaking population than among the French-speaking population. This means a higher proportion of the English-speaking population is aged 65 and over compared to the Francophone majority. This trend would suggest that different health needs are likely to be more pressing for the minority population than the majority around whom services are primarily organized. Any regional communities at 1.00 in the above graph are identical to the provincial average for the Anglophone population. Those lower than 1.00 are below the provincial average and those higher are above the average. The table demonstrates that the aging trend is particularly pronounced in regions like Laurentides, the Mauricie/Centre-du-Québec, Gaspésie-Îles-de-la-Madeleine and Estrie when compared to the Quebec Anglophone rate.

If we look at the mobility patterns of Quebec Anglophones we find an increase in recent years of those aged 25-44 leaving the province. Those among this mobile middle-years cohort are often, in the case of Anglophones, a highly educated and professionally skilled group. The same group who have historically been noted for their civic participation and local leadership in English-speaking communities. The exodus of this group in the 70's was unprecedented in size and has contributed to a missing middle-years cohort that continues, in subsequent years, to have ramifications for the 'left-behind' population. It may be likened to the baby-boom in its capacity to be a defining feature of the experience of later generations.



**Figure 3 - Care-giver to Seniors Ratio, by Region, Compared to Provincial Ratio, 2001**

This has a number of implications in the area of health and social services. This situation results, for example, in the responsibility for informal delivery of care being placed on relatively few shoulders. Recent restructuring in the health sector and reduction of institutionalized services for older people means the shift of care to family and community organizations. Anglophone women are devoting many more hours in unpaid care to seniors than Francophone women.<sup>10</sup> The skewed age structure in the Anglophone community means fewer individuals comprising what is traditionally considered the “caregiver generation” to assume responsibility for a higher than average number of seniors. Again, regional communities at 1:00 in the graph above on ratio of care-givers (35-54) to seniors (65+) are identical to the provincial average for the Anglophone population.

For Quebec as a whole, the ratio of English-speaking caregivers to English-speaking seniors is 2.2 compared to a 2.96 ratio for Quebec French-speaking population.<sup>11</sup> This difference is particularly dramatic in regions such as Estrie (caregiver to senior ratio 1.40) and Gaspésie-Îles-de-la-Madeleine (caregiver to senior ratio of 1.82) where high proportions of seniors and a sizable out-migration of the middle years group combine.<sup>12</sup> For Estrie, this means some 1.5 persons in their middle years for every senior compared to 3 persons in their middle years for Quebec’s French-speaking population.

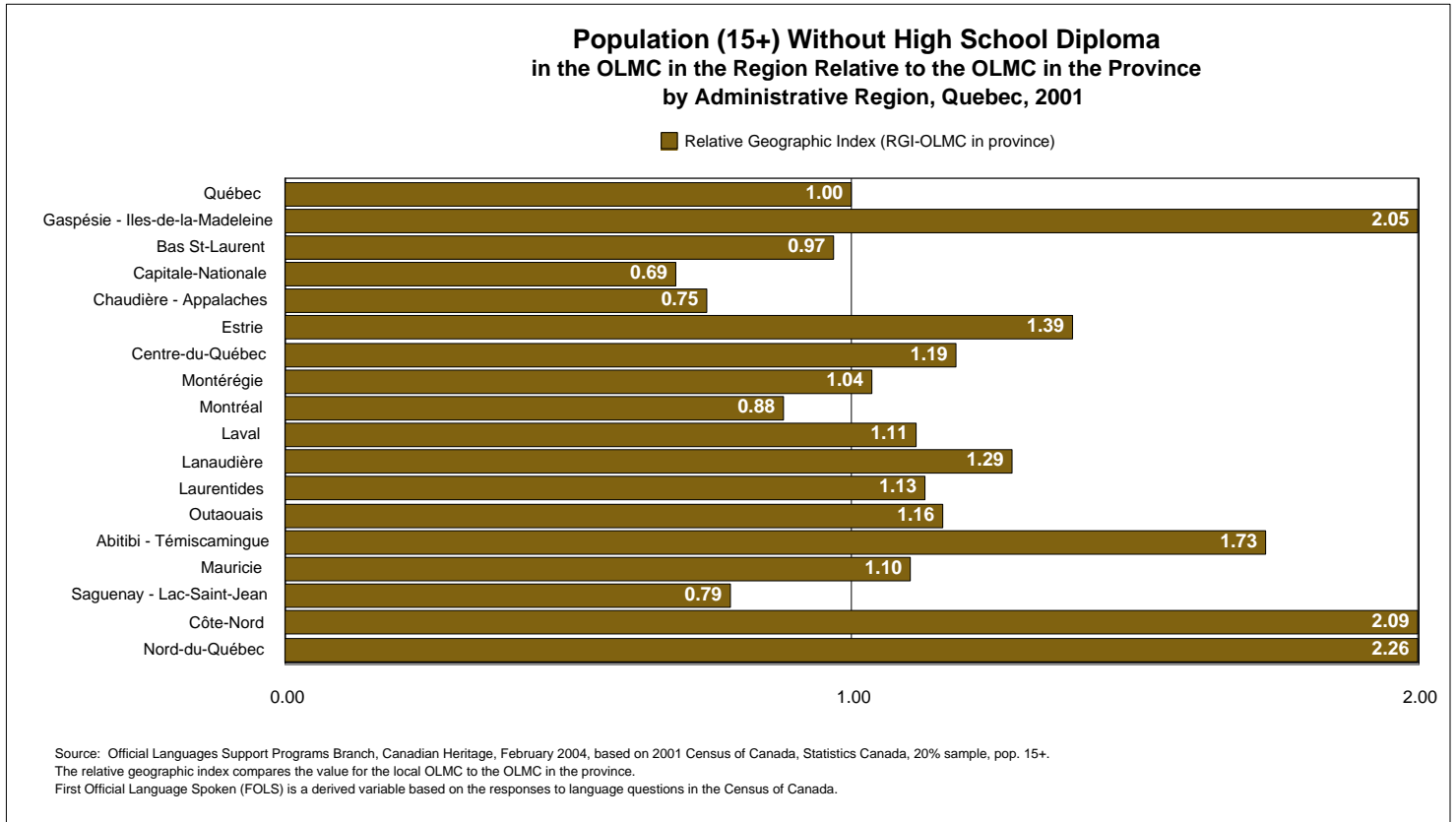


10 *Baseline Data Report 2003-2004 Profiles of English-speaking Communities in the Regions*. Prepared by Joanne Pocock, research consultant, for the Community Health and Social Services Network (CHSSN), March, 2004.

<sup>11</sup> *Ibid.*

<sup>12</sup> The “care-giver to senior ratio” compares the number of individuals aged 35-54 in a given population with the number of those aged 65 and over. A ratio of 2.50 would indicate that there are two and a half persons in their middle years for every senior. In terms of the potential for unpaid care, a lower ratio would suggest a greater burden on fewer individuals.

## 2.5.3 Educational Attainment



**Figure 4 - Population without High School Diploma, by Region, Compared to Provincial Average, 2001**

As a provincial collective, English-speakers are, on the whole, better educated than French-speakers. Anglophones are 18% more likely than Francophones to be without a high school leaving certificate therefore education levels are substantially higher. On a regional basis, however, we note that there are six regions (Nord-du-Québec, Gaspésie-Îles-de-la-Madeleine, Abitibi-Témiscamingue, Estrie and Laval) where the tendency to be without high school leaving is higher for Anglophones than Francophones. Relative to the provincial average, as the figure above illustrates, Nord-du-Québec, Cote-Nord, Gaspésie-Îles-de-la-Madeleine, Abitibi-Témiscamingue, Estrie, Lanaudière, Outaouais and Laurentides all experience higher than normal levels of low schooling. Anglophones in the urban areas of Québec - La Capitale-Nationale and Montreal are those considerably less likely to be at the low end of the education spectrum.

The Baseline Data Report for 2003-2004 also clearly underlined that levels of educational attainment in the Anglophone population tend to be generation specific. Higher levels of educational attainment are evident among the large cohort of seniors while lower educational levels are increasingly evident among Anglophone youth.<sup>13</sup> As an important health determinant

<sup>13</sup> *Baseline Data Report 2003-2004 Profiles of English-speaking Communities in the Regions*. Prepared by Joanne Pocock, research consultant, for the Community Health and Social Service Network (CHSSN), March, 2004.

the decline of educational achievement in the population does not bode well for the future health status of Anglophone communities.

#### 2.5.4 Employment and Income Trends

The single most influential health determinant tends to be income. In this respect we can see that the Anglophone population in Quebec, especially in specific regions, has grown increasingly vulnerable. And this, despite high levels of bilingualism<sup>14</sup> and high levels of education as a provincial entity. Compared to the Francophone majority, and to its own situation in the past, the Anglophone population is characterized by a growing gap between high income earners at one end of the spectrum and increasing numbers of households earning below the low income cut-off (LICO) at the other. Studies show that large differences in income distribution (the gap between rich and poor) are a more important health factor than the total income that a population generates. Income gaps within and between groups increase social problems and poor health.

The mobility patterns discussed above correlate with the location of the Anglophone population in the Quebec economy. The unemployment rate for Quebec Anglophones is 17% higher than that found among Francophones and this represents a slight increase between 1996 and 2001. Again, there are important regional differences within the provincial population. Québec, Capitale-Nationale, Estrie, Outaouais, Laval, Chaudière-Appalaches and Montérégie all exhibit a relatively lower rate compared to other regions. The northern and eastern regions show extremely high levels of unemployment relative to the provincial average notably Gaspésie-Îles-de-la-Madeleine, Cote-Nord Bas-Saint-Laurent, Saguenay-Lac-Saint-Jean, Nord-du-Québec and Abitibi-Témiscamingue.

Apart from the Nord-du-Québec region, Anglophones are much less likely to be working in the healthcare system than are Francophones. They occupy some 22% fewer positions in this sector than their population share would have predicted. On a regional basis, this increases to 30% and even 50% in some cases.<sup>15</sup> In addition to the direct services in English that may be lacking due to this under-representation, there is undoubtedly informal networking and information sharing opportunities that are missed because the minority community is less present in this sector.

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14 *Baseline Data Report 2003-2004 Profiles of English-speaking Communities in the Regions*. Prepared by Joanne Pocock, research consultant, for the Community Health and Social Service Network (CHSSN), March, 2004.

15 *Ibid.*

**Table 1- Population with Incomes Below the Low-Income Cut-off (LICO),  
Anglophones Relative to Francophones, by Age Group and Administrative Region, 2001**

Tendency to Have Incomes Below the Low-Income Cut-off Level Minority-Majority Index Comparing Quebec Anglophones with Quebec Francophones By Age Cohort and Administrative Region, 2001																			
Age group	Province de Québec	1 – RSS Bas-Saint-Laurent	02 – RSS Saguenay – Lac-Saint-Jean	03 – RSS Québec	04 – RSS Mauricie et Centre-du-Québec	04 – Région Administrative Mauricie	17 – Région Administrative Centre-du-Québec	05 – RSS l'Estrie	06 – RSS Montréal	07 – RSS l'Outaouais	08 – RSS l'Abitibi-Témiscamisque	09 – RSS Côte-Nord	10 – RSS Nord-du-Québec	11 – RSS Gaspésie-Îles-de-la-Madeleine	12 – RSS Chaudière-Appalaches	13 – RSS de Laval	14 – RSS Lanaudière	15 – RSS Laurentides	16 – RSS Montérégie
Total – Age groups	<b>1.26</b>	<b>1.20</b>	1.18	1.14	<b>1.41</b>	<b>1.28</b>	<b>1.59</b>	<b>1.22</b>	0.90	1.02	1.06	1.07	<u>0.42</u>	1.19	<b>1.29</b>	<b>1.25</b>	1.19	<b>1.21</b>	1.16
0-14 years	<b>1.22</b>	<b>2.05</b>	<u>0.69</u>	0.86	<u>0.76</u>	<b>1.22</b>	<u>0.39</u>	1.20	0.83	0.98	1.05	0.98	<u>0.00</u>	<b>1.58</b>	1.03	<b>1.36</b>	1.10	<b>1.25</b>	1.14
15-24 years	<b>1.33</b>	<u>0.70</u>	<u>0.64</u>	1.13	<b>1.32</b>	<b>1.35</b>	<b>1.47</b>	1.09	0.87	1.04	<u>0.67</u>	<b>1.33</b>	<b>1.43</b>	<b>1.43</b>	1.10	<b>1.35</b>	<u>0.69</u>	<b>1.39</b>	<b>1.23</b>
25-34 years	<b>1.71</b>	<u>0.76</u>	<b>1.97</b>	<b>1.58</b>	<b>2.19</b>	<b>2.09</b>	<b>2.60</b>	<b>1.28</b>	1.15	<b>1.27</b>	<b>1.23</b>	1.07	<u>0.00</u>	<b>1.40</b>	<b>1.69</b>	<b>1.55</b>	0.84	1.18	1.16
35-44 years	<b>1.46</b>	<b>1.27</b>	<b>1.50</b>	<b>1.49</b>	<b>1.95</b>	<b>1.34</b>	<b>2.85</b>	<b>1.24</b>	1.13	1.10	0.90	<b>1.35</b>	<u>0.00</u>	1.10	<b>2.12</b>	<b>1.57</b>	<b>1.48</b>	1.04	<b>1.20</b>
45-54 years	1.14	<b>2.00</b>	<b>1.77</b>	0.81	<b>1.26</b>	1.09	<b>1.65</b>	<b>1.33</b>	0.87	1.07	<b>1.40</b>	<u>0.68</u>	<b>2.29</b>	1.07	<b>1.71</b>	1.19	<b>1.38</b>	<b>1.51</b>	<b>1.27</b>
55-64 years	0.90	<u>0.80</u>	<u>0.70</u>	1.14	<b>1.34</b>	<b>1.33</b>	<b>1.77</b>	<b>1.43</b>	<u>0.74</u>	0.93	0.96	<b>1.42</b>	<u>0.00</u>	0.81	0.82	1.02	0.94	<u>0.79</u>	1.04
65-74 years	0.98	1.08	0.96	1.03	1.16	<u>0.78</u>	<b>1.92</b>	1.02	<u>0.64</u>	<u>0.66</u>	<u>0.78</u>	<u>0.55</u>	<u>0.00</u>	0.92	1.18	1.12	<b>1.31</b>	1.07	1.05
75-84 years	1.11	<u>0.00</u>	<b>1.24</b>	<b>1.40</b>	<b>1.62</b>	<b>1.53</b>	<b>1.76</b>	1.05	<u>0.73</u>	<u>0.79</u>	<b>2.08</b>	<b>1.30</b>	<u>0.00</u>	1.13	0.81	<u>0.66</u>	<b>2.60</b>	<b>1.84</b>	1.11
85 years and over	<b>1.44</b>	<u>0.00</u>	<b>5.23</b>	<u>0.48</u>	<b>1.59</b>	1.17	<b>2.39</b>	<b>1.23</b>	1.04	<b>1.25</b>	<b>2.53</b>	<u>0.00</u>	n/a	<b>1.70</b>	<u>0.00</u>	<u>0.37</u>	<b>3.12</b>	<b>1.63</b>	<b>1.48</b>

Source: Census of Canada, 2001. Statistics Canada.  
Note: Language definition is that of First Official Language spoken, with dual responses distributed equally. A minority-majority Index greater than 1.00 indicates that there is a greater likelihood that a member of the minority group will have this characteristic (below LICO) than will members of the majority.

- When Quebec Anglophones and Francophones are compared, Anglophones are 26% more likely than Francophones to have incomes which fall below the low-income cut-off point.
- Quebec Anglophones of all regions except Montreal and Nord-du-Québec are more likely than Francophones to have incomes which fall below the low-income cut-off.
- Centre-du-Québec (59% more likely) and Mauricie (41% more likely) exhibit the greatest differences between Anglophones and Francophones when their likelihood to be earning below the LICO is compared.
- Anglophones in the Bas-Saint-Laurent, Mauricie, Centre-du-Québec, Estrie, Chaudière-Appalaches, Laval and Laurentides regions are more than 20% more likely than Francophones to be living below the LICO.
- Quebec Anglophones 54 years of age and under are more likely than those who are older to have an income below the low-income cut-off.



- The greatest difference between Anglophones and Francophones in income status is in the 25-34 and 35-44 age group. They are 71% more likely than Francophones to be earning below the LICO in the 25-34 age group, and 46% more likely in the 35-44 age group. Anglophones in the 45-64 age group are 14% more likely than Francophones of the same age to earn below the LICO.
- Anglophone men 25-44 years of age are much more likely than Francophone men of the same age to be earning below the LICO. This is also true of Anglophone women of the same age when compared to Francophone women.



## ***2.6 General State of Health and Service Characteristics***

As noted in the previous section, research suggests that the mobility pattern, age structure and income trends which characterize Quebec's language minority population, especially in its rural regions, serve as barriers to achieving the conditions typically associated with an optimal health status. In light of the demographic profile of contemporary English-speaking Quebec that has emerged from the latest research findings, the question arises as to the general state of health of the population, general level of satisfaction with access to health and social services, and perception of the important issues the Anglophone community faces at this time.

## 2.6.1 General State of Health

The CHSSN-CROP survey asked respondents to assess their general state of health at this time as it compared to others of their own age. Their responses are considered here according to region, age, household income and language.

**Table 2 - General State of Health, by Region**

General State of Health of Anglophones, by Region, 2005					
Region	unweighted count	Total	weighted count		
			very good or excellent	good	average or bad
Gaspésie - Îles-de-la-Madeleine	n=171	100.0%	56.1%	22.2%	21.6%
*Bas-Saint-Laurent	n=22	100.0%	54.5%	22.7%	22.7%
Capitale-Nationale	n=121	100.0%	62.8%	19.8%	17.4%
Chaudière - Appalaches	n=30	100.0%	73.3%	16.7%	10.0%
Estrie	n=279	100.0%	58.8%	20.1%	21.1%
Centre-du-Québec	n=37	100.0%	54.1%	29.7%	16.2%
Montérégie	n=444	100.0%	62.6%	24.1%	13.3%
Montreal (west)	n=353	100.0%	71.1%	17.3%	11.6%
Montreal (centre)	n=472	100.0%	63.1%	20.3%	16.5%
Montreal (east)	n=141	100.0%	66.7%	23.4%	9.9%
Laval	n=243	100.0%	67.5%	20.6%	11.9%
Lanaudière	n=89	100.0%	65.2%	21.3%	13.5%
Laurentides	n=172	100.0%	60.5%	25.0%	14.5%
Outaouais	n=202	100.0%	62.9%	19.8%	17.3%
Abitibi-Témiscamingue	n=84	100.0%	60.7%	23.8%	15.5%
*Mauricie	n=21	100.0%	71.4%	23.8%	4.8%
*Saguenay - Lac-Saint-Jean	n=23	100.0%	69.6%	21.7%	8.7%
Côte-Nord	n=182	100.0%	57.1%	23.1%	19.8%
*Nord-du-Québec	n=18	100.0%	33.3%	27.8%	38.9%
Total	n=3104	100.0%	63.0%	21.4%	15.6%

Source: CHSSN-CROP Survey on Community Vitality of Quebec Anglophones, 2005.

Notes: Data has been weighted to reflect the regional, age and gender characteristics of the Anglophone population.

\* Due to small sample size, data for the indicated regions should be used with caution.

26) How would you describe your general state of health at this time, compared to other people of your age? Is it...

- Nearly two-thirds (63%) of Anglophone respondents across Quebec assess their health as very good or excellent when compared to other persons their age.
- About 1 in 6 Anglophones judge their health to be only average or bad when compared to their age peers.

- Anglophones in Chaudière-Appalaches, the western part of Montreal and Mauricie are more likely than other Anglophone Quebecers to judge their health to be good or excellent.
- There appears to be a higher tendency for Anglophones in rural or geographically isolated regions (Nord-du-Québec, Bas-Saint-Laurent, Gaspésie-Îles-de-la-Madeleine, Côte-Nord) as well as those in Estrie to have a lower opinion of their health compared to others their age.

**Table 3 – General State of Health, by Population Characteristics**

General State of Health, by Population Characteristics				
Characteristic	very good or excellent	good	bad or average	total
Male	66.3%	17.9%	15.8%	100.0%
Female	62.5%	22.5%	15.0%	100.0%
Total	64.3%	20.3%	15.4%	100.0%
15 – 24	56.9%	29.8%	13.3%	100.0%
25 – 44	65.9%	19.5%	14.7%	100.0%
45 – 64	66.2%	17.8%	16.0%	100.0%
65+	59.5%	23.2%	17.3%	100.0%
All age groups	64.3%	20.3%	15.5%	100.0%
Less than \$30k	52.7%	25.3%	22.1%	100.0%
\$30k-\$50k	64.1%	22.2%	13.6%	100.0%
\$50k-\$70k	67.3%	17.3%	15.4%	100.0%
\$70k-\$100k	66.1%	21.8%	12.1%	100.0%
\$100k and up	78.4%	12.3%	9.3%	100.0%
All household income groups	65.0%	20.1%	14.9%	100.0%
Source: CHSSN-CROP Survey on Community Vitality of Quebec Anglophones, 2005.				
Notes: Data has been weighted to reflect the regional, age and gender characteristics of the Anglophone population.				
26) How would you describe your general state of health at this time, compared to other people of your age? Is it...				

- Among Anglophone respondents to the CHSSN-CROP survey, males were slightly more likely than females to describe their health as very good or excellent compared to other people their age.
- Anglophone seniors showed less confidence in their health status than the other age cohorts even when asked to compare themselves with others their own age. Seniors were much less likely to describe their health status as excellent or very good and more inclined to describe it as bad or average.
- Household income status revealed the greatest variation in self-assessed health, as those with household incomes of less than \$30k annually were much more likely to describe themselves as in poor health and much less likely to describe their health as very good or excellent. In contrast, those in the higher household income brackets (\$70-\$100k and \$100k+) were more inclined to describe themselves in good health and less inclined to report poor health.

**Table 4 - General State of Anglophones (65+), by Region, 2005**

General State of Health of Anglophones (Pop. 65+), by Region, 2005 Represented as a Percentage				
Region	Total	very good or excellent	good	average or bad
Gaspésie - Îles-de-la-Madeleine	100.0%	61.5%	18.7%	19.8%
*Bas-Saint-Laurent	100.0%	49.3%	29.7%	21.0%
Capitale-Nationale	100.0%	63.9%	17.0%	19.2%
Chaudière – Appalaches	100.0%	58.0%	25.9%	16.1%
Estrie	100.0%	49.4%	29.4%	21.2%
Centre-du-Québec	100.0%	40.1%	48.5%	11.4%
Montérégie	100.0%	63.6%	24.8%	11.6%
Montreal (west)	100.0%	65.8%	15.8%	18.4%
Montreal (centre)	100.0%	53.4%	25.5%	21.1%
Montreal (east)	100.0%	67.5%	13.6%	18.9%
Laval	100.0%	47.0%	32.8%	20.2%
Lanaudière	100.0%	49.6%	26.8%	23.6%
Laurentides	100.0%	55.4%	30.4%	14.2%
Outaouais	100.0%	76.4%	21.9%	1.7%
Abitibi-Témiscamingue	100.0%	55.8%	14.2%	30.0%
*Mauricie	100.0%	89.7%	10.3%	0.0%
*Saguenay - Lac-Saint-Jean	100.0%	88.8%	11.2%	0.0%
Côte-Nord	100.0%	43.2%	20.7%	36.0%
Total	100.0%	59.2%	23.3%	17.5%
Source: CHSSN-CROP Survey on Community Vitality of Quebec Anglophones, 2005.				
* Due to small sample size, data for the indicated regions should be used with caution.				
Notes: Data has been weighted to reflect the regional, age and gender characteristics of the Anglophone population.				
26) How would you describe your general state of health at this time, compared to other people of your age? Is it...				

- Older Anglophones (65+) are only slightly less likely to assess their general state of health as very good or excellent when compared as a group to the general Anglophone population (18+).
- 59.2% of Quebec Anglophones 65 years of age and over assess their health as very good or excellent when compared with other persons their age.
- Anglophones 65 years of age and over living in Nord-du-Québec, Abitibi-Témiscamingue, Lanaudière, Montreal (centre), Estrie and Bas-Saint-Laurent are more likely than other Anglophone Quebecers their age to have a low opinion of their general state of health.
- Older Anglophones living in Côte-Nord, Saguenay-Lac-Saint-Jean and the Outaouais region are more likely to assess their general state of health as very good or excellent when compared with other Quebec Anglophones their age.

## 2.6.2 Satisfaction with access

The CHSSN-CROP survey asked respondents to express their level of satisfaction with regard to access in English to some 22 types of services ranging from the media, to economic development programs, educational institutions, sports and leisure activities, cultural activities, legal and judicial services, federal and provincial departments as well as health and social services. Their responses are considered here by region, age, gender and state of health.

- Among the 22 types of services considered, Anglophone respondents were most satisfied with access to television (83%), radio (81.7%) and movies (75.2%). They expressed the least satisfaction with access to economic development programs (25.9%), provincial government departments (34.7%) and legal aid (35.8%).
- When age is taken into account in the Anglophone assessment of access to all 22 types of services, the lowest level of satisfaction is found among the 25-44 age group with respect to economic development programs.
- Less than half of English-speaking respondents expressed satisfaction with their access to health and social services (45.9%)
- The highest level of satisfaction with access to health and social services in English is to be found among those Anglophones who are 65 and over. The lowest level of satisfaction is expressed by those in the 25-44 age group.
- English-speaking men and women are similar in their level of satisfaction with access to health and social services with women only slightly less satisfied.
- When household income groups are compared, those with the lowest household income are the most satisfied with access to health and social services and those with the highest household income are the least satisfied.
- Those Quebec Anglophones who tend to assess their state of health as poor are also those most likely to express low levels of satisfaction with access to services in general. Those who assess their state of health as excellent express an above-average satisfaction with services.

## 2.6.3 Satisfaction with Access by Region

- The highest level of satisfaction with access to services with all 22 types considered is expressed by English-speaking Quebecers living in Montreal (west). This is followed by those living in the Nord-du-Québec region.
- The lowest level of satisfaction with access to services with all 22 types considered is expressed by Anglophones living in the Chaudière-Appalaches, Mauricie, Saguenay-Lac-Saint-Jean, Bas-Saint-Laurent, Capitale-Nationale and Centre-du-Québec regions.

- The highest level of satisfaction with access to health and social services is found among Anglophones living in the Abitibi-Témiscamingue, Nord-du-Québec, and Montreal (west) regions.
- The lowest level of satisfaction with access to health and social services is expressed by Anglophones who reside in the Mauricie, Lanaudière, Chaudière-Appalaches and Capitale-Nationale regions.



Table 5 - Satisfaction with Regional Services in English – Various Sectors

Satisfaction with Access to Regional Services in English in Various Sectors																							
Variable	Characteristic	Radio	Television	Daily newspaper	Weekly newspaper	Websites with regional information	Theatre and live performances	Movies	Books	Daycare and pre-school services	Sports and leisure programs	Health and social services	Legal and judicial services	Legal Aid	CEGEP, general program	CEGEP, professional program	Continuing education (CEGEP, university)	Trades programs (electrician, plumber, ...)	Employment services (local employment centre)	Economic development programs	Municipal services	Provincial government departments and services	Federal government departments and services
Gender	male	80.8%	81.0%	70.1%	58.2%	61.4%	46.3%	75.5%	69.7%	51.0%	57.6%	46.0%	41.2%	34.2%	62.6%	57.5%	61.0%	41.4%	39.6%	25.4%	39.8%	35.6%	58.4%
	female	82.6%	84.9%	74.1%	61.8%	63.9%	51.1%	74.9%	66.1%	52.5%	55.9%	45.7%	43.0%	37.5%	62.5%	56.8%	63.9%	41.7%	35.3%	26.4%	44.5%	33.7%	62.0%
Age	Total	81.7%	83.0%	72.2%	60.0%	62.6%	48.8%	75.2%	67.8%	51.7%	56.8%	45.9%	42.1%	35.8%	62.5%	57.1%	62.5%	41.6%	37.3%	25.9%	42.2%	34.7%	60.2%
	15 - 24	75.2%	80.7%	69.9%	61.5%	58.8%	49.5%	86.9%	75.5%	63.1%	64.6%	45.1%	33.9%	38.4%	72.0%	62.9%	75.0%	63.1%	46.1%	32.0%	41.1%	43.8%	57.3%
	25 - 44	82.2%	83.5%	71.7%	58.7%	61.1%	49.1%	78.9%	67.1%	47.6%	52.7%	40.2%	37.9%	36.1%	59.0%	53.7%	57.5%	40.1%	37.0%	25.4%	36.5%	27.3%	58.2%
	45 - 64	82.9%	83.8%	71.9%	59.3%	64.4%	46.9%	71.1%	65.0%	57.1%	57.3%	42.3%	41.5%	32.3%	64.0%	59.3%	62.2%	36.8%	34.3%	23.3%	41.5%	34.3%	58.9%
	65+	80.7%	80.8%	76.4%	64.5%	69.1%	51.1%	68.3%	72.3%	31.6%	62.3%	68.1%	60.2%	43.8%	61.3%	58.5%	68.3%	45.3%	42.3%	59.4%	59.4%	50.4%	68.8%
	Total	81.6%	83.0%	72.4%	60.0%	62.5%	48.6%	75.4%	67.9%	51.5%	56.7%	45.9%	42.1%	36.0%	62.4%	56.9%	62.3%	41.6%	37.1%	26.1%	42.3%	34.7%	60.1%
Household income	Less than \$30k	75.0%	77.1%	64.7%	56.3%	61.1%	48.5%	70.4%	66.0%	40.9%	52.9%	48.1%	39.6%	41.0%	60.4%	57.7%	60.0%	45.2%	40.4%	21.9%	39.2%	41.0%	61.0%
	\$30k-50k	81.0%	81.1%	73.4%	63.0%	59.8%	48.7%	70.1%	65.1%	49.7%	52.6%	42.1%	42.2%	34.4%	57.2%	58.0%	61.5%	42.6%	36.1%	25.9%	37.3%	35.4%	59.3%
	\$50k-70k	85.4%	85.5%	71.8%	58.8%	64.8%	50.2%	76.8%	69.7%	45.1%	55.6%	49.4%	42.8%	36.6%	66.2%	59.9%	62.7%	41.2%	31.8%	25.3%	44.8%	34.4%	57.5%
	\$70k-100k	82.2%	85.0%	75.2%	58.0%	64.0%	55.1%	79.0%	67.4%	55.2%	61.2%	44.7%	39.4%	34.3%	61.4%	48.3%	58.0%	34.3%	33.0%	25.5%	40.2%	33.4%	63.2%
	\$100k and up	84.0%	84.5%	74.0%	57.8%	57.8%	38.9%	78.5%	71.4%	48.8%	57.3%	38.2%	39.3%	30.4%	63.2%	56.3%	67.0%	42.2%	42.2%	27.7%	45.4%	24.0%	56.3%
	Total	81.3%	82.3%	71.6%	58.9%	61.5%	48.3%	74.6%	67.7%	48.7%	55.7%	44.7%	40.8%	35.9%	61.6%	56.3%	61.7%	41.4%	36.7%	25.3%	41.2%	34.1%	59.5%
Health status	excellent	83.6%	84.2%	79.0%	66.7%	71.2%	53.9%	78.2%	73.0%	62.4%	61.8%	47.6%	48.9%	40.7%	62.9%	58.6%	66.1%	41.4%	43.3%	33.7%	50.1%	37.2%	63.0%
	very good	82.4%	83.4%	72.1%	57.8%	62.9%	48.4%	75.6%	66.9%	46.3%	55.7%	44.9%	38.6%	33.6%	65.5%	61.2%	63.5%	42.7%	34.3%	21.5%	39.4%	30.7%	60.0%
	good	78.1%	82.8%	67.3%	60.8%	50.2%	48.1%	74.2%	65.9%	45.1%	57.7%	43.9%	45.2%	37.5%	60.1%	52.2%	59.8%	39.0%	39.8%	25.1%	42.5%	41.2%	60.2%
	average	82.3%	80.5%	66.9%	53.5%	64.7%	42.2%	71.3%	64.3%	53.4%	49.7%	49.4%	33.2%	32.7%	59.0%	52.3%	60.4%	40.8%	32.5%	24.7%	36.4%	32.4%	57.5%
	bad	78.5%	77.4%	62.3%	51.5%	48.3%	32.3%	65.8%	59.9%	27.1%	44.2%	40.1%	34.8%	19.3%	49.5%	40.0%	45.7%	45.6%	17.8%	17.4%	28.8%	26.2%	46.4%
Total	81.7%	82.9%	72.1%	60.0%	62.6%	48.7%	75.2%	67.8%	51.7%	56.7%	45.8%	42.0%	35.8%	62.6%	57.2%	62.5%	41.5%	37.2%	25.9%	42.2%	34.7%	60.2%	
Bilingual	Yes	80.8%	83.0%	74.7%	61.6%	63.1%	49.8%	76.6%	68.2%	49.0%	56.5%	44.7%	41.0%	35.4%	65.1%	58.3%	63.9%	44.8%	36.8%	24.8%	39.7%	33.8%	60.9%
	No	80.7%	77.8%	66.1%	60.2%	61.2%	47.8%	73.3%	66.2%	62.2%	55.2%	50.5%	39.4%	38.1%	60.5%	57.7%	60.9%	37.0%	37.4%	33.9%	46.2%	38.5%	59.4%
	Total	80.8%	81.6%	72.3%	61.3%	62.7%	49.3%	75.7%	67.7%	51.9%	56.1%	46.3%	40.5%	36.1%	64.1%	58.2%	63.1%	43.0%	37.0%	26.9%	41.5%	35.1%	60.5%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

15) How satisfied are you with the services offered in your region in English within the following areas? (Respondents categorized as "satisfied" are those who answered 4 or 5 on a 5 point scale.)

Table 6 - Satisfaction with Regional Access to Services, by Region

Satisfaction with Regional Services in English in Various Sectors, by Region																						
Region	Radio	Television	Daily newspaper	Weekly newspaper	Websites with regional information	Theatre and live performances	Movies	Books	Daycare and pre-school services	Sports and leisure programs	Health and social services	Legal and judicial services	Legal Aid	CEGEP, general program	CEGEP, professional program	Continuing education (CEGEP, university)	Trades programs (electrician, plumber...)	Employment services (local employment centre)	Economic development programs	Municipal services	Provincial government departments and services	Federal government departments and services
Gaspésie - îles-de-la-Madeleine	47.0%	82.3%	34.3%	41.9%	60.6%	16.1%	22.0%	25.7%	77.5%	31.9%	35.4%	45.5%	45.8%	50.6%	40.9%	37.1%	33.9%	34.3%	18.3%	38.9%	24.6%	44.1%
*Bas-Saint-Laurent	16.1%	68.2%	45.5%	45.1%	56.4%	4.7%	17.5%	16.1%	0.0%	40.3%	38.5%	15.0%	0.0%	0.0%	0.0%	4.1%	18.1%	42.4%	18.1%	30.9%	18.6%	53.5%
Capitale-Nationale	51.5%	77.2%	43.6%	45.7%	52.1%	7.1%	33.3%	43.6%	9.1%	14.4%	26.9%	36.7%	12.3%	47.0%	30.2%	30.5%	4.6%	10.7%	17.9%	21.2%	35.8%	65.6%
Chaudière - Appalaches	34.1%	71.4%	26.2%	26.6%	39.7%	12.0%	8.3%	32.9%	14.3%	16.7%	25.8%	13.7%	8.7%	30.1%	23.1%	16.7%	0.0%	7.7%	4.6%	4.5%	18.9%	49.2%
Estrie	57.5%	77.9%	63.7%	51.1%	64.3%	22.3%	18.0%	30.3%	25.5%	35.1%	36.8%	36.8%	21.2%	64.4%	51.3%	68.6%	31.8%	24.0%	12.2%	39.9%	29.5%	51.2%
Centre-du-Québec	56.8%	74.3%	54.8%	41.4%	25.9%	32.5%	30.9%	34.0%	36.7%	25.4%	39.5%	38.4%	51.5%	35.6%	23.3%	37.3%	0.0%	16.0%	7.3%	32.7%	42.5%	65.0%
Montérégie	82.2%	85.2%	72.3%	48.4%	57.7%	36.1%	61.2%	52.9%	45.8%	47.9%	40.1%	36.6%	26.6%	59.6%	50.1%	54.7%	41.9%	30.4%	18.6%	38.2%	33.9%	54.7%
Montreal (west)	90.1%	87.1%	81.1%	73.2%	62.9%	57.6%	91.5%	84.2%	53.2%	74.7%	55.3%	50.5%	41.9%	76.9%	74.7%	76.4%	53.6%	42.7%	36.0%	59.5%	33.6%	60.8%
Montreal (centre)	85.2%	82.4%	75.0%	65.0%	67.2%	59.7%	89.7%	81.8%	68.5%	62.3%	51.0%	43.6%	39.6%	70.8%	66.5%	74.4%	49.0%	41.4%	26.7%	39.1%	39.6%	67.6%
Montreal (east)	83.5%	79.5%	70.4%	57.1%	60.3%	63.9%	82.5%	69.2%	50.3%	55.3%	39.4%	44.2%	28.5%	60.5%	55.9%	60.4%	47.5%	42.4%	26.6%	31.0%	32.5%	59.6%
Laval	80.6%	81.4%	70.9%	58.9%	65.7%	48.1%	80.2%	54.9%	41.1%	49.5%	34.4%	33.5%	31.0%	44.2%	40.9%	49.2%	36.4%	35.6%	25.8%	35.6%	32.4%	59.3%
Lanaudière	84.1%	86.0%	61.8%	26.9%	56.8%	13.0%	20.8%	24.9%	15.7%	16.8%	20.8%	15.5%	36.2%	18.7%	7.3%	5.2%	7.5%	13.5%	12.8%	35.0%	36.4%	43.5%
Laurentides	83.9%	84.9%	71.2%	51.5%	60.7%	25.8%	49.2%	41.2%	42.8%	51.5%	32.5%	37.5%	19.5%	25.2%	21.5%	19.1%	14.0%	15.4%	13.4%	42.3%	26.2%	40.2%
Outaouais	86.1%	84.6%	78.3%	79.6%	59.8%	51.6%	71.2%	63.8%	60.1%	55.5%	42.9%	45.5%	50.9%	53.0%	49.4%	51.2%	28.5%	44.4%	28.9%	49.8%	28.6%	58.9%
Abitibi-Témiscamingue	42.7%	71.2%	52.1%	24.0%	43.8%	12.0%	30.6%	45.1%	66.0%	57.3%	69.0%	36.1%	30.6%	32.4%	28.7%	56.9%	11.8%	43.8%	10.1%	62.5%	35.9%	70.9%
*Mauricie	24.0%	58.5%	30.9%	17.3%	46.1%	4.7%	4.7%	34.2%	33.0%	12.8%	12.2%	31.3%	26.6%	26.9%	18.6%	25.7%	0.0%	35.9%	0.0%	12.0%	49.1%	72.6%
*Saguenay - Lac-Saint-Jean	46.3%	74.4%	50.0%	22.3%	56.9%	0.0%	20.4%	15.2%	0.0%	34.1%	52.6%	16.7%	21.1%	30.8%	41.4%	24.5%	29.9%	13.5%	0.0%	0.0%	41.9%	58.0%
Côte-Nord	53.1%	83.5%	15.7%	18.6%	39.8%	17.7%	26.7%	44.7%	46.8%	40.0%	49.0%	29.8%	30.7%	32.9%	27.5%	38.0%	32.7%	41.4%	32.9%	37.9%	19.1%	38.0%
*Nord-du-Québec	62.1%	78.9%	27.1%	23.3%	58.1%	18.9%	67.6%	60.9%	70.9%	40.2%	67.3%	44.1%	50.9%	35.2%	45.8%	47.7%	31.2%	48.1%	64.7%	64.5%	28.4%	25.0%
Total	81.7%	83.0%	72.2%	59.9%	62.5%	48.8%	75.3%	67.8%	51.6%	56.6%	45.9%	42.1%	35.6%	62.7%	57.3%	62.6%	41.7%	37.5%	26.0%	42.2%	34.7%	60.2%

Source: CROP/CHSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

15) How satisfied are you with the services offered in your region in English within the following areas?



## 2.6.4 Most Important Issue facing the Anglophone Community

The CHSSN-CROP survey asked respondents to name what, in their opinion, is the most important issue facing the Anglophone community at this time. Their responses, both as a provincial collective and as diverse regional constituencies, are presented in the accompanying tables.

- When the opinions of Anglophones from all regions of Quebec are combined, the most important issues facing their community are equal rights for Anglophones, access to services in English, health care and education/schools.
- The issues given the lowest ranking by Anglophones across Quebec are poverty, learning to speak French, and more English information.
- When considered at the regional level, opinions on the most important issues vary considerably as is indicated in the attached table.

**Table 7 - Issues Judged Most Important in Region**

Region	First Three Issues Selected
Gaspésie - Îles-de-la-Madeleine	✓ Employment/jobs, access to service in English, health care
Bas-Saint-Laurent	✓ Equal rights, education/schools, access to services in English
Capitale-Nationale	✓ Health care, access to services in English, young Anglophones leaving
Chaudière-Appalaches	✓ Health care, access to services in English, education/schools
Estrie	✓ Access to services in English, health care, equal rights
Centre-du-Québec	✓ National unity, health care, access to services in English
Montérégie	✓ Equal rights, access to services in English, health care
Montreal (west)	✓ Equal rights, access to services in English, health care
Montreal (centre)	✓ Equal rights, education/schools, access to services in English
Montreal (east)	✓ Equal rights, access to services in English, health care
Laval	✓ Equal rights, bilingualism, access to services in English
Lanaudière	✓ Access to services in English, health care, education/schools
Laurentides	✓ Health care, equal rights, access to services in English
Outaouais	✓ Equal rights, access to services in English, bilingualism
Abitibi-Témiscamingue	✓ Bilingualism, equal rights, health care
Mauricie	✓ Language of signs, language (unspecified), national unity
Saguenay - Lac-Saint-Jean	✓ Education/schools, access to services in English, language of signs
Côte-Nord	✓ Equal rights, employment/jobs, bilingualism, language (unspecified)
Nord-du-Québec	✓ Language (unspecified), language of signs, education/schools

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

15) And what is, in your opinion, the MOST IMPORTANT issue for the Anglophone community?

**Table 8 - Most Important Issue Facing Regional Anglophone Community**

Most Important Issue Facing Anglophone Community of Region																				
Variable	Characteristic	jobs	education/ schools	health care	access to services Eng.	young Anglo. leaving	national unity	equal rights for Anglo.	communication s Franco.	language of signs	poverty	politics / government	economy	language (gen.)	bilingualism	more English info	learning speak French	integration / harmony	protect English comm.	access English school
<b>Gender</b>	male	5.9%	11.0%	9.5%	9.9%	3.2%	9.3%	17.4%	3.7%	3.4%	0.0%	5.3%	3.3%	6.1%	5.6%	1.2%	0.9%	1.5%	1.9%	0.7%
	female	6.0%	11.2%	13.1%	14.7%	1.6%	6.1%	14.2%	4.3%	4.1%	0.2%	3.6%	0.6%	6.3%	7.9%	1.2%	0.5%	1.8%	2.2%	0.4%
	Total	6.0%	11.1%	11.5%	12.5%	2.3%	7.6%	15.7%	4.0%	3.8%	0.1%	4.4%	1.9%	6.2%	6.8%	1.2%	0.7%	1.7%	2.1%	0.5%
<b>Age</b>	15 - 24	11.2%	11.3%	2.3%	6.6%	1.3%	6.7%	14.3%	8.6%	5.4%	1.0%	4.5%	2.6%	6.9%	9.6%	2.1%	0.4%	3.2%	1.1%	0.9%
	25 - 44	6.5%	14.6%	9.6%	10.6%	1.7%	7.3%	18.3%	3.9%	4.4%	0.1%	2.7%	1.2%	6.5%	7.9%	1.2%	0.7%	0.7%	1.8%	0.3%
	45 - 64	5.3%	10.1%	14.6%	15.7%	2.8%	5.8%	13.4%	2.7%	3.3%	0.0%	5.8%	2.8%	6.0%	5.7%	1.1%	0.6%	1.3%	2.3%	0.8%
	65+	3.3%	5.7%	12.8%	11.8%	3.6%	12.8%	15.0%	5.4%	2.9%	0.0%	5.1%	1.0%	5.1%	5.9%	1.1%	1.3%	4.5%	2.4%	0.4%
	Total	5.8%	11.3%	11.5%	12.5%	2.4%	7.6%	15.6%	4.0%	3.8%	0.1%	4.4%	1.9%	6.1%	6.9%	1.2%	0.7%	1.7%	2.0%	0.5%
<b>Household income</b>	Less than \$30k	7.8%	11.3%	9.0%	12.3%	1.8%	4.4%	11.9%	7.3%	2.4%	0.4%	6.0%	1.4%	4.8%	10.9%	0.8%	1.0%	3.8%	2.4%	0.3%
	\$30k-50k	7.8%	9.0%	13.4%	11.9%	2.5%	5.1%	14.6%	3.1%	4.1%	0.4%	4.1%	2.9%	7.5%	7.9%	0.8%	1.7%	1.4%	1.7%	0.4%
	\$50k-70k	6.1%	12.4%	12.2%	11.6%	1.4%	7.8%	16.0%	2.8%	4.0%	0.0%	5.6%	1.4%	7.2%	5.7%	1.5%	0.7%	1.3%	1.9%	0.4%
	\$70k-100k	3.2%	14.0%	11.6%	12.3%	2.9%	11.1%	13.9%	3.8%	3.7%	0.0%	3.7%	1.7%	4.6%	5.5%	1.5%	0.4%	2.1%	3.4%	0.6%
	\$100k and up	5.6%	12.3%	11.2%	11.6%	2.6%	10.3%	18.0%	2.2%	4.8%	0.0%	4.1%	2.1%	5.9%	4.7%	1.0%	0.4%	0.7%	1.9%	0.8%
	Total	6.2%	11.7%	11.5%	11.9%	2.2%	7.6%	14.9%	3.8%	3.8%	0.2%	4.7%	1.9%	6.1%	7.0%	1.1%	0.9%	1.8%	2.2%	0.5%
<b>Health status</b>	excellent	6.0%	11.8%	11.4%	11.9%	2.3%	7.1%	16.0%	3.4%	3.2%	0.0%	4.2%	2.1%	7.6%	7.8%	0.5%	0.4%	1.6%	1.8%	0.7%
	very good	5.5%	10.4%	12.9%	13.2%	2.6%	6.2%	16.0%	4.4%	3.9%	0.2%	3.7%	2.7%	5.5%	7.6%	0.9%	0.6%	1.0%	2.3%	0.6%
	good	7.4%	9.6%	8.6%	12.8%	2.6%	8.8%	14.3%	4.8%	4.2%	0.0%	5.1%	0.8%	6.1%	7.1%	1.6%	1.3%	2.5%	2.0%	0.3%
	average	5.8%	14.3%	11.2%	10.2%	1.7%	10.5%	16.9%	4.0%	4.1%	0.5%	6.1%	0.5%	5.1%	2.7%	1.1%	1.2%	2.2%	1.5%	0.3%
	bad	2.5%	9.6%	13.8%	13.5%	0.8%	10.6%	14.3%	0.6%	3.8%	0.2%	2.6%	1.2%	5.9%	3.4%	8.3%	0.0%	3.1%	5.5%	0.2%
	Total	6.0%	11.1%	11.4%	12.4%	2.4%	7.6%	15.7%	4.0%	3.8%	0.1%	4.4%	1.9%	6.2%	6.9%	1.2%	0.7%	1.7%	2.1%	0.5%
<b>Bilingual</b>	Yes	5.7%	10.8%	10.3%	12.3%	3.1%	7.9%	16.8%	3.6%	4.4%	0.1%	4.4%	1.7%	5.9%	6.7%	1.4%	0.6%	1.5%	2.4%	0.5%
	No	6.3%	9.3%	11.6%	15.2%	0.9%	7.4%	15.1%	5.8%	2.6%	0.3%	3.5%	1.5%	6.7%	8.1%	0.8%	0.9%	2.9%	1.1%	0.2%
	Total	5.9%	10.4%	10.6%	13.1%	2.5%	7.8%	16.4%	4.2%	3.9%	0.2%	4.2%	1.6%	6.1%	7.1%	1.2%	0.7%	1.8%	2.0%	0.4%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

15) What is the most important issue facing the Anglophone community in your region?

Table 9- Most Important Issue Facing Regional Anglophone Community, by Region

Most Important Issue Facing Anglophone Community of Region, by Region																			
Region	jobs	education/ schools	health care	access to services Eng.	young Anglo. leaving	national unity	equal rights for Anglo.	communication s Franco.	language of signs	poverty	politics / government	economy	language (gen.)	bilingualism	more English info	learning speak French	integration / harmony	protect English comm.	access English school
Gaspésie -îles-de-la-Madeleine	19.4%	9.3%	14.3%	17.4%	2.6%	2.8%	6.1%	6.2%	2.6%	0.0%	2.3%	0.0%	6.7%	7.0%	0.1%	0.1%	2.0%	1.0%	0.2%
*Bas-Saint-Laurent	0.0%	26.4%	11.9%	16.9%	0.0%	0.0%	23.7%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	15.6%	2.7%	0.0%	0.0%	0.0%	0.0%
Capitale-Nationale	6.1%	8.1%	16.6%	15.3%	10.2%	8.9%	6.9%	2.8%	0.7%	0.0%	4.5%	0.4%	4.9%	3.9%	0.0%	0.7%	4.0%	5.1%	1.0%
Chaudière - Appalaches	7.0%	16.0%	20.5%	18.6%	4.5%	4.5%	4.5%	1.7%	1.7%	0.0%	2.8%	0.0%	4.5%	3.5%	0.0%	0.0%	4.5%	5.6%	0.0%
Estrie	6.5%	10.7%	16.2%	19.9%	5.3%	3.7%	11.7%	1.3%	3.4%	0.2%	4.2%	1.1%	4.3%	5.5%	1.4%	0.3%	1.6%	2.2%	0.3%
Centre-du-Québec	3.1%	5.9%	17.5%	16.9%	4.3%	20.2%	5.4%	0.0%	1.3%	0.0%	5.7%	0.0%	9.3%	3.3%	1.3%	0.0%	3.7%	1.1%	0.9%
Montérégie	4.9%	11.7%	13.8%	15.3%	2.4%	7.0%	15.3%	2.7%	5.4%	0.0%	2.6%	1.8%	5.2%	6.4%	2.1%	0.5%	1.0%	1.9%	0.1%
Montreal (west)	4.4%	12.7%	12.1%	13.1%	2.5%	8.4%	16.3%	2.8%	3.2%	0.4%	5.9%	1.2%	5.5%	5.4%	0.5%	0.3%	1.8%	2.7%	0.9%
Montreal (centre)	7.1%	11.5%	9.0%	10.1%	2.4%	9.0%	16.7%	4.6%	2.4%	0.2%	4.7%	3.0%	5.7%	7.1%	0.8%	1.1%	2.2%	2.1%	0.4%
Montreal (east)	6.3%	10.1%	10.3%	13.1%	1.7%	4.0%	14.6%	8.2%	4.9%	0.0%	6.9%	1.9%	8.4%	4.8%	0.0%	0.9%	0.6%	2.4%	1.0%
Laval	4.6%	9.8%	8.9%	11.0%	1.6%	6.0%	18.1%	5.1%	3.9%	0.0%	1.9%	0.0%	9.3%	12.3%	2.3%	0.7%	2.3%	1.5%	0.7%
Lanaudière	0.8%	13.3%	15.8%	19.7%	4.1%	11.5%	13.1%	1.2%	3.6%	0.0%	6.2%	1.1%	3.8%	4.2%	1.4%	0.0%	0.4%	0.0%	0.0%
Laurentides	2.9%	10.8%	21.6%	11.1%	1.2%	9.8%	19.8%	0.8%	5.7%	0.1%	2.8%	0.4%	3.5%	7.8%	0.1%	0.0%	1.2%	0.3%	0.0%
Outaouais	6.9%	7.9%	9.7%	12.3%	0.4%	5.4%	14.7%	4.3%	5.1%	0.1%	4.4%	2.6%	8.0%	10.0%	5.1%	0.3%	0.6%	2.2%	0.0%
Abitibi-Témiscamingue	1.9%	9.0%	9.3%	6.7%	1.2%	8.5%	18.7%	4.7%	2.1%	0.0%	4.2%	0.0%	5.7%	20.5%	3.3%	0.9%	0.9%	1.4%	1.0%
*Mauricie	9.5%	3.4%	6.7%	1.7%	1.7%	12.9%	12.6%	8.0%	21.4%	0.0%	0.0%	0.0%	16.5%	0.0%	0.0%	3.9%	0.0%	1.7%	0.0%
*Saguenay - Lac-Saint-Jean	9.3%	17.9%	4.5%	17.0%	4.6%	6.8%	2.2%	9.3%	12.3%	0.0%	2.3%	0.0%	0.0%	11.5%	0.0%	0.0%	2.3%	0.0%	0.0%
Côte-Nord	15.1%	11.8%	8.7%	9.3%	0.0%	0.2%	16.1%	8.0%	2.5%	0.0%	1.3%	1.0%	11.0%	11.1%	1.2%	0.7%	0.2%	1.6%	0.0%
*Nord-du-Québec	10.1%	19.3%	9.1%	0.0%	0.0%	0.0%	5.7%	9.1%	19.3%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%
Total	6.0%	11.2%	11.5%	12.5%	2.4%	7.6%	15.6%	4.0%	3.8%	0.1%	4.4%	1.9%	6.1%	6.9%	1.2%	0.7%	1.7%	2.1%	0.5%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

15) What is the most important issue facing the Anglophone community in your region?

### 3 Use of Services and Unpaid Care

#### 3.1 Use of Services

In order to evaluate the level of access to health and social services in English experienced by the English-speaking population, the CHSSN-CROP survey explores the type of services used, the frequency of use, where these services are located, for whom the services are used and what services one might anticipate using in the near future. The 5 types of services considered are (1) a doctor in a private office or clinic, (2) hospital emergency or out-patient clinic, (3) CLSC, (4) overnight hospital stay and (5) Info-Santé or Info health line. Patterns of use are examined according to majority/minority language groups, region, household income, age, gender and level of bilingualism.

**Table 10 - Use of Various Health and Social Services by Anglophones, by Region**

Use of Various Health and Social Services, by Anglophones					
Region	doctor in private clinic or office	CLSC, other than Info Santé	Info-santé	hospital emergency room or out-patient clinic	hospital for overnight stay
Gaspésie - Îles-de-la-Madeleine	64.4%	55.4%	13.6%	48.1%	21.8%
*Bas-Saint-Laurent	48.2%	22.0%	32.9%	51.1%	21.4%
Capitale-Nationale	70.6%	45.2%	22.2%	61.6%	19.2%
Chaudière - Appalaches	67.0%	44.6%	18.7%	51.0%	13.4%
Estrie	66.6%	48.7%	19.7%	52.1%	17.7%
Centre-du-Québec	72.5%	55.7%	21.6%	67.7%	33.5%
Montérégie	67.9%	49.3%	15.2%	45.4%	20.4%
Montreal (west)	74.8%	44.0%	21.1%	59.1%	26.5%
Montreal (centre)	66.1%	42.1%	17.7%	50.5%	21.1%
Montreal (east)	65.3%	50.2%	20.7%	51.2%	16.9%
Laval	59.5%	51.2%	21.7%	46.3%	20.5%
Lanaudière	56.4%	54.6%	25.7%	48.3%	32.7%
Laurentides	65.4%	43.9%	40.2%	52.9%	24.0%
Outaouais	61.2%	50.7%	13.9%	51.7%	22.3%
Abitibi-Témiscamingue	64.6%	53.4%	25.9%	75.2%	22.6%
*Mauricie	60.2%	41.8%	26.1%	23.8%	10.7%
*Saguenay - Lac-Saint-Jean	57.1%	52.2%	9.6%	34.4%	23.3%
Côte-Nord	65.0%	47.8%	19.7%	40.3%	27.7%
*Nord-du-Québec	30.5%	56.2%	3.9%	49.0%	32.9%
Total	66.5%	46.1%	19.1%	51.3%	21.8%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

16) Within the last twelve months, in your region, have you used either for yourself or to help another person ...

- the services of a doctor in a private office or clinic?
- the services of a CLSC, other than Info Santé or Info Health line?
- the services of Info Santé or Info Health line?
- the services of a hospital emergency room or out-patient clinic?
- a hospital service requiring at least one overnight stay?

- When five health situations are ranked from highest to lowest rate of use among Anglophone Quebecers in the last twelve months, we find: (1) a doctor in a private office or clinic, (2) hospital emergency or out-patient clinic, (3) CLSC, (4) overnight hospital stay and (5) Info-Santé.
- When Quebec regional communities are compared, we note the lowest incidence of visits to a doctor in a private office or clinic in the Bas-Saint-Laurent and Nord-du-Québec regions. The highest incidence of doctor's visits occurs in Montreal (west).
- The regions exhibiting the greatest use of CLSC services are Gaspésie-Îles-de-la-Madeleine, Centre-du-Québec and Nord-du-Québec. The lowest use of this service is exhibited by the Bas-Saint-Laurent and Mauricie regions.
- The Laurentides, Bas-St-Laurent, Mauricie, Abitibi-Témiscamingue and Lanaudière regions exhibit the highest rate of use of Info-Santé in the last twelve months. The Nord-du-Québec, Gaspésie-Îles-de-la-Madeleine, Abitibi-Témiscamingue, Montérégie and Saguenay-Lac-Saint-Jean regions exhibit the lowest rate of use.
- The greatest use of hospital emergency services or outpatient clinics among Anglophone respondents is reported by the Abitibi-Témiscamingue, Centre-du-Québec and Capitale-Nationale regions. The most infrequent use of these services in the last twelve months is exhibited by the Mauricie, Saguenay-Lac-Saint-Jean and Côte-Nord regions.
- Anglophones living in the Mauricie, Chaudière-Appalaches and Montreal (east) regions were the least likely to have used overnight hospital services in the last twelve months. Those living in the Centre-du-Québec, Nord-du-Québec, Lanaudière, Côte-Nord and Montreal (west) regions were the most likely to have used this health service.
- When the use of services is compared with the majority population, the official language minority exhibits a lower rate of use in all five health situations.
- 19% of English-speaking respondents compared to 30% of the French-speaking cohort used Info-Santé in the last twelve months.
- 66.5% of English-speaking respondents compared to 74.3% of the French-speaking respondents used the services of a doctor in the last twelve months.
- Those whose annual household income is \$70k and higher are the most frequent users of Info-Santé. Those earning less than \$30k are the least likely to make use of Info-Santé.

**Table 11 - Use of Various Health and Social Services by Anglophones**

Use of Various Health and Social Services by Anglophones						
Variable	Characteristic	doctor in private clinic or office	CLSC, other than Info Santé	Info-santé	hospital emergency room or out-patient clinic	hospital for overnight stay
<b>Gender</b>	male	65.8%	44.1%	14.4%	47.8%	18.4%
	female	67.2%	47.9%	23.2%	54.5%	25.2%
	Total	66.5%	46.1%	19.0%	51.3%	21.9%
<b>Age</b>	15 - 24	52.0%	42.6%	19.2%	46.5%	25.5%
	25 - 44	64.8%	46.7%	26.1%	50.7%	20.4%
	45 - 64	70.6%	45.3%	15.4%	54.4%	22.7%
	65+	70.2%	48.5%	9.2%	48.5%	22.1%
	Total	66.7%	46.2%	19.0%	51.3%	21.9%
<b>Household income</b>	Less than \$30k	60.1%	53.9%	16.6%	46.1%	23.6%
	\$30k-50k	63.1%	48.6%	18.0%	51.0%	19.6%
	\$50k-70k	70.3%	44.9%	19.2%	57.4%	21.8%
	\$70k-100k	68.6%	52.3%	22.5%	52.5%	18.7%
	\$100k and up	75.4%	39.4%	20.7%	56.9%	24.0%
	Total	66.9%	48.1%	19.2%	52.4%	21.6%
<b>Health status</b>	excellent	65.6%	42.7%	18.0%	47.0%	22.3%
	very good	66.6%	47.1%	17.2%	52.4%	20.7%
	good	63.1%	44.0%	20.4%	49.3%	20.5%
	average	68.7%	48.1%	22.0%	56.3%	23.6%
	bad	84.0%	64.6%	28.7%	74.7%	40.0%
	Total	66.4%	45.9%	19.0%	51.4%	22.0%
<b>Bilingual</b>	Yes	65.5%	44.3%	20.4%	52.3%	20.7%
	No	63.8%	49.1%	15.0%	46.8%	22.4%
	Total	65.0%	45.7%	18.9%	50.8%	21.2%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

16) Within the last twelve months, in your region, have you used either for yourself or to help another person ...  
a) the services of a doctor in a private office or clinic?  
b) the services of a CLSC, other than Info Santé or Info Health line?  
c) the services of Info Santé or Info Health line?  
d) the services of a hospital emergency room or out-patient clinic?  
e) a hospital service requiring at least one overnight stay?

- Only 9.2% of Anglophones 65 years and over used Info-Santé in the last twelve months while 17.4% of Francophones in the same age group did.
- 40.8% of Francophones aged 25-44 years reported having used Info-Santé in the last twelve months compared to 26.1% of Anglophones in the same age group.
- Among Anglophone respondents, those aged 65 and over are the lowest users of Info-Santé, those 15-24 are the lowest users of a doctor in a private office or clinic and the 25-44 age group are the most frequent users of Info-Santé.

- English-speaking women tend to use Info-Santé more frequently than Anglophone men.
- English-speaking women tend to use health services in a caregiver role, that is, for person other than themselves, more frequently than their male counterpart. This is also true of Francophone women relative to Francophone men.



## 3.2 Unpaid Care

Restructuring and financial cutbacks in the health sector in recent years has meant a shift of responsibilities from public health institutions to community organizations and unpaid family care. This shift is not necessarily experienced equally among all members of Quebec society. We learned from the CROP-Missisquoi survey conducted in 2000 that Anglophones are more likely to turn to an informal network of family and friends in the event of illness than Francophones who are more likely to rely on public services. In addition, analysis of Census data reveals that Anglophones tend to be more highly implicated in unpaid care to seniors than Francophones.<sup>16</sup> In light of this situation, it is as equally important to understand patterns of behaviour in the arena of unpaid care as in government-supported services and private care. Five years later, the CHSSN-CROP 2005 survey explores further who the Anglophone and Francophone population are likely to turn to in the event of illness as well as the nature of unpaid care that extends beyond the family and household.

### 3.2.1 Source of Support in the Case of Illness

Table 12 - Source of Support in Case of Illness, by Region

Source of Support in Case of Illness, by Region						
Region	relatives	friends	community resource	public health and social services	nobody	other
Gaspésie - îles-de-la-Madeleine	70.1%	14.9%	0.6%	12.5%	1.7%	0.3%
*Bas-Saint-Laurent	48.3%	31.9%	0.0%	9.9%	9.9%	0.0%
Capitale-Nationale	48.8%	21.7%	11.2%	15.6%	2.7%	0.0%
Chaudière-Appalaches	59.1%	14.1%	10.7%	12.7%	3.5%	0.0%
Estrie	65.7%	13.3%	5.6%	11.7%	1.2%	2.5%
Centre-du-Québec	71.9%	9.7%	2.8%	12.8%	2.8%	0.0%
Montréal	71.2%	13.4%	2.5%	8.9%	3.2%	0.9%
Montréal (west)	71.1%	12.2%	4.1%	9.0%	2.3%	1.3%
Montréal (centre)	66.5%	12.9%	3.0%	13.2%	3.4%	0.9%
Montréal (east)	80.4%	7.2%	1.0%	9.1%	0.0%	2.3%
Laval	75.4%	9.4%	1.2%	11.0%	2.5%	0.5%
Lanaudière	71.6%	10.1%	2.6%	10.1%	4.6%	1.1%
Laurentides	72.9%	14.7%	1.3%	7.6%	3.4%	0.2%
Outaouais	72.2%	13.1%	2.6%	9.8%	2.2%	0.0%
Abitibi-Témiscamingue	66.9%	4.4%	1.6%	25.9%	1.2%	0.0%
*Mauricie	89.0%	4.5%	0.0%	6.5%	0.0%	0.0%
*Saguenay - Lac-Saint-Jean	54.0%	33.8%	3.0%	6.1%	3.1%	0.0%
Côte-Nord	85.4%	4.5%	0.6%	3.2%	6.0%	0.4%
*Nord-du-Québec	80.5%	0.0%	10.4%	9.1%	0.0%	0.0%
Total	70.5%	12.2%	3.0%	10.7%	2.7%	0.9%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

40) If you became ill, who other than your spouse would you likely turn to for support?

16 *Baseline Data Report 2003-2004 Profiles of English-speaking Communities in the Regions*. Prepared by Joanne Pocock, research consultant, for the Community Health and Social Services Network (CHSSN) March, 2002



- Québec Anglophones responding to the survey were highly likely (83.5%) to turn to friends and family if they became ill, followed by public health and social services (10.9%), community resources (3.0%) and finally, nobody (2.7%).
- Like Anglophones, Francophone respondents are highly likely to turn to family and friends in the event of illness. Anglophones are less likely to turn to public health and social services than Francophones and more likely to turn to a community resource.
- The proportion of Anglophones who would turn to family and friends is consistently high across the regions with the lowest at 70.5% in the Capitale-Nationale region, and the highest at 93.5% being in the Mauricie region, followed closely by the Côte-Nord region at 90.2%. Looking across the regions, we observe that a lower reliance on family and friends tends to be associated with a higher rate of reliance on a community resource.
- The greatest variance among the regions is observed in the reliance upon community service in the event of illness. Anglophones in the Capitale-Nationale, Chaudière-Appalaches and Nord-du-Québec regions are more than three times more likely than those in other regions to turn to a community resource. Anglophones in the Estrie region are almost twice as likely as those in other regions to turn to a community resource in the event of illness. Those in the Mauricie, Bas-Saint-Laurent, Côte-Nord, Gaspésie-Îles-de-la-Madeleine, Montreal (east), Laval and Laurentides regions are less likely than those in other Québec regions to turn to a community resource in the event of illness.
- Anglophone respondents living in Abitibi-Témiscamingue are much more likely than other regions to turn to public health and social services, followed by the Capitale-Nationale, Montreal (centre) and Centre-du-Québec regions in the event of illness. Those living in the Côte-Nord, Saguenay-Lac-Saint-Jean, Mauricie and Montérégie regions are the least likely to rely on public health and social services in this health situation.
- Those Anglophone communities residing in the Côte-Nord region are more than twice as likely as those in other regions to have nobody to turn to in the event of illness. Those located in Lanaudière, Chaudière-Appalaches, Montreal (centre) and Laurentides exhibit a greater likelihood than those in other regions to have nobody to turn to in the event of illness.

**Table 13 - Source of Support in the Case of Illness**

Source of Support in Case of Illness							
Variable	Characteristic	relatives	friends	community resource	public health & social services	nobody	other
<b>Gender</b>	male	68.7%	11.1%	3.5%	11.4%	4.3%	0.9%
	female	72.5%	12.9%	2.5%	10.0%	1.2%	0.9%
	Total	70.7%	12.1%	3.0%	10.7%	2.6%	0.9%
<b>Age</b>	15 - 24	65.9%	0.0%	0.0%	34.1%	0.0%	0.0%
	25 - 44	79.2%	10.4%	2.4%	5.7%	1.4%	0.9%
	45 - 64	67.2%	14.6%	3.1%	10.7%	3.8%	0.6%
	65+	62.7%	10.6%	3.9%	18.5%	2.6%	1.8%
	Total	70.7%	12.1%	3.0%	10.6%	2.6%	1.0%
<b>Household income</b>	Less than \$30k	67.7%	8.6%	2.9%	14.9%	4.6%	1.3%
	\$30k-50k	74.7%	12.3%	1.1%	8.7%	2.9%	0.4%
	\$50k-70k	68.6%	11.7%	4.0%	12.7%	3.0%	0.0%
	\$70k-100k	68.6%	12.5%	3.8%	10.1%	1.8%	3.2%
	\$100k and up	74.5%	15.1%	2.4%	5.5%	2.5%	0.0%
	Total	70.9%	12.1%	2.8%	10.3%	2.9%	0.9%
<b>Health status</b>	excellent	71.2%	13.7%	2.7%	9.1%	2.8%	0.5%
	very good	72.4%	11.2%	3.0%	10.4%	2.1%	1.0%
	good	65.5%	13.9%	4.0%	11.6%	3.9%	1.2%
	average	76.1%	8.3%	1.7%	11.1%	2.0%	0.8%
	bad	57.8%	14.4%	3.6%	22.1%	2.1%	0.0%
	Total	70.7%	12.2%	3.0%	10.7%	2.6%	0.9%
<b>Bilingual</b>	Yes	73.0%	11.0%	2.0%	10.6%	2.3%	1.1%
	No	63.0%	15.4%	3.8%	12.7%	4.7%	0.4%
	Total	70.0%	12.4%	2.6%	11.2%	3.0%	0.9%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

40) If you became ill, who other than your spouse would you likely turn to for support?

- When age groups are compared, those 15-24 years of age are much more likely than other age groups to turn to public health and social services in the event of illness and to exclude friends and a community resource as options. They are about as likely as other age groups to turn to relatives.
- Those Anglophones who are 65 years and over are less likely to rely on relatives and friends in the event of illness than other age groups. They are more likely than other age groups to turn to public health and social services and a community resource. They are almost twice as likely as other age groups to choose an option outside of relatives, friends, community resource or public health and social services.
- When Francophone and Anglophone age groups are compared, we find the greatest variance in the 45-64 years of age group. Francophones 45-64 tend to be highly reliant on a community resource and public health and social services in the event of illness when compared with their other age cohorts. Anglophones 45-64 tend to be more reliant on friends, or more likely to have nobody to turn to, compared to their other Anglophone age cohorts in the same health situation.

- When household income groups are compared, those earning less than \$30k annually show the strongest likelihood to turn to public health and social services, or to have nobody to turn to, in the event of illness. Those Anglophones located in the household income group earning \$50k-\$70k show the greatest likelihood to rely on a community resource when compared with other household income groups. Those earning \$70k-\$100k are more than three times more likely than other household income groups to turn to an option outside of relatives, friends, community resource and public health and social services. This is likely to indicate private or for-profit services.
- When Anglophones are compared in terms of their health status, those who assess their health as poor are the least likely to rely on relatives, are more likely to turn to a community resource, and are more than twice as likely than other health groups to turn to public health and social services in the event of illness.
- Those Anglophones who are not bilingual are much more likely than those who are bilingual to turn to friends, a community resource or have nobody to rely upon in the event of illness. Those who are bilingual are more likely to rely on an option other than family/friends, a community resource or public health and social services.



### 3.2.2 Care outside household

**Table 14 - Unpaid Care for Person Living Outside Household, by Region**

- 16.9% of English-speaking respondents reported providing unpaid care for a person outside their household. The proportion of the Anglophone population providing unpaid care in this situation ranges from 4.8% in the Bas-Saint-Laurent region to 36.7% in Abitibi-Témiscamingue.
- 34% of French-speaking Quebecers provide unpaid care for a person outside their household.
- The greatest proportion of the Anglophone population providing unpaid care for a person outside their household is located in the following regions: Abitibi-Témiscamingue, Montreal (east), Gaspésie-Îles-de-la-Madeleine, Lanaudière and the Outaouais. The proportion of the population least likely to be providing unpaid care in this situation is located in Bas-Saint-Laurent, Saguenay-Lac-Saint-Jean, Laurentides, Capitale-Nationale, Chaudière-Appalaches and Nord-du-Québec.

Provision of Unpaid Care for Person Living Outside Household, by Region		
Region	yes	no
Gaspésie - Îles-de-la-Madeleine	23.6%	76.4%
*Bas-Saint-Laurent	4.8%	95.2%
Capitale-Nationale	11.0%	89.0%
Chaudière - Appalaches	11.5%	88.5%
Estrie	15.9%	84.1%
Centre-du-Québec	14.9%	85.1%
Montréal (west)	13.5%	86.5%
Montréal (centre)	18.6%	81.4%
Montréal (east)	16.1%	83.9%
Laval	24.2%	75.8%
Lanaudière	14.9%	85.1%
Laurentides	22.9%	77.1%
Outaouais	7.9%	92.1%
Abitibi-Témiscamingue	20.4%	79.6%
*Mauricie	36.7%	63.3%
*Saguenay - Lac-Saint-Jean	17.3%	82.7%
Côte-Nord	7.7%	92.3%
*Nord-du-Québec	16.3%	83.7%
Total	13.3%	86.7%
	16.9%	83.1%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

41) Do you provide (unpaid) care for a person living outside your household?

- English-speaking men and women are very similar in their likelihood of providing unpaid care for a person outside their household.
- When age groups are compared, those Anglophones in the 45-64 age group are providing the greatest proportion of unpaid care in this situation. This is true of the majority population as well.
- Anglophones located in the \$50k-\$70k household income group are somewhat more likely than other household income groups to be providing unpaid care in this capacity.



Table 15 - Unpaid Care Outside Household

Provision of Unpaid Care for Person Living Outside Household			
Variable	Characteristic	yes	no
<b>Gender</b>	male	16.6%	83.4%
	female	16.9%	83.1%
	Total	16.7%	83.3%
<b>Age</b>	15 - 24	12.1%	87.9%
	25 - 44	14.0%	86.0%
	45 - 64	21.0%	79.0%
	65+	14.2%	85.8%
	Total	16.6%	83.4%
<b>Household income</b>	Less than \$30k	16.1%	83.9%
	\$30k-50k	16.6%	83.4%
	\$50k-70k	18.0%	82.0%
	\$70k-100k	17.1%	82.9%
	\$100k and up	16.4%	83.6%
	Total	16.8%	83.2%
<b>Health status</b>	excellent	16.0%	84.0%
	very good	15.9%	84.1%
	good	19.1%	80.9%
	average	17.1%	82.9%
	bad	18.4%	81.6%
	Total	16.8%	83.2%
<b>Bilingual</b>	Yes	16.2%	83.8%
	No	15.2%	84.8%
	Total	16.0%	84.0%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.			
41) Do you provide (unpaid) care for a person living outside your household?			

### 3.2.3 Unpaid care for someone other than a relative

Table 16 - Unpaid Care for Non-Relative, by Region

Provision of Unpaid Care for Someone Other Than a Relative, by Region		
Region	yes	no
Gaspésie - Îles-de-la-Madeleine	11.8%	88.2%
*Bas-Saint-Laurent	7.1%	92.9%
Capitale-Nationale	8.1%	91.9%
Chaudière - Appalaches	11.5%	88.5%
Estrie	6.5%	93.5%
Centre-du-Québec	8.9%	91.1%
Montérégie	8.3%	91.7%
Montreal (west)	9.9%	90.1%
Montreal (centre)	9.8%	90.2%
Montreal (east)	10.4%	89.6%
Laval	10.2%	89.8%
Lanaudière	9.7%	90.3%
Laurentides	3.9%	96.1%
Outaouais	10.1%	89.9%
Abitibi-Témiscamingue	9.3%	90.7%
*Mauricie	15.7%	84.3%
*Saguenay - Lac-Saint-Jean	1.9%	98.1%
Côte-Nord	9.6%	90.4%
*Nord-du-Québec	5.8%	94.2%
Total	9.3%	90.7%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

42) Do you provide (unpaid) care for someone other than a relative?

- 9.3% of Anglophone respondents reported providing care for someone other than a relative. The proportion of the Anglophone population providing care in this capacity ranges from 1.9% in Saguenay-Lac-Saint-Jean to 15.7% in the Mauricie region.
- 22.6% of French-speaking Quebecers provide care to someone other than a relative.
- The greatest segment of the Anglophone population providing unpaid care for someone other than a relative are located in the following regions: Mauricie, Gaspésie-Îles-de-la-Madeleine and Chaudière-Appalaches. The segments of the population least likely to be providing care in this capacity are located in the Saguenay-Lac-Saint-Jean, Laurentides and Nord-du-Québec regions.



- Anglophone women are slightly more likely than Anglophone men to provide care for someone other than a relative.
- When age groups are compared, those Anglophones in the 45-64 age group are providing the greatest proportion of unpaid care in this situation. For the majority population, the age group providing the greatest proportion of unpaid care in this situation are located in the 15-24 age group.
- Those Anglophones earning less than \$30k are more likely than other household income groups to be providing care to someone other than a relative. This may also be said of Francophones when household income groups are compared.
- In the English-speaking population, low levels of bilingualism tend to be associated with a greater likelihood of providing unpaid care for someone other than a relative.

**Table 17 - Unpaid Care for Non-Relative**

Provision of Unpaid Care for Someone Other Than a Relative			
Variable	Characteristic	yes	no
<b>Gender</b>	male	8.8%	91.2%
	female	9.9%	90.1%
	Total	9.3%	90.7%
<b>Age</b>	15 - 24	14.0%	86.0%
	25 - 44	7.2%	92.8%
	45 - 64	10.9%	89.1%
	65+	9.2%	90.8%
	Total	9.2%	90.8%
<b>Household income</b>	Less than \$30k	12.9%	87.1%
	\$30k-50k	7.8%	92.2%
	\$50k-70k	7.2%	92.8%
	\$70k-100k	9.8%	90.2%
	\$100k and up	7.7%	92.3%
	Total	9.1%	90.9%
<b>Health status</b>	excellent	8.0%	92.0%
	very good	9.1%	90.9%
	good	11.9%	88.1%
	average	8.8%	91.2%
	bad	10.9%	89.1%
	Total	9.4%	90.6%
<b>Bilingual</b>	Yes	9.0%	91.0%
	No	11.0%	89.0%
	Total	9.6%	90.4%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.			
42) Do you provide (unpaid) care for someone other than a relative?			

### 3.3 Inter-regional Services

Given its importance in service planning and delivery, the subject of inter-regional use of health services was covered in the CHSSN-CROP survey. Respondents were asked whether they had direct contact with a health or social service provider, for themselves or another person outside their region of residence within the previous 12 months. If they answered yes, they were then asked about the nature of the service, the type of institution that provided it, their reason for accessing the service outside their region of residence and the language in which the service was delivered. The following pages illuminate some of the key patterns in out-of-region access to health and social services.

#### 3.3.1 Direct contact with a health or service provider outside region

**Table 18 - Contact with Health and Social Services Outside Region of Residence, Previous 12 Months, by Region of Residence**

Contact with Health and Social Services Outside Region of Residence, Previous 12 Months, by Region of Residence		
Region	used	did not use
Gaspésie - Îles-de-la-Madeleine	11.3%	88.7%
*Bas-Saint-Laurent	8.7%	91.3%
Capitale-Nationale	23.7%	76.3%
Chaudière - Appalaches	3.8%	96.2%
Estrie	15.3%	84.7%
Centre-du-Québec	26.2%	73.8%
Montréal	16.5%	83.5%
Montreal (west)	19.2%	80.8%
Montreal (centre)	19.3%	80.7%
Montreal (east)	15.4%	84.6%
Laval	17.2%	82.8%
Lanaudière	25.5%	74.5%
Laurentides	19.6%	80.4%
Outaouais	24.6%	75.4%
Abitibi-Témiscamingue	11.6%	88.4%
*Mauricie	1.9%	98.1%
*Saguenay - Lac-Saint-Jean	1.7%	98.3%
Côte-Nord	13.7%	86.3%
*Nord-du-Québec	14.0%	86.0%
Total	18.3%	81.7%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005		
* Due to small sample size, data for the indicated regions should be used with caution.		
25)a Within the last 12 months, have you had direct contact with a health or social service provider, either for yourself or to help another person, OUTSIDE your region?		

- Within the last 12 months, nearly one in five (18.1%) Québec Anglophones surveyed had contact with a health or social service provider for themselves or to help another person in another region. The proportion of the Anglophone population seeking help for themselves or another person outside their region ranges from a high of 46.1% in Lanaudière down to 1.8% in the Centre-du-Québec region.
- The regions of Québec where Anglophones are the most likely to have had contact with a health or social service provider outside their region include Lanaudière, Laval, Laurentides, Abitibi-Témiscamingue, Montréal and the Outaouais. Those Anglophones most unlikely to seek service outside their region included Centre-du-Québec, Mauricie, Estrie, Montreal (east), Montreal (centre), Capitale-Nationale and Montreal (west).



**Table 19 - Contact with Health and Social Services Outside Region of Residence, Past Year**

- Anglophone women are slightly more likely than Anglophone men to have had contact with a service provider, either for themselves or another person, outside their region.
- When Anglophones are compared in terms of age groups, those 25-44 are somewhat more likely than others to have had contact with a service provider outside their region.
- When household income is considered, Anglophones earning \$70k-\$100k are much more likely than those in other household income categories to have had contact with a service provider outside their region in the last twelve months.
- Bilingual Anglophones are more likely than non-bilingual Anglophones to have had contact with a service provider outside their region in the last twelve months.

Contact with Health and Social Services Outside Region of Residence, Past Year			
Variable	Characteristic	used	did not use
<b>Gender</b>	male	17.1%	82.9%
	female	19.0%	81.0%
	Total	18.1%	81.9%
<b>Age</b>	15 - 24	11.4%	88.6%
	25 - 44	19.4%	80.6%
	45 - 64	18.5%	81.5%
	65+	18.3%	81.7%
	Total	18.3%	81.7%
<b>Household income</b>	Less than \$30k	12.1%	87.9%
	\$30k-50k	17.3%	82.7%
	\$50k-70k	18.6%	81.4%
	\$70k-100k	26.4%	73.6%
	\$100k and up	20.4%	79.6%
	Total	18.5%	81.5%
<b>Health status</b>	excellent	20.1%	79.9%
	very good	18.1%	81.9%
	good	15.4%	84.6%
	average	19.0%	81.0%
	bad	16.1%	83.9%
	Total	18.1%	81.9%
<b>Bilingual</b>	Yes	19.5%	80.5%
	No	15.6%	84.4%
	Total	18.4%	81.6%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

25)a Within the last 12 months, have you had direct contact with a health or social service provider, either for yourself or to help another person, OUTSIDE your region?

### 3.3.2 Type of Services Accessed Outside the Region of Residence

Table 20 - Type of Service/Institution for Out-of-Region Services, by Region of Residence

Type of Service / Institution for Out-of-Region Services, by Region of Residence										
Region	doctor/ private office	CLSC	hospital emergency	hospital one overnight	public long term care	hospital (in general)	home care	dentist	social worker	other
Gaspésie - îles-de-la-Madeleine	36.8%	1.3%	35.6%	5.8%	0.0%	4.3%	0.0%	0.0%	0.0%	16.2%
*Bas-Saint-Laurent	57.6%	0.0%	17.7%	10.6%	0.0%	7.0%	0.0%	0.0%	0.0%	7.0%
Capitale-Nationale	43.0%	6.4%	19.5%	5.7%	3.2%	4.5%	0.0%	0.0%	0.0%	17.6%
Chaudière - Appalaches	26.3%	13.1%	13.1%	0.0%	0.0%	13.1%	0.0%	0.0%	0.0%	34.3%
Estrie	45.2%	9.5%	11.8%	8.5%	0.0%	5.3%	3.4%	6.9%	0.0%	9.5%
Centre-du-Québec	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Montérégie	38.2%	6.8%	23.6%	12.3%	1.0%	6.7%	1.1%	0.3%	4.8%	5.2%
Montreal (west)	28.9%	12.5%	30.2%	3.5%	6.8%	1.2%	1.2%	0.0%	4.5%	11.1%
Montreal (centre)	33.0%	18.3%	26.8%	12.8%	0.0%	0.0%	1.1%	4.4%	3.5%	0.0%
Montreal (east)	9.8%	23.6%	43.0%	0.0%	3.0%	7.1%	0.0%	0.0%	6.8%	6.8%
Laval	32.1%	2.3%	30.4%	13.8%	3.8%	8.3%	0.7%	0.0%	1.0%	7.5%
Lanaudière	49.9%	13.4%	12.4%	12.0%	0.9%	8.2%	0.0%	0.0%	0.0%	3.2%
Laurentides	28.0%	2.8%	25.9%	16.5%	3.3%	12.2%	0.4%	0.5%	0.5%	10.0%
Outaouais	61.8%	2.0%	8.9%	9.0%	4.0%	9.9%	0.0%	2.9%	0.0%	1.5%
Abitibi-Témiscamingue	69.2%	0.0%	5.3%	6.7%	0.0%	4.5%	1.0%	0.0%	0.0%	13.4%
*Mauricie	21.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	78.5%
*Saguenay - Lac-Saint-Jean	8.3%	0.0%	46.2%	8.4%	0.0%	0.0%	0.0%	8.3%	0.0%	28.8%
Côte-Nord	43.2%	2.6%	16.6%	16.6%	0.0%	11.9%	0.0%	0.0%	0.0%	9.1%
*Nord-du-Québec	0.0%	31.8%	36.5%	31.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	35.5%	10.3%	24.9%	10.9%	2.2%	5.2%	0.8%	1.5%	3.0%	5.7%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

25)b Could you name or describe the service (type of institution) you got?

- When ranked in terms of frequency of use, the services used by Anglophones outside their region in the last twelve months are as follows:
  - Doctor/private office (37.7%)
  - Hospital emergency (26.4%)
  - Hospital one overnight (11.6%)
  - CLSC (10.9%)
  - Hospital (in general) (5.5%)
  - Social worker (3.1%)
  - Public long-term care (2.4%)
  - Dentist (1.6%)
  - Home care (0.9%)

- If all services provided through a hospital are combined (54.4%), then the health services most frequently sought by Anglophones outside their region are provided through a hospital.
- Anglophone men are more likely to go outside their region for dental service or CLSC than Anglophone women. Anglophone women are more likely than men to seek home care, a social worker, public long term care services and hospital (in general) services and a doctor in private office outside their region.

**Table 21 - Type of Service/Institution for Out-of-Region Services**

Type of Service/Institution for Out-of-Region Services											
Variable	Characteristic	doctor/ private office	CLSC	hospital emergency	hospital one overnight	public long term care	hospital (in general)	home care	dentist	social worker	other
<b>Gender</b>	male	33.9%	12.7%	25.5%	10.6%	1.6%	4.1%	0.2%	2.3%	1.4%	7.8%
	female	36.5%	8.2%	24.4%	12.1%	2.7%	5.8%	1.4%	0.8%	4.1%	4.0%
	Total	35.4%	10.2%	24.9%	11.4%	2.2%	5.1%	0.8%	1.5%	2.9%	5.6%
<b>Age</b>	15 - 24	58.3%	2.7%	13.7%	6.9%	0.0%	1.4%	0.0%	0.0%	7.9%	9.1%
	25 - 44	31.3%	11.2%	30.0%	11.0%	1.3%	3.6%	0.0%	2.1%	4.9%	4.5%
	45 - 64	33.7%	9.8%	24.9%	13.5%	4.0%	4.7%	2.3%	0.8%	0.9%	5.2%
	65+	43.0%	10.0%	14.3%	9.6%	1.3%	11.0%	0.1%	1.4%	0.6%	8.6%
	Total	35.1%	10.2%	25.0%	11.5%	2.2%	5.1%	0.8%	1.5%	2.9%	5.6%
<b>Household income</b>	Less than \$30k	30.6%	13.4%	17.8%	16.9%	0.2%	9.2%	0.1%	7.0%	0.0%	4.7%
	\$30k-50k	32.6%	8.6%	24.5%	8.6%	1.2%	8.3%	3.0%	0.7%	5.5%	7.1%
	\$50k-70k	32.8%	8.0%	32.6%	11.6%	1.1%	3.4%	0.0%	1.4%	3.1%	6.0%
	\$70k-100k	36.2%	12.7%	24.9%	10.1%	0.9%	4.0%	0.0%	0.6%	3.7%	7.0%
	\$100k and up	39.5%	4.6%	29.7%	6.3%	5.6%	5.0%	0.4%	0.0%	4.1%	4.8%
	Total	34.5%	9.4%	26.6%	10.3%	1.8%	5.6%	0.7%	1.5%	3.5%	6.1%
<b>Health status</b>	excellent	38.7%	9.1%	20.1%	11.3%	1.6%	4.5%	0.6%	1.1%	5.1%	8.0%
	very good	33.2%	13.1%	25.4%	11.5%	2.9%	3.8%	1.0%	0.9%	3.4%	4.7%
	good	35.4%	5.9%	27.5%	9.1%	2.7%	10.9%	0.1%	4.4%	0.2%	3.9%
	average	33.4%	8.4%	32.5%	16.2%	1.3%	3.8%	0.0%	0.3%	0.7%	3.4%
	bad	42.7%	13.5%	11.8%	1.6%	0.0%	0.5%	12.5%	0.0%	0.0%	17.5%
	Total	35.3%	10.2%	24.9%	11.4%	2.2%	5.1%	0.8%	1.5%	2.9%	5.6%
<b>Bilingual</b>	Yes	38.4%	10.2%	24.4%	8.4%	1.9%	5.0%	1.1%	1.9%	3.2%	5.6%
	No	33.5%	8.6%	24.6%	21.5%	0.7%	5.0%	0.8%	0.6%	0.0%	4.6%
	Total	37.1%	9.8%	24.4%	11.7%	1.6%	5.0%	1.0%	1.6%	2.4%	5.4%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

25)b Could you name or describe the service (type of institution) you got?

- When age groups among the Anglophone population are compared, those 15-24 are more likely than other age groups to seek the services of a social worker outside their region.
- In terms of household income categories, those with higher household incomes were more likely to have sought services from a doctor in a private office or clinic than those with lower household incomes.

### 3.3.3 Location of Out-of-Region Service

**Table 22 - Location of Out-of-Region Service, by Region of Residence**

Location of Out-of-Region Service, by Region of Residence							
Region	Montreal	Québec city	other Quebec region	Ontario	Maritimes	United States	Western Canada
Gaspésie - Îles-de-la-Madeleine	12.3%	22.3%	26.5%	4.7%	32.9%	0.0%	1.2%
*Bas-Saint-Laurent	19.8%	0.0%	72.3%	7.9%	0.0%	0.0%	0.0%
Capitale-Nationale	4.9%	18.7%	3.4%	22.6%	3.4%	7.0%	27.1%
Chaudière – Appalaches	15.1%	69.7%	15.1%	0.0%	0.0%	0.0%	0.0%
Estrie	50.8%	2.3%	37.4%	4.2%	0.0%	5.3%	0.0%
Centre-du-Québec	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Montérégie	80.7%	0.3%	9.7%	8.1%	0.0%	0.2%	0.9%
Montreal (west)	55.5%	0.0%	19.1%	10.9%	0.0%	10.6%	1.6%
Montreal (centre)	45.7%	3.9%	14.6%	8.8%	9.6%	9.2%	4.9%
Montreal (east)	33.4%	0.0%	54.2%	5.1%	0.0%	7.3%	0.0%
Laval	94.8%	0.0%	5.2%	0.0%	0.0%	0.0%	0.0%
Lanaudière	61.1%	3.0%	33.0%	3.0%	0.0%	0.0%	0.0%
Laurentides	66.6%	0.0%	14.6%	10.0%	0.0%	0.4%	0.5%
Outaouais	6.5%	0.0%	14.0%	76.6%	0.0%	0.0%	0.0%
Abitibi-Témiscamingue	4.3%	1.1%	7.5%	82.5%	4.7%	0.0%	0.0%
*Mauricie	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
*Saguenay - Lac-Saint-Jean	50.4%	31.4%	18.2%	0.0%	0.0%	0.0%	0.0%
Côte-Nord	6.0%	34.9%	30.2%	16.3%	8.0%	0.0%	0.0%
*Nord-du-Québec	0.0%	0.0%	13.0%	0.0%	0.0%	0.0%	0.0%
Total	55.6%	2.1%	15.9%	15.3%	2.6%	3.9%	1.9%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

25)c Where was it located (city, province)?

- Not surprisingly, the most frequent destination of Québec Anglophones who had contact with a health or social service provider outside their region in the last twelve months was Montréal, which accounted for more than half (57.2%) of inter-regional health or social service access visits.
- Other Québec region (16.3%), Ontario (15.7%), the United States (4%), the Maritimes (2.7%), Québec City (2.1%) and Western Canada (1.9%) were other destinations mentioned by survey respondents.
- On a regional basis, Anglophone respondents from Chaudière-Appalaches (69.7%), Côte-Nord (36.5%), Saguenay–Lac-Saint-Jean (31.4%) and Gaspésie – Îles-de-la-Madeleine (22.3%) were more likely than Anglophones from other parts of the province to mention Québec City as their destination.
- For Anglophones from the Outaouais (78.9%) and Abitibi-Témiscamingue (82.5%), a large majority of their out-of-region visits were to neighbouring Ontario, while a large

proportion of out-of-region visits by Anglophone respondents in the Gaspésie-Îles-de-la-Madeleine region were to the Maritime provinces (32.9%).

- Montréal accounted for more than half of out-of-region visits for Anglophones living in the regions of Laval (94.8%), Mauricie (100%), Laurentides (72.2%), Montérégie (80.7%), Estrie (50.8%) and Saguenay-Lac-Saint-Jean (50.4%).

**Table 23 - Location of Out-of-Region Service**

Location of Out-of-Region Service								
Variable	Characteristic	Montreal	Québec city	other Quebec region	Ontario	Maritimes	United States	Western Canada
<b>Gender</b>	male	53.0%	4.1%	19.4%	12.3%	2.9%	4.4%	1.1%
	female	57.6%	1.2%	12.7%	17.6%	2.4%	3.4%	2.5%
	Total	55.5%	2.5%	15.8%	15.2%	2.6%	3.9%	1.8%
<b>Age</b>	15 - 24	51.6%	0.0%	3.4%	11.4%	7.4%	21.4%	4.7%
	25 - 44	57.5%	2.9%	14.9%	13.1%	2.8%	1.9%	2.2%
	45 - 64	59.3%	2.6%	16.7%	16.3%	1.5%	1.0%	1.8%
	65+	44.5%	2.1%	19.8%	17.0%	3.2%	10.2%	0.1%
	Total	55.7%	2.5%	15.8%	14.8%	2.6%	3.9%	1.9%
<b>Household income</b>	Less than \$30k	45.8%	6.4%	16.3%	13.5%	7.5%	5.5%	3.7%
	\$30k-50k	64.4%	1.7%	16.8%	8.2%	6.2%	1.4%	1.2%
	\$50k-70k	53.5%	0.4%	15.7%	19.2%	0.1%	5.5%	0.0%
	\$70k-100k	49.5%	5.1%	15.4%	15.8%	2.5%	3.7%	3.7%
	\$100k and up	55.2%	0.3%	16.3%	24.9%	0.0%	0.0%	1.7%
	Total	54.0%	2.7%	16.1%	16.3%	3.1%	3.1%	2.0%
<b>Health status</b>	excellent	63.0%	0.2%	13.9%	13.5%	1.4%	2.9%	1.3%
	very good	51.1%	3.8%	14.9%	14.4%	2.1%	6.4%	3.1%
	good	57.7%	1.4%	17.2%	15.0%	5.9%	1.2%	1.4%
	average	52.2%	5.5%	20.7%	16.0%	3.1%	2.5%	0.0%
	bad	33.5%	2.0%	15.5%	43.5%	0.0%	2.4%	3.1%
	Total	55.5%	2.5%	15.8%	15.2%	2.6%	3.9%	1.8%
<b>Bilingual</b>	Yes	60.7%	2.6%	13.4%	11.3%	1.9%	4.9%	2.5%
	No	48.5%	4.2%	11.8%	25.7%	2.5%	2.3%	0.8%
	Total	57.8%	3.0%	13.0%	14.8%	2.1%	4.3%	2.1%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

(25)c Where was it located (city, province)?

### 3.3.4 Reason for use of service out of region

**Table 24 - Reason for Using Service Outside the Region of Residence, by Region of Residence**

Reason for Using Service Outside the Region of Residence, by Region of Residence									
Region	do not exist in region	personal preference	medical referral	available in English	person another region	was in the area at time	regular doctor	quality of services	faster / fast
Gaspésie - îles-de-la-Madeleine	42.0%	3.9%	6.7%	1.4%	0.0%	29.9%	10.2%	2.0%	0.0%
*Bas-Saint-Laurent	30.1%	0.0%	0.0%	0.0%	0.0%	0.0%	69.9%	0.0%	0.0%
Capitale-Nationale	12.5%	0.0%	3.6%	7.3%	21.0%	55.6%	0.0%	0.0%	0.0%
Chaudière - Appalaches	39.5%	0.0%	15.1%	15.1%	0.0%	15.1%	15.1%	0.0%	0.0%
Estrie	24.2%	2.4%	4.8%	0.0%	11.5%	16.9%	16.9%	8.3%	3.3%
Centre-du-Québec	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Montérégie	24.7%	10.7%	11.8%	9.3%	8.8%	11.8%	11.2%	9.0%	2.1%
Montreal (west)	5.9%	5.4%	10.5%	0.0%	20.8%	44.4%	5.4%	5.4%	0.0%
Montreal (centre)	4.9%	3.3%	4.8%	0.0%	5.9%	54.8%	12.3%	3.3%	8.2%
Montreal (east)	15.0%	30.6%	0.0%	0.0%	0.0%	54.5%	0.0%	0.0%	0.0%
Laval	14.0%	8.6%	10.6%	14.0%	6.0%	13.6%	23.6%	6.6%	1.4%
Lanaudière	36.9%	3.5%	2.2%	3.1%	4.3%	7.7%	26.0%	2.6%	2.2%
Laurentides	21.9%	5.4%	14.8%	13.9%	1.6%	9.7%	17.5%	3.8%	3.2%
Outaouais	17.7%	4.3%	7.9%	15.3%	9.8%	8.5%	23.6%	2.4%	10.5%
Abitibi-Témiscamingue	80.5%	0.0%	5.7%	1.1%	3.2%	1.6%	7.9%	0.0%	0.0%
*Mauricie	0.0%	0.0%	0.0%	0.0%	0.0%	78.5%	0.0%	0.0%	21.5%
*Saguenay - Lac-Saint-Jean	31.4%	0.0%	0.0%	0.0%	9.0%	50.4%	0.0%	9.2%	0.0%
Côte-Nord	57.9%	4.1%	7.2%	6.5%	0.0%	21.9%	2.3%	0.0%	0.0%
*Nord-du-Québec	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	19.2%	7.5%	8.9%	7.5%	7.9%	23.7%	14.1%	5.2%	3.8%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

25)d Why did you use the service outside of your region?

- The most frequent reasons given by survey respondents to explain their use of services outside their region were happenstance (in the area at the time 24.8%) or the lack of the particular service in their region of residence (19.6%). Respondents also mentioned use of their regular doctor (14%), medical referrals (9%), personal preference (7.2%) and availability in English (6.7%) as reasons for seeking service outside their region.
- Anglophone respondents in northern and isolated regions (Nord-du-Québec, Abitibi-Témiscamingue, Côte-Nord, Gaspésie-Îles-de-la-Madeleine) were more likely than Anglophones in other parts of the province to indicate that lack of services in their region was the motivation for seeking services in another region.
- Anglophones within proximity of Montréal or Ontario (Laval, Montérégie, Outaouais, Laurentides) were more likely than Anglophones in other regions to indicate that

availability of services in English explained their reason for seeking services out-of-region.

- In terms of health status, those in excellent health were more likely to point to personal preference or a regular doctor as their motivation for seeking services outside their region than were other respondents. Those in poor health were more likely to mention the lack of services in their region as the most important reason.
- Women were more likely than men to mention the language of service as a factor in their decision to seek out-of-region services.
- For seniors, lack of services in the region, medical referrals or the presence of a regular doctor in another region were reasons given more frequently than by other age groups. Young people stressed convenience (fast services) more often than other age groups.

**Table 25 - Reason for Using Service Outside the Region of Residence**

Reason for Using Service Outside the Region of Residence										
Variable	Characteristic	do not exist in region	personal preference	medical referral	available in English	person another region	was in the area at time	regular doctor	quality of services	faster / fast
<b>Gender</b>	male	22.1%	8.1%	9.1%	2.7%	5.9%	25.3%	15.8%	4.8%	3.9%
	female	17.5%	6.9%	8.5%	11.2%	9.4%	22.1%	13.1%	5.4%	3.6%
	Total	19.5%	7.4%	8.8%	7.5%	7.9%	23.5%	14.3%	5.1%	3.8%
<b>Age</b>	15 - 24	15.6%	17.1%	0.0%	0.0%	0.0%	24.4%	10.9%	3.6%	16.6%
	25 - 44	20.5%	4.5%	5.9%	8.4%	4.1%	28.8%	16.0%	7.6%	3.5%
	45 - 64	15.5%	9.2%	11.2%	8.7%	16.0%	18.9%	10.1%	4.2%	3.3%
	65+	25.9%	8.7%	13.5%	5.4%	4.1%	18.0%	19.0%	1.8%	1.3%
	Total	19.7%	7.4%	8.8%	7.5%	7.8%	23.2%	14.4%	5.2%	3.7%
<b>Household income</b>	Less than \$30k	20.6%	6.1%	8.6%	10.1%	2.7%	11.5%	15.3%	15.1%	7.0%
	\$30k-50k	19.1%	5.5%	7.3%	8.0%	15.9%	20.7%	13.9%	1.7%	5.8%
	\$50k-70k	29.2%	5.9%	12.7%	6.3%	5.0%	25.5%	9.9%	4.8%	0.0%
	\$70k-100k	21.1%	14.0%	5.9%	5.6%	0.3%	32.8%	10.7%	1.8%	5.8%
	\$100k and up	15.1%	6.9%	9.1%	7.4%	13.5%	25.8%	13.9%	0.7%	3.8%
	Total	20.9%	8.1%	8.6%	7.2%	7.7%	24.5%	12.5%	3.8%	4.4%
<b>Health status</b>	excellent	14.0%	13.6%	8.1%	7.6%	4.9%	24.8%	20.5%	3.2%	0.7%
	very good	15.7%	3.5%	9.0%	4.6%	12.9%	29.8%	11.1%	6.7%	4.9%
	good	22.0%	6.2%	12.6%	15.5%	6.9%	9.2%	15.0%	5.7%	3.4%
	average	35.8%	5.4%	5.6%	7.0%	2.3%	18.6%	11.0%	5.2%	8.5%
	bad	37.7%	14.1%	6.4%	0.0%	1.9%	32.7%	5.8%	1.4%	0.0%
Total	19.5%	7.4%	8.8%	7.5%	7.9%	23.5%	14.3%	5.2%	3.8%	
<b>Bilingual</b>	Yes	16.9%	7.3%	8.2%	7.2%	6.6%	26.3%	16.5%	5.0%	4.3%
	No	21.9%	2.7%	11.2%	8.8%	2.6%	17.8%	18.0%	9.6%	2.2%
	Total	18.0%	6.3%	8.8%	7.6%	5.7%	24.5%	16.8%	6.0%	3.8%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.										
25)d Why did you use the service outside of your region?										

### 3.3.5 Language of Out-of-Region Service

Language of Out-of-Region Service, by Region of Residence		
Region	in English	not in English
Gaspésie - Îles-de-la-Madeleine	51.8%	48.2%
*Bas-Saint-Laurent	91.4%	8.6%
Capitale-Nationale	62.7%	37.3%
Chaudière - Appalaches	60.5%	39.5%
Estrie	88.6%	11.4%
Centre-du-Québec	0.0%	100.0%
Montréal (est)	85.1%	14.9%
Montréal (ouest)	92.8%	7.2%
Montréal (centre)	41.7%	58.3%
Montréal (est)	36.0%	64.0%
Laval	85.6%	14.4%
Lanaudière	84.9%	15.1%
Laurentides	77.5%	22.5%
Outaouais	95.1%	4.9%
Abitibi-Témiscamingue	59.6%	40.4%
*Mauricie	100.0%	0.0%
*Saguenay - Lac-Saint-Jean	40.5%	59.5%
Côte-Nord	45.1%	54.9%
*Nord-du-Québec	87.0%	13.0%
Total	73.8%	26.2%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.		
* Due to small sample size, data for the indicated regions should be used with caution.		
25)e Was the service provided in English?		

- Nearly three-quarters (73.8%) of those who received services in another region received those services in English. Respondents in Mauricie, Estrie and the Outaouais regions were more likely than other respondents to have received the out-of-region services in English. The likelihood of out-of-region services in English was lowest for Centre-du-Québec, Montréal (east), Saguenay-Lac-Saint-Jean and Montréal (centre) regions.





- Women were slightly more likely than men (81% compared to 76.7%) to have received their out-of-region services in English.
- Higher household income Anglophone respondents were somewhat more likely than lower-household income Anglophones to have received their out-of-region services in English. (80% for those in the \$70-\$100k bracket and 84% in the \$100k+ bracket, compared to 76% in the less than \$30k group).

**Table 24 - Language of Out-of-Region Service**

Language of Out-of-Region Service			
Variable	Characteristic	in English	not in English
<b>Gender</b>	male	67.3%	32.7%
	female	80.0%	20.0%
	Total	74.0%	26.0%
<b>Age</b>	15 - 24	87.7%	12.3%
	25 - 44	68.5%	31.5%
	45 - 64	79.2%	20.8%
	65+	75.1%	24.9%
	Total	74.1%	25.9%
<b>Household income</b>	Less than \$30k	65.8%	34.2%
	\$30k-50k	75.2%	24.8%
	\$50k-70k	70.1%	29.9%
	\$70k-100k	70.9%	29.1%
	\$100k and up	82.0%	18.0%
	Total	73.2%	26.8%
<b>Health status</b>	excellent	68.0%	32.0%
	very good	74.0%	26.0%
	good	84.6%	15.4%
	average	75.3%	24.7%
	bad	66.4%	33.6%
	Total	74.0%	26.0%
<b>Bilingual</b>	Yes	72.1%	27.9%
	No	85.4%	14.6%
	Total	75.0%	25.0%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.			
25)e Was the service provided in English?			

### 3.4 Anticipated Health & Social Service Needs - Long-term Care, Nursing Homes, Homecare Services in the next five years

Table 25 - Anticipated Health & Social Service Needs, by Region

Anticipated Health & Social Service Needs - Long-term Care, Nursing Homes, Homecare Services			
Region	public long term care institution	private residence or private nursing home for seniors	private nursing services at home or private homecare services
Gaspésie - îles-de-la-Madeleine	27.1%	31.2%	37.0%
*Bas-Saint-Laurent	31.0%	49.8%	55.3%
Capitale-Nationale	28.1%	29.2%	24.6%
Chaudière - Appalaches	42.2%	36.6%	45.5%
Estrie	27.9%	33.0%	23.8%
Centre-du-Québec	44.1%	52.2%	42.1%
Montérégie	26.8%	30.2%	26.1%
Montreal (west)	31.4%	32.6%	27.5%
Montreal (centre)	27.3%	25.4%	26.4%
Montreal (east)	39.7%	36.9%	35.4%
Laval	26.5%	24.3%	19.4%
Lanaudière	28.4%	31.1%	26.3%
Laurentides	14.9%	20.5%	22.0%
Outaouais	22.6%	19.9%	24.1%
Abitibi-Témiscamingue	27.4%	28.4%	36.9%
*Mauricie	38.8%	19.7%	27.5%
*Saguenay - Lac-Saint-Jean	20.6%	23.7%	26.8%
Côte-Nord	32.3%	42.0%	24.2%
*Nord-du-Québec	33.9%	32.7%	54.6%
Total	28.4%	28.5%	27.2%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.			
* Due to small sample size, data for the indicated regions should be used with caution.			
18) Do you expect that within the next five years, you or a person you know or care for will require one or another of the following services: a) public long term care institution? b) private residence or private nursing home for seniors? c) private nursing services at home or private homecare services?			

- Overall, the health services that English-speaking Quebecers expect to need within the next five years are evenly distributed amongst public long-term care institutions (28.4%), private residences or private nursing homes (28.5%), and private nursing services at home/homecare (27.2%).
- Anglophones across all regions of Québec feel that it would be very important to receive these services in English. When the regions are ranked, Anglophones living in the Capitale-Nationale and Chaudière-Appalaches regions feel the least strongly about the

importance of receiving these services in English while the Gaspésie-Îles-de-la-Madeleine and Côte-Nord regions feel the most strongly.

- The greatest expectation of need for public long-term care institutions within the next five years is among Anglophones living in the Centre-du-Québec, Chaudière-Appalaches, Montreal (east) and Mauricie regions.
- The greatest expectation of need for private residence or private nursing home is among Anglophones living in the Centre-du-Québec, Bas-Saint-Laurent, Côte-Nord, Montreal (east), and Chaudières-Appalaches regions.
- The greatest expectation of need for private nursing services at home/homecare is among Anglophones living in the Bas-Saint-Laurent, Nord-du-Québec, Chaudière-Appalaches, Centre-du-Québec, Gaspésie-Îles-de-la-Madeleine, Abitibi-Témiscamingue and Montreal (east) regions.

**Table 26 - Anticipated Health & Social Service Needs**

Anticipated Health & Social Service Needs - Long-term Care, Nursing Homes, Homecare Services				
Variable	Characteristic	public long term care institution	private residence or private nursing home for seniors	private nursing services at home or private homecare services
<b>Gender</b>	male	28.8%	28.7%	27.0%
	female	28.2%	28.4%	27.4%
	Total	28.5%	28.5%	27.2%
<b>Age</b>	15 - 24	27.6%	28.1%	20.3%
	25 - 44	24.4%	23.8%	23.0%
	45 - 64	31.7%	31.4%	30.6%
	65+	33.2%	36.2%	36.2%
	Total	28.5%	28.7%	27.3%
<b>Household income</b>	Less than \$30k	30.7%	26.7%	26.7%
	\$30k-50k	26.0%	29.3%	27.3%
	\$50k-70k	28.4%	27.6%	29.4%
	\$70k-100k	28.2%	27.0%	24.2%
	\$100k and up	29.9%	32.6%	29.9%
	Total	28.6%	28.6%	27.5%
<b>Health status</b>	excellent	27.5%	27.8%	24.8%
	very good	27.0%	27.9%	27.6%
	good	31.3%	29.8%	26.5%
	average	30.6%	31.2%	31.5%
	bad	33.8%	28.2%	32.8%
	Total	28.6%	28.6%	27.3%
<b>Bilingual</b>	Yes	27.8%	28.2%	24.9%
	No	26.7%	23.8%	26.2%
	Total	27.5%	27.0%	25.3%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.				
18) Do you expect that within the next five years, you or a person you know or care for will require one or another of the following services: a) public long term care institution? b) private residence or private nursing home for seniors? c) private nursing services at home or private homecare services?				

**Table 27 - Importance of Receiving Future Services in English**

Importance of Receiving Future Services (Long-term Care, Nursing Home, Homecare, etc) in English		
Region	yes, very important	French is acceptable
Gaspésie - Îles-de-la-Madeleine	92.9%	7.1%
*Bas-Saint-Laurent	67.4%	29.8%
Capitale-Nationale	61.7%	36.1%
Chaudière - Appalaches	63.4%	36.6%
Estrie	87.2%	12.8%
Centre-du-Québec	67.6%	32.4%
Montréal	90.9%	8.8%
Montreal (west)	89.4%	10.1%
Montreal (centre)	89.2%	10.4%
Montreal (east)	69.6%	28.0%
Laval	79.2%	18.6%
Lanaudière	87.1%	12.9%
Laurentides	79.8%	19.0%
Outaouais	81.9%	17.9%
Abitibi-Témiscamingue	90.2%	9.8%
*Mauricie	0.0%	95.1%
*Saguenay - Lac-Saint-Jean	87.8%	12.2%
Côte-Nord	91.9%	7.4%
*Nord-du-Québec	87.5%	12.5%
Total	85.3%	14.0%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005		
* Due to small sample size, data for the indicated regions should be used with caution.		
18)d Do you feel it would be very important to receive these services (long-term care, nursing home, homecare) in English or would it be acceptable to receive the service in French?		

- When asked for their opinion with regard to the importance of receiving future services in English, 85.3% of Anglophones responded that “yes” this would be very important while 14.0% responded that “French would be acceptable”.
- Looking across the regions, Anglophones residing in Gaspésie-Îles-de-la-Madeleine, Cote-Nord, Abitibi-Témiscamingue, Montérégie, Montreal (west), Montreal(centre), Nord-du-Québec, Lanaudière, and Estrie were those who felt most strongly that service in English would be important in the future.
- Anglophones living in Mauricie, Chaudière-Appalaches, Capitale-Nationale, Centre-du-Québec, Bas-Saint-Laurent and Montreal (east) regions were those most likely to say future services in French would be acceptable.



**Table 28 - Importance of Receiving Future Services  
(Long-term Care, Nursing Home, Homecare, etc.) in English**

Importance of Receiving Future Services (Long-term Care, Nursing Home, Homecare, etc) in English			
Variable	Characteristic	yes, very important	French is acceptable
<b>Gender</b>	male	84.2%	15.3%
	female	86.1%	13.0%
	Total	85.2%	14.1%
<b>Age</b>	15 - 24	80.8%	18.5%
	25 - 44	85.9%	13.7%
	45 - 64	86.6%	12.4%
	65+	84.1%	15.5%
	Total	85.4%	13.9%
<b>Household income</b>	Less than \$30k	82.4%	17.4%
	\$30k-50k	87.3%	11.2%
	\$50k-70k	88.5%	11.1%
	\$70k-100k	86.9%	13.1%
	\$100k and up	86.2%	13.1%
	Total	86.1%	13.3%
<b>Health status</b>	excellent	82.0%	17.4%
	very good	83.8%	15.6%
	good	86.5%	13.4%
	average	91.5%	6.2%
	bad	90.8%	9.2%
	Total	85.2%	14.1%
<b>Bilingual</b>	Yes	79.9%	19.5%
	No	97.3%	2.4%
	Total	84.3%	15.2%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.			
18)d Do you feel it would be very important to receive these services (long-term care, nursing home, homecare) in English or would it be acceptable to receive the service in French?			

- Anglophone men and women are about equally likely to feel service in English in future services would be very important.
- When age groups are compared, Anglophones aged 45-64 were the group who felt most strongly that services in English in the future would be very important.
- Anglophones who are not bilingual are more likely than those who are to say that it would be very important to receive services in English in the future.

## 4 Language of Services

Besides the type and frequency of health and social services used by Quebec's English-speaking communities, the CHSSN-CROP survey explores the language in which service is conducted. Respondents were asked whether they were served in English. If they responded with "yes" they were then asked whether they received the offer of service in English, whether they had asked for service in English, whether they considered service in English important or found French to be acceptable. If they responded "no" they were then asked if they had asked for service in English and whether they felt service in English was important or found French to be acceptable. The 5 types of health situations considered were doctor in a private office or clinic, CLSC, Info-Santé, hospital emergency or out-patient clinic and hospital stay for at least one night. Language of service is examined according to region, age, household income and health status.



## 4.1 Language of Service from Doctor in Private Clinic or Office

**Table 29 - Language of Service - Doctor in Private Clinic or Office, by Region**

Language of Service - Doctor in Private Clinic or Office, by Region	served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gaspésie -îles-de-la-Madeleine	84.9%	15.1%	91.7%	8.3%	85.2%	14.8%	4.2%	95.8%	7.6%	92.4%
*Bas-Saint-Laurent	66.0%	34.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	29.6%	70.4%
Capitale-Nationale	42.9%	57.1%	78.4%	21.6%	60.9%	39.1%	5.9%	94.1%	13.6%	86.4%
Chaudière - Appalaches	59.7%	40.3%	65.3%	34.7%	65.3%	34.7%	0.0%	100.0%	25.7%	74.3%
Estrie	82.0%	18.0%	90.2%	9.8%	86.9%	13.1%	22.9%	77.1%	34.8%	65.2%
Centre-du-Québec	35.6%	64.4%	82.5%	17.5%	92.1%	7.9%	0.0%	100.0%	18.3%	81.7%
Montréal (west)	97.9%	2.1%	91.2%	8.8%	85.9%	14.1%	19.5%	80.5%	51.6%	48.4%
Montréal (centre)	93.7%	6.3%	87.9%	12.1%	83.4%	16.6%	36.6%	63.4%	56.2%	43.8%
Montréal (east)	74.5%	25.5%	70.5%	29.5%	70.9%	29.1%	0.0%	100.0%	21.0%	79.0%
Laval	73.1%	26.9%	81.5%	18.5%	72.7%	27.3%	24.5%	75.5%	38.0%	62.0%
Lanaudière	60.0%	40.0%	86.4%	13.6%	83.6%	16.4%	16.1%	83.9%	12.9%	87.1%
Laurentides	65.3%	34.7%	97.8%	2.2%	74.8%	25.2%	13.2%	86.8%	39.8%	60.2%
Outaouais	93.2%	6.8%	82.1%	17.9%	79.6%	20.4%	26.0%	74.0%	26.7%	73.3%
Abitibi-Témiscamingue	78.6%	21.4%	86.4%	13.6%	89.7%	10.3%	15.3%	84.7%	6.9%	93.1%
*Mauricie	2.9%	97.1%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%
*Saguenay - Lac-Saint-Jean	47.4%	52.6%	100.0%	0.0%	78.3%	21.7%	5.6%	94.4%	5.6%	94.4%
Côte-Nord	77.7%	22.3%	82.2%	17.8%	96.3%	3.7%	0.0%	100.0%	13.7%	86.3%
*Nord-du-Québec	66.5%	33.5%	100.0%	0.0%	100.0%	0.0%	38.4%	61.6%	0.0%	100.0%
Total	86.2%	13.8%	87.0%	13.0%	83.3%	16.7%	16.1%	83.9%	34.2%	65.8%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

- 17)a
1. Were you served in English by the doctor you saw at a private office or clinic?
  2. Were you served directly in English or did you or the person you helped have to ask for service in English when you saw the doctor in a private office or clinic?
  3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or would it have been acceptable to receive the service in French?
  4. Did you or the person you helped ask for service in English? (asked of those who were served in French)
  5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- While the total English-speaking population served in English by a doctor at a private office or clinic is high (86.2%), there are wide differences between the regions with respect to language of service from Mauricie at 2.9% to Montreal (west) at 97.9%.
- 83.5% of Québec Anglophones feel it is important to be served by a doctor in English. The communities which are most likely to feel French service is acceptable are located in the Mauricie, Capitale-Nationale and Chaudière-Appalaches regions.

- The number of Anglophone respondents who were offered English service in this health situation is fairly high at 87%.
- Anglophone communities with the least likelihood of being served in English by a doctor are located in the following regions: Mauricie, Centre-du-Québec, Capitale-Nationale, Saguenay-Lac-Saint-Jean, Chaudière-Appalaches, Laurentides, Lanaudière, Nord-du-Québec, and Bas-St-Laurent.
- 16.1% of Anglophone respondents reported that they asked for service in English but were served in French. This is most likely to occur in the Nord-du-Québec, Montreal (centre) and Outaouais regions.

**Table 30 - Language of Service - Doctor in a Private Clinic or Office**

Language of Service - Doctor in Private Clinic or Office (Anglophone Respondents, by Demographic Characteristics)		served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
Variable	Characteristic	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gender	male	87.8%	12.2%	87.1%	12.9%	79.4%	20.6%	9.9%	90.1%	21.6%	78.4%
	female	84.9%	15.1%	86.7%	13.3%	87.0%	13.0%	20.6%	79.4%	44.0%	56.0%
	Total	86.3%	13.7%	86.9%	13.1%	83.3%	16.7%	16.1%	83.9%	34.2%	65.8%
Age	15 - 24	82.4%	17.6%	82.1%	17.9%	67.0%	33.0%	15.8%	84.2%	41.7%	58.3%
	25 - 44	84.8%	15.2%	83.7%	16.3%	82.4%	17.6%	23.2%	76.8%	48.1%	51.9%
	45 - 64	85.7%	14.3%	86.5%	13.5%	85.8%	14.2%	11.5%	88.5%	24.3%	75.7%
	65+	91.9%	8.1%	95.4%	4.6%	86.6%	13.4%	5.0%	95.0%	9.7%	90.3%
	Total	86.2%	13.8%	86.9%	13.1%	83.5%	16.5%	16.2%	83.8%	34.4%	65.6%
Household income	Less than \$30k	89.6%	10.4%	87.3%	12.7%	89.7%	10.3%	15.1%	84.9%	23.5%	76.5%
	\$30k-50k	87.2%	12.8%	86.0%	14.0%	83.4%	16.6%	18.1%	81.9%	39.0%	61.0%
	\$50k-70k	83.9%	16.1%	81.4%	18.6%	82.5%	17.5%	26.2%	73.8%	41.9%	58.1%
	\$70k-100k	82.2%	17.8%	89.0%	11.0%	76.9%	23.1%	14.4%	85.6%	34.7%	65.3%
	\$100k and up	87.0%	13.0%	85.9%	14.1%	81.5%	18.5%	9.7%	90.3%	40.6%	59.4%
	Total	86.1%	13.9%	85.8%	14.2%	83.1%	16.9%	17.3%	82.7%	36.5%	63.5%
Health status	excellent	85.9%	14.1%	85.6%	14.4%	76.5%	23.5%	15.4%	84.6%	29.3%	70.7%
	very good	86.2%	13.8%	89.0%	11.0%	84.9%	15.1%	11.8%	88.2%	38.3%	61.7%
	good	87.2%	12.8%	84.2%	15.8%	85.3%	14.7%	19.2%	80.8%	47.8%	52.2%
	average	84.4%	15.6%	83.5%	16.5%	89.9%	10.1%	14.8%	85.2%	15.1%	84.9%
	bad	91.2%	8.8%	98.0%	2.0%	87.6%	12.4%	80.2%	19.8%	46.6%	53.4%
	Total	86.2%	13.8%	86.8%	13.2%	83.5%	16.5%	16.1%	83.9%	34.3%	65.7%
Bilingual	Yes	83.7%	16.3%	85.8%	14.2%	76.0%	24.0%	16.8%	83.2%	34.0%	66.0%
	No	96.4%	3.6%	88.7%	11.3%	97.6%	2.4%	33.7%	66.3%	60.2%	39.8%
	Total	87.2%	12.8%	86.7%	13.3%	82.6%	17.4%	18.2%	81.8%	35.9%	64.1%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

- 17)a
1. Were you served in English by the doctor you saw at a private office or clinic?
  2. Were you served directly in English or did you or the person you helped have to ask for service in English when you saw the doctor in a private office or clinic?
  3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or would it have been acceptable to receive the service in French?
  4. Did you or the person you helped asked for service in English? (asked of those who were served in French)
  5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)



- When age groups among Anglophones surveyed are compared, those 15-24 years of age are the most likely group to ask for service in English and yet the least likely to receive service in English. Anglophones 65 and over are the least likely to ask for English service and the most likely to be served in English.
- Anglophone respondents who claimed an annual household income of less than \$30k were the most likely among household income groups to be served in English and also the most likely to find service in English very important. Those earning \$70k-\$100k were the most likely not to be served in English and the most likely to feel service in French is acceptable.
- When Anglophone respondents are compared in terms of their general state of health, those with bad health are much more likely to be served in French despite having asked for service in English.



## 4.2 Language of Service from CLSCs

Table 31 - Language of Service - CLSC (other than Info-Santé), by Region

Language of Service - CLSC (other than Info-Santé), by Region	served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gaspésie - îles-de-la-Madeleine	67.6%	32.4%	81.9%	18.1%	85.6%	14.4%	25.9%	74.1%	47.0%	53.0%
*Bas-Saint-Laurent	11.8%	88.2%	0.0%	100.0%	100.0%	0.0%	69.6%	30.4%	69.6%	30.4%
Capitale-Nationale	12.3%	87.7%	39.3%	60.7%	66.8%	33.2%	7.5%	92.5%	9.8%	90.2%
Chaudière - Appalaches	34.7%	65.3%	27.6%	72.4%	44.8%	55.2%	32.9%	67.1%	42.0%	58.0%
Estrie	67.8%	32.2%	76.9%	23.1%	83.2%	16.8%	34.1%	65.9%	64.8%	35.2%
Centre-du-Québec	23.0%	77.0%	100.0%	0.0%	74.8%	25.2%	26.4%	73.6%	17.3%	82.7%
Montréal (west)	71.5%	28.5%	80.5%	19.5%	83.1%	16.9%	20.1%	79.9%	43.7%	56.3%
Montréal (centre)	80.5%	19.5%	77.4%	22.6%	81.7%	18.3%	39.8%	60.2%	64.6%	35.4%
Montréal (east)	72.0%	28.0%	74.7%	25.3%	82.9%	17.1%	22.2%	77.8%	38.4%	61.6%
Laval	38.6%	61.4%	67.2%	32.8%	72.7%	27.3%	19.7%	80.3%	42.6%	57.4%
Lanaudière	50.4%	49.6%	60.7%	39.3%	79.7%	20.3%	14.6%	85.4%	33.3%	66.7%
Laurentides	36.5%	63.5%	76.8%	23.2%	89.1%	10.9%	20.2%	79.8%	24.3%	75.7%
Outaouais	39.1%	60.9%	64.8%	35.2%	65.2%	34.8%	36.1%	63.9%	47.6%	52.4%
Abitibi-Témiscamingue	84.9%	15.1%	73.9%	26.1%	91.8%	8.2%	22.2%	77.8%	11.4%	88.6%
*Mauricie	75.6%	24.4%	89.7%	10.3%	85.6%	14.4%	10.9%	89.1%	14.7%	85.3%
*Saguenay - Lac-Saint-Jean	4.1%	95.9%	100.0%	0.0%	0.0%	100.0%	52.1%	47.9%	10.6%	89.4%
Côte-Nord	14.5%	85.5%	100.0%	0.0%	22.3%	77.7%	26.4%	73.6%	17.3%	82.7%
*Nord-du-Québec	71.9%	28.1%	93.5%	6.5%	96.1%	3.9%	3.7%	96.3%	61.4%	38.6%
Total	97.0%	3.0%	92.3%	7.7%	87.6%	12.4%	100.0%	0.0%	100.0%	0.0%
	66.7%	33.3%	75.8%	24.2%	82.6%	17.4%	23.6%	76.4%	40.5%	59.5%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

- 17)b 1. Were you served in English at the CLSC, other than Info Santé or Info Health line?  
 2. Were you served directly in English or did you or the person you helped have to ask for service in English at the CLSC, other than Info Santé or Info Health line?  
 3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?  
 4. Did you or the person you helped asked for service in English? (asked of those who were served in French)  
 5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- 66.7% of the English-speaking respondents received service in English at a CLSC. There are wide differences between the regions, with Mauricie at a low of 4.1% and Nord-du-Québec at a high of 97%.
- 82.6% of Québec Anglophones feel it is important to be served in English at a CLSC. The communities who are most likely to feel French is acceptable are located in the Mauricie, Saguenay-Lac-Saint-Jean and Chaudière-Appalaches regions.

- The percentage of the Anglophones surveyed who were offered service in English at a CLSC is 75.8%. Those Anglophone communities located in Bas-Saint-Laurent, Capitale-Nationale and Chaudières-Appalaches were highly unlikely to receive the offer of service in English, were much more likely than those in other regions to ask for English service and were highly unlikely to be served in English.
- There is a wide difference within the Montreal region. 80.5% of English-speaking respondents in Montreal (west) received CLSC services in English, compared to 38.6% of respondents in Montreal (east).
- 23.6% of Anglophone respondents asked for service in English but were served in French. This was most likely to occur to those residing in the Nord-du-Québec, Bas-Saint-Laurent and Mauricie regions.



Table 32 - Language of Service - CLSCs other than Info-Santé

Language of Service - CLSC, other than Info-Santé or Info-Health line (Anglophone Respondents, by Demographic Characteristics)		served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
Variable	Characteristic	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gender	male	69.3%	30.7%	75.1%	24.9%	80.6%	19.4%	21.5%	78.5%	35.1%	64.9%
	female	64.8%	35.2%	76.3%	23.7%	84.6%	15.4%	25.1%	74.9%	44.5%	55.5%
	Total	66.9%	33.1%	75.7%	24.3%	82.7%	17.3%	23.6%	76.4%	40.5%	59.5%
Age	15 - 24	55.6%	44.4%	50.1%	49.9%	74.7%	25.3%	15.1%	84.9%	35.7%	64.3%
	25 - 44	60.6%	39.4%	75.6%	24.4%	79.3%	20.7%	22.5%	77.5%	43.0%	57.0%
	45 - 64	70.3%	29.7%	72.3%	27.7%	87.6%	12.4%	28.4%	71.6%	40.4%	59.6%
	65+	77.5%	22.5%	88.8%	11.2%	86.8%	13.2%	22.6%	77.4%	35.9%	64.1%
	Total	66.5%	33.5%	75.7%	24.3%	83.6%	16.4%	23.6%	76.4%	40.6%	59.4%
Household income	Less than \$30k	76.8%	23.2%	72.9%	27.1%	80.5%	19.5%	36.8%	63.2%	45.2%	54.8%
	\$30k-50k	70.2%	29.8%	74.1%	25.9%	81.7%	18.3%	20.3%	79.7%	43.5%	56.5%
	\$50k-70k	58.4%	41.6%	78.5%	21.5%	89.0%	11.0%	24.1%	75.9%	45.1%	54.9%
	\$70k-100k	60.9%	39.1%	69.1%	30.9%	78.8%	21.2%	11.5%	88.5%	24.9%	75.1%
	\$100k and up	65.8%	34.2%	82.2%	17.8%	84.6%	15.4%	25.6%	74.4%	39.0%	61.0%
Total	67.3%	32.7%	74.8%	25.2%	82.5%	17.5%	23.1%	76.9%	39.3%	60.7%	
Health status	excellent	61.5%	38.5%	83.1%	16.9%	74.3%	25.7%	20.4%	79.6%	42.0%	58.0%
	very good	67.2%	32.8%	73.5%	26.5%	84.4%	15.6%	24.0%	76.0%	40.1%	59.9%
	good	67.4%	32.6%	76.9%	23.1%	84.5%	15.5%	17.1%	82.9%	33.6%	66.4%
	average	69.7%	30.3%	66.4%	33.6%	88.7%	11.3%	34.2%	65.8%	36.1%	63.9%
	bad	78.4%	21.6%	81.8%	18.2%	90.7%	9.3%	50.4%	49.6%	87.9%	12.1%
Total	66.6%	33.4%	75.7%	24.3%	83.0%	17.0%	23.6%	76.4%	40.5%	59.5%	
Bilingual	Yes	55.9%	44.1%	73.8%	26.2%	73.0%	27.0%	20.7%	79.3%	37.4%	62.6%
	No	91.5%	8.5%	78.7%	21.3%	95.5%	4.5%	72.3%	27.7%	93.8%	6.2%
	Total	66.7%	33.3%	75.9%	24.1%	82.5%	17.5%	24.7%	75.3%	42.5%	57.5%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

- 17)b 1. Were you served in English at the CLSC, other than Info Santé or Info Health line?  
 2. Were you served directly in English or did you or the person you helped have to ask for service in English at the CLSC, other than Info Santé or Info Health line?  
 3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?  
 4. Did you or the person you helped asked for service in English? (asked of those who were served in French)  
 5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- When age groups among Québec Anglophones are compared, those in the 15-24 age group are the least likely to be served in English, the least likely to receive an offer of English service and are more than twice as likely as other age groups to request English service.
- Anglophones 65 years of age and older are those most likely to be served in English and to receive an offer of English service in this health situation.
- When Anglophones are compared in terms of their general state of health, those who assess their health as poor were the least likely to receive English service and were the most likely to be served in French despite having asked for service in English.

### 4.3 Language of Service from Info-Santé

**Table 33 - Language of Service - Info-santé, by Region**

Language of Service - Info-santé, by Region	served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gaspésie - îles-de-la-Madeleine	88.2%	11.8%	86.0%	14.0%	81.1%	18.9%	0.0%	100.0%	45.3%	54.7%
*Bas-Saint-Laurent	31.6%	68.4%	50.0%	50.0%	50.0%	50.0%	11.5%	88.5%	76.4%	23.6%
Capitale-Nationale	21.9%	78.1%	0.0%	100.0%	57.0%	43.0%	5.6%	94.4%	16.5%	83.5%
Chaudière - Appalaches	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	28.4%	71.6%	85.8%	14.2%
Estrie	59.0%	41.0%	41.7%	58.3%	95.6%	4.4%	42.0%	58.0%	43.1%	56.9%
Centre-du-Québec	16.8%	83.2%	36.3%	63.7%	63.7%	36.3%	35.6%	64.4%	58.0%	42.0%
Montérégie	62.5%	37.5%	67.2%	32.8%	90.3%	9.7%	46.5%	53.5%	35.2%	64.8%
Montreal (west)	81.5%	18.5%	72.1%	27.9%	85.7%	14.3%	41.2%	58.8%	45.9%	54.1%
Montreal (centre)	68.6%	31.4%	70.2%	29.8%	89.8%	10.2%	22.6%	77.4%	37.7%	62.3%
Montreal (east)	48.3%	51.7%	40.8%	59.2%	94.5%	5.5%	42.6%	57.4%	48.8%	51.2%
Laval	47.0%	53.0%	49.7%	50.3%	91.2%	8.8%	9.5%	90.5%	29.8%	70.2%
Lanaudière	21.1%	78.9%	80.9%	19.1%	90.5%	9.5%	14.3%	85.7%	13.9%	86.1%
Laurentides	36.1%	63.9%	42.5%	57.5%	83.9%	16.1%	27.2%	72.8%	56.5%	43.5%
Outaouais	92.4%	7.6%	68.1%	31.9%	96.5%	3.5%	58.8%	41.2%	91.3%	8.7%
Abitibi-Témiscamingue	56.1%	43.9%	24.7%	75.3%	80.4%	19.6%	27.5%	72.5%	59.3%	40.7%
*Mauricie	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	0.0%	100.0%	0.0%	100.0%
*Saguenay - Lac-Saint-Jean	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	0.0%	100.0%	18.2%	81.8%
Côte-Nord	57.4%	42.6%	71.2%	28.8%	79.0%	21.0%	6.1%	93.9%	5.8%	94.2%
*Nord-du-Québec	56.0%	44.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Total	63.0%	37.0%	64.7%	35.3%	89.1%	10.9%	28.9%	71.1%	41.2%	58.8%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

- 17c 1. Were you served in English by the person you spoke to at Info Santé or Info Health line?
2. Were you served directly in English or did you or the person you helped have to ask for service in English when you spoke to the person on Info Santé or Info Health line?
  3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?
  4. Did you or the person you helped asked for service in English? (asked of those who were served in French)
  5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- 63% of Anglophone respondents were served in English by the person they spoke to at Info-Santé or an information health line. The differences between the regions in terms of service in English range from no service in English at all for Anglophones in Chaudière-Appalaches, Mauricie and Saguenay-Lac-Saint-Jean to 92.4% of Anglophones in the Outaouais and 88.2% in the Gaspésie-Îles-de-la-Madeleine regions.

- 89.1% of Québec Anglophones feel it is important to be served in English by Info-Santé. The communities which are least likely to feel French is acceptable are located in the Nord-du-Québec, Outaouais, Estrie and Montreal (east) regions.
- The regions of Québec where Anglophones were the least likely to have been served in English by the person who served them at Info-Santé are Bas-Saint-Laurent, Capitale-Nationale, Chaudière-Appalaches, Centre-du-Québec, Montreal (east), Laval, Lanaudière, Laurentides, Mauricie and Saguenay-Lac-Saint-Jean.
- The percentage of Anglophone respondents who were offered service in English by the person they spoke to at Info-Santé is 64.7%. Those English-speaking communities located in Capitale-Nationale, Abitibi-Témiscamingue, Centre-du-Québec, Montreal (east), Estrie, Laurentides, Bas-Saint-Laurent and Laval were the least likely to receive the offer of service in English. These same communities were more likely to ask for service in English.
- There is a significant difference within the Montreal region. 81.5% of English-speaking respondents in Montreal (west) received Info-Santé services in English, compared to 48.3% of respondents in Montreal (east).
- 28.9% of Québec Anglophones were served in French despite asking for service in English. This occurred most frequently in the Outaouais, Montérégie, Estrie, Montreal (east), Montreal (west) and Centre-du-Québec regions.



**Table 34 - Language of Service - Info-Santé**

Language of Service - Info-Santé or Info-Health line (Anglophone Respondents, by Demographic Characteristics)		served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
Variable	Characteristic	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
<b>Gender</b>	male	64.2%	35.8%	66.6%	33.4%	88.4%	11.6%	21.0%	79.0%	42.7%	57.3%
	female	62.3%	37.7%	63.5%	36.5%	89.6%	10.4%	33.2%	66.8%	40.3%	59.7%
	Total	63.0%	37.0%	64.7%	35.3%	89.1%	10.9%	28.9%	71.1%	41.2%	58.8%
<b>Age</b>	15 - 24	40.7%	59.3%	48.8%	51.2%	57.3%	42.7%	31.7%	68.3%	21.2%	78.8%
	25 - 44	60.6%	39.4%	60.9%	39.1%	89.8%	10.2%	26.4%	73.6%	40.5%	59.5%
	45 - 64	70.2%	29.8%	75.6%	24.4%	95.2%	4.8%	37.3%	62.7%	52.7%	47.3%
	65+	75.2%	24.8%	66.7%	33.3%	85.6%	14.4%	8.3%	91.7%	39.4%	60.6%
	Total	62.9%	37.1%	65.3%	34.7%	89.5%	10.5%	28.6%	71.4%	40.8%	59.2%
<b>Household income</b>	Less than \$30k	60.2%	39.8%	60.1%	39.9%	81.4%	18.6%	23.8%	76.2%	44.8%	55.2%
	\$30k-50k	65.0%	35.0%	62.7%	37.3%	94.0%	6.0%	34.8%	65.2%	50.7%	49.3%
	\$50k-70k	53.2%	46.8%	63.4%	36.6%	89.6%	10.4%	28.1%	71.9%	55.3%	44.7%
	\$70k-100k	59.0%	41.0%	67.5%	32.5%	92.7%	7.3%	31.5%	68.5%	30.5%	69.5%
	\$100k and up	73.2%	26.8%	67.2%	32.8%	86.9%	13.1%	29.5%	70.5%	25.1%	74.9%
	Total	62.3%	37.7%	64.3%	35.7%	89.1%	10.9%	29.5%	70.5%	43.1%	56.9%
<b>Health status</b>	excellent	64.3%	35.7%	62.2%	37.8%	90.2%	9.8%	23.4%	76.6%	31.5%	68.5%
	very good	66.3%	33.7%	69.9%	30.1%	87.4%	12.6%	40.4%	59.6%	50.9%	49.1%
	good	53.2%	46.8%	61.0%	39.0%	91.7%	8.3%	22.7%	77.3%	37.9%	62.1%
	average	60.4%	39.6%	53.7%	46.3%	85.4%	14.6%	26.8%	73.2%	40.5%	59.5%
	bad	84.4%	15.6%	81.3%	18.7%	100.0%	0.0%	8.9%	91.1%	75.0%	25.0%
	Total	62.9%	37.1%	64.7%	35.3%	89.4%	10.6%	29.0%	71.0%	41.2%	58.8%
<b>Bilingual</b>	Yes	57.8%	42.2%	61.2%	38.8%	85.7%	14.3%	21.9%	78.1%	30.9%	69.1%
	No	85.5%	14.5%	76.2%	23.8%	97.7%	2.3%	80.7%	19.3%	58.9%	41.1%
	Total	63.8%	36.2%	65.5%	34.5%	89.1%	10.9%	27.0%	73.0%	33.7%	66.3%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

- 17c. 1. Were you served in English by the person you spoke to at Info Santé or Info Health line?  
 2. Were you served directly in English or did you or the person you helped have to ask for service in English when you spoke to the person on Info Santé or Info Health line?  
 3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?  
 4. Did you or the person you helped asked for service in English? (asked of those who were served in French)  
 5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- When age groups among Québec Anglophones are compared, those 15-24 years of age are the least likely to be served in English by Info-Santé and the least likely to receive the offer of English service. They are also the most likely amongst all age groups to feel French is acceptable.
- Those Anglophones who are 65 years of age and older are the group most frequently served in English although they are low users of Info-Santé.

- Anglophone respondents who are 25-44 years of age were the group most frequently served in French despite asking for service in English.
- Those whose household income is \$100k and higher are more likely to receive service in English from Info-Santé than any other household income group.
- Those Anglophone respondents whose household income is less than \$30k were the most likely to feel service in French from the person they spoke with at Info-Santé was acceptable.
- When Anglophones are compared in terms of their general state of health, those who assess their health as poor are most frequently served in English by Info-Santé, most likely to be offered service in English, and feel most strongly that English is important.





#### 4.4 Language of Service from Hospital Emergency Rooms or Out-patient Clinics

Table 35 - Language of Service - Hospital Emergency Room or Out-patient Clinic, by Region

Language of Service - Hospital Emergency Room or Out-patient Clinic, by Region	served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
	yes	no	served directly	had to ask	was very important	French acceptable	yes	no	was very important	French was acceptable
Gaspésie - Îles-de-la-Madeleine	48.7%	51.3%	83.6%	16.4%	86.6%	13.4%	21.1%	78.9%	41.8%	58.2%
*Bas-Saint-Laurent	3.2%	96.8%	100.0%	0.0%	100.0%	0.0%	36.6%	63.4%	58.7%	41.3%
Capitale-Nationale	12.5%	87.5%	53.9%	46.1%	59.7%	40.3%	5.0%	95.0%	26.0%	74.0%
Chaudière - Appalaches	19.8%	80.2%	27.7%	72.3%	100.0%	0.0%	23.5%	76.5%	47.3%	52.7%
Estrie	51.4%	48.6%	67.9%	32.1%	81.7%	18.3%	38.6%	61.4%	51.0%	49.0%
Centre-du-Québec	19.4%	80.6%	72.0%	28.0%	100.0%	0.0%	25.4%	74.6%	61.0%	39.0%
Montréal (west)	85.9%	14.1%	85.0%	15.0%	86.5%	13.5%	37.4%	62.6%	63.9%	36.1%
Montréal (centre)	79.0%	21.0%	84.5%	15.5%	80.9%	19.1%	34.8%	65.2%	54.2%	45.8%
Montréal (east)	49.4%	50.6%	65.0%	35.0%	89.8%	10.2%	28.4%	71.6%	54.0%	46.0%
Laval	49.2%	50.8%	76.5%	23.5%	85.2%	14.8%	31.3%	68.7%	47.6%	52.4%
Lanaudière	46.5%	53.5%	68.3%	31.7%	72.1%	27.9%	31.5%	68.5%	40.1%	59.9%
Laurentides	55.7%	44.3%	76.0%	24.0%	89.9%	10.1%	20.8%	79.2%	42.3%	57.7%
Outaouais	84.2%	15.8%	76.7%	23.3%	85.6%	14.4%	68.5%	31.5%	67.7%	32.3%
Abitibi-Témiscamingue	84.5%	15.5%	94.1%	5.9%	89.7%	10.3%	13.3%	86.7%	40.1%	59.9%
*Mauricie	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	17.9%	82.1%	17.9%	82.1%
*Saguenay - Lac-Saint-Jean	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	0.0%	100.0%	27.4%	72.6%
Côte-Nord	64.1%	35.9%	84.8%	15.2%	92.5%	7.5%	46.2%	53.8%	82.4%	17.6%
*Nord-du-Québec	74.4%	25.6%	100.0%	0.0%	82.8%	17.2%	50.0%	50.0%	50.0%	50.0%
Total	70.3%	29.7%	81.1%	18.9%	84.0%	16.0%	32.3%	67.7%	54.6%	45.4%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

- 17d
1. Were you served in English at the hospital emergency room or out-patient clinic?
  2. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital emergency room or out-patient clinic?
  3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?
  4. Did you or the person you helped asked for service in English? (asked of those who were served in French)
  5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- 70.3% of Anglophones surveyed reported they were served in English at the hospital emergency room or out-patient clinic. The proportion of Anglophones who were served in English in this health situation ranges from a low 3.2% in Bas-Saint-Laurent to 85.9% in Montreal (west).

- Of those Anglophones who did receive service in English, 84.1% found service in English to be important. Of those who received service in English, 15.9% found French acceptable.
- Of the Anglophone respondents who received service in English in the hospital emergency or out-patient clinic, 81% were offered English service and 19% asked for service in English.
- Of those Anglophones who were served in French, 32.2% had asked for service in English. 54.8% of this group thought English service was important.
- There is wide range of access to emergency and out-patient services in English in the Montreal region. 85.9% of respondents in Montreal (west) received these services in English, compared to 49.4% of Montreal (east) respondents.
- Those English-speaking communities most likely to be served in English at the hospital emergency or out-patient clinic are located in the following regions: Outaouais, Abitibi-Témiscamingue, Montreal (west) and Montreal (centre).
- Those English-speaking communities least likely to be served in English in this health situation are located in the following regions: Mauricie, Saguenay-Lac-Saint-Jean, Bas-Saint-Laurent, Capitale-Nationale, Centre-du-Québec, Chaudière-Appalaches, Gaspésie-Îles-de-la-Madeleine, Montreal (east), Laval, Laurentides, and Lanaudière.



**Table 36 - Language of Service - Hospital Emergency Room or Out-patient Clinics**

Language of Service - Hospital Emergency Room or Out-patient Clinic (Anglophone Respondents, by Demographic Characteristics)		served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
Variable	Characteristic	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gender	male	68.6%	31.4%	78.5%	21.5%	82.3%	17.7%	26.4%	73.6%	51.7%	48.3%
	female	71.7%	28.3%	83.0%	17.0%	85.5%	14.5%	37.5%	62.5%	57.6%	42.4%
	Total	70.3%	29.7%	81.0%	19.0%	84.1%	15.9%	32.2%	67.8%	54.8%	45.2%
Age	15 - 24	73.8%	26.2%	85.9%	14.1%	54.6%	45.4%	20.6%	79.4%	48.8%	51.2%
	25 - 44	63.0%	37.0%	74.4%	25.6%	83.2%	16.8%	34.4%	65.6%	60.7%	39.3%
	45 - 64	71.3%	28.7%	83.7%	16.3%	90.9%	9.1%	35.4%	64.6%	51.9%	48.1%
	65+	86.9%	13.1%	87.9%	12.1%	84.0%	16.0%	13.0%	87.0%	36.8%	63.2%
	Total	70.6%	29.4%	81.3%	18.7%	84.3%	15.7%	32.4%	67.6%	55.1%	44.9%
Household income	Less than \$30k	70.1%	29.9%	76.5%	23.5%	83.6%	16.4%	36.6%	63.4%	53.7%	46.3%
	\$30k-50k	74.8%	25.2%	79.0%	21.0%	86.9%	13.1%	21.2%	78.8%	46.0%	54.0%
	\$50k-70k	74.4%	25.6%	81.0%	19.0%	83.0%	17.0%	37.7%	62.3%	57.6%	42.4%
	\$70k-100k	65.6%	34.4%	77.1%	22.9%	81.4%	18.6%	21.7%	78.3%	51.9%	48.1%
	\$100k and up	60.7%	39.3%	85.4%	14.6%	81.9%	18.1%	38.3%	61.7%	62.7%	37.3%
Total	69.5%	30.5%	79.7%	20.3%	83.6%	16.4%	31.5%	68.5%	54.9%	45.1%	
Health status	excellent	70.3%	29.7%	79.2%	20.8%	76.3%	23.7%	35.6%	64.4%	52.5%	47.5%
	very good	67.4%	32.6%	83.3%	16.7%	86.3%	13.7%	22.4%	77.6%	50.6%	49.4%
	good	70.7%	29.3%	77.9%	22.1%	85.0%	15.0%	34.5%	65.5%	64.6%	35.4%
	average	75.6%	24.4%	77.8%	22.2%	87.4%	12.6%	42.8%	57.2%	49.2%	50.8%
	bad	77.9%	22.1%	95.6%	4.4%	94.1%	5.9%	80.3%	19.7%	91.3%	8.7%
Total	70.3%	29.7%	81.0%	19.0%	84.1%	15.9%	32.1%	67.9%	54.8%	45.2%	
Bilingual	Yes	65.8%	34.2%	82.8%	17.2%	76.9%	23.1%	27.7%	72.3%	52.5%	47.5%
	No	87.9%	12.1%	82.0%	18.0%	92.8%	7.2%	70.0%	30.0%	84.8%	15.2%
	Total	71.5%	28.5%	82.6%	17.4%	81.9%	18.1%	32.5%	67.5%	56.6%	43.4%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

- 17d 1. Were you served in English at the hospital emergency room or out-patient clinic?  
 2. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital emergency room or out-patient clinic?  
 3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?  
 4. Did you or the person you helped asked for service in English? (asked of those who were served in French)  
 5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- When age groups are compared, respondents who were 65 and over were the most likely group to receive service in English and the least likely group to have requested English service.
- Anglophone men served in English were slightly more likely to have asked for English service. Anglophone women were more likely than men to be served in French despite having asked for service in English.

- Among the Anglophones served in English in this health situation, those who assess their general state of health as poor, are more likely than others to be served in English, more likely to be offered service in English and feel strongly that English is important.
- Among the Anglophones surveyed who were served in French, those who assessed their health as poor were more than twice as likely as those in other health categories to be served in French despite having asked for service in English. They were also the group most likely to feel that service in English is important.

#### 4.5 Language of Service During an Overnight Hospital Stay

Table 37 - Language of Service - Hospital Overnight Stay, by Region

Language of Service - Hospital Overnight Stay, by Region	served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
Gaspésie - Îles-de-la-Madeleine	39.8%	60.2%	65.1%	34.9%	93.9%	6.1%	18.1%	81.9%	51.9%	48.1%
*Bas-Saint-Laurent	11.3%	88.7%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	51.1%	48.9%
Capitale-Nationale	16.8%	83.2%	100.0%	0.0%	0.0%	100.0%	24.9%	75.1%	26.6%	73.4%
Chaudière - Appalaches	39.8%	60.2%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	70.8%	29.2%
Estrie	52.5%	47.5%	69.9%	30.1%	92.6%	7.4%	40.0%	60.0%	66.5%	33.5%
Centre-du-Québec	16.7%	83.3%	50.0%	50.0%	100.0%	0.0%	11.7%	88.3%	32.2%	67.8%
Montérégie	74.5%	25.5%	68.4%	31.6%	89.0%	11.0%	31.5%	68.5%	54.2%	45.8%
Montreal (west)	93.6%	6.4%	79.5%	20.5%	84.1%	15.9%	33.7%	66.3%	60.9%	39.1%
Montreal (centre)	80.9%	19.1%	89.1%	10.9%	90.4%	9.6%	31.2%	68.8%	49.9%	50.1%
Montreal (east)	55.1%	44.9%	59.7%	40.3%	100.0%	0.0%	33.8%	66.2%	70.7%	29.3%
Laval	53.3%	46.7%	71.2%	28.8%	72.8%	27.2%	40.7%	59.3%	67.9%	32.1%
Lanaudière	33.8%	66.2%	35.6%	64.4%	64.3%	35.7%	40.8%	59.2%	42.2%	57.8%
Laurentides	64.7%	35.3%	88.8%	11.2%	100.0%	0.0%	48.5%	51.5%	65.9%	34.1%
Outaouais	75.7%	24.3%	83.0%	17.0%	79.7%	20.3%	35.2%	64.8%	46.2%	53.8%
Abitibi-Témiscamingue	65.1%	34.9%	96.5%	3.5%	75.6%	24.4%	19.3%	80.7%	59.5%	40.5%
*Mauricie	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	0.0%	100.0%	0.0%	100.0%
*Saguenay - Lac-Saint-Jean	0.0%	100.0%	n/a!	n/a!	n/a!	n/a!	0.0%	100.0%	33.3%	66.7%
Côte-Nord	76.3%	23.7%	93.9%	6.1%	96.8%	3.2%	49.8%	50.2%	61.9%	38.1%
*Nord-du-Québec	76.1%	23.9%	46.9%	53.1%	100.0%	0.0%	0.0%	100.0%	19.9%	80.1%
Total	74.1%	25.9%	79.8%	20.2%	88.0%	12.0%	32.5%	67.5%	54.7%	45.3%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

- 17e
1. Were you served in English at the hospital when you stayed overnight for at least one night?
  2. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital when you stayed overnight for at least one night?
  3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?
  4. Did you or the person you helped asked for service in English? (asked of those who were served in French)
  5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- 74.1% of Anglophone respondents were served in English when they stayed overnight at a hospital for at least one night. The proportion of the Anglophone population who were served in English in this health situation ranges from 11.3% in Bas-Saint-Laurent to 93.6% in the Montreal (west) region.
- Among those Anglophones who received service in English, 88% found English service to be important. 12% found French to be acceptable in this health situation.
- Anglophones who received English service while staying at a hospital for one night or more, 79.8% were offered service in English while 20.2% requested English.
- In the Montreal region, there is range of access to hospital services in English that require an overnight stay. 93.6% of respondents in Montreal (west) received these services in English, compared to 55.1% of Montreal (east) respondents.
- Of those Anglophone respondents who were served in French, 32.5% had asked for service in English. 54.7% of this group felt being served in English was important.
- Those English-speaking communities most likely to be served in English during a hospital stay are located in the following regions: Montreal (west) and Montreal (centre).
- Those English-speaking communities least likely to be served in English during a hospital stay for one night or more are located in the following regions: Mauricie, Saguenay-Lac-Saint-Jean, Bas-Saint-Laurent, Centre-du-Québec, Capitale-Nationale, Lanaudière, Chaudières-Appalaches, Gaspésie-Îles-de-la-Madeleine, Estrie, Laval and Montreal (east).



**Table 38 - Language of Service - Overnight Hospital Stay**

Language of Service - Hospital Overnight Stay (Anglophone Respondents, by Demographic Characteristics)		served in English?		offer of service in English or asked for service?		important to have been served in English?		served in French, requested service in English?		served in French, would English service have been important?	
Variable	Characteristic	yes	no	offered	asked	was very important	French acceptable	yes	no	was very important	French was acceptable
<b>Gender</b>	male	76.4%	23.6%	82.9%	17.1%	88.1%	11.9%	27.7%	72.3%	44.0%	56.0%
	female	72.5%	27.5%	77.4%	22.6%	88.1%	11.9%	34.6%	65.4%	60.2%	39.8%
	Total	74.1%	25.9%	79.7%	20.3%	88.1%	11.9%	32.0%	68.0%	53.9%	46.1%
<b>Age</b>	15 - 24	70.2%	29.8%	84.9%	15.1%	77.0%	23.0%	15.4%	84.6%	44.5%	55.5%
	25 - 44	73.3%	26.7%	72.6%	27.4%	87.7%	12.3%	42.7%	57.3%	69.8%	30.2%
	45 - 64	74.2%	25.8%	84.2%	15.8%	92.3%	7.7%	33.7%	66.3%	51.0%	49.0%
	65+	79.3%	20.7%	83.5%	16.5%	86.9%	13.1%	13.3%	86.7%	34.2%	65.8%
	Total	74.4%	25.6%	79.8%	20.2%	88.5%	11.5%	33.1%	66.9%	55.5%	44.5%
<b>Household income</b>	Less than \$30k	71.3%	28.7%	78.2%	21.8%	88.1%	11.9%	29.2%	70.8%	52.1%	47.9%
	\$30k-50k	75.3%	24.7%	81.6%	18.4%	85.8%	14.2%	33.7%	66.3%	53.8%	46.2%
	\$50k-70k	78.7%	21.3%	74.8%	25.2%	90.3%	9.7%	38.5%	61.5%	63.9%	36.1%
	\$70k-100k	73.7%	26.3%	80.9%	19.1%	92.6%	7.4%	40.2%	59.8%	56.8%	43.2%
	\$100k and up	70.9%	29.1%	84.5%	15.5%	85.3%	14.7%	33.6%	66.4%	56.5%	43.5%
	Total	73.9%	26.1%	79.8%	20.2%	88.2%	11.8%	34.2%	65.8%	55.9%	44.1%
<b>Health status</b>	excellent	69.9%	30.1%	84.8%	15.2%	83.7%	16.3%	17.1%	82.9%	48.3%	51.7%
	very good	74.9%	25.1%	80.1%	19.9%	89.5%	10.5%	40.5%	59.5%	50.0%	50.0%
	good	72.8%	27.2%	73.0%	27.0%	83.5%	16.5%	29.9%	70.1%	61.7%	38.3%
	average	77.7%	22.3%	72.5%	27.5%	96.2%	3.8%	36.8%	63.2%	58.5%	41.5%
	bad	83.6%	16.4%	92.9%	7.1%	92.6%	7.4%	78.1%	21.9%	87.3%	12.7%
Total	74.0%	26.0%	79.6%	20.4%	88.1%	11.9%	32.0%	68.0%	53.9%	46.1%	
<b>Bilingual</b>	Yes	67.4%	32.6%	80.8%	19.2%	83.0%	17.0%	27.5%	72.5%	47.5%	52.5%
	No	83.9%	16.1%	78.1%	21.9%	95.5%	4.5%	46.2%	53.8%	76.3%	23.7%
	Total	72.5%	27.5%	79.8%	20.2%	87.5%	12.5%	30.9%	69.1%	52.0%	48.0%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

- 17e
1. Were you served in English at the hospital when you stayed overnight for at least one night?
  2. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital when you stayed overnight for at least one night?
  3. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?
  4. Did you or the person you helped asked for service in English? (asked of those who were served in French)
  5. Considering the situation, do you feel it would have been VERY IMPORTANT to receive the service in English or was receiving service in French acceptable? (asked of those who were served in French)

- When age groups are compared, those in the 25-44 age group were the most likely to report being served in French despite having asked for service in English. Among the Anglophone respondents who received service in French, they are also the age group most likely to feel English service is important. Amongst those who received service in English, those in this age group were the most likely to request English service.

- Anglophone women are more likely than men to have been served in French, despite asking for service in English and are more likely than men to feel English is important in this health situation.
- Those with a poor health status were more likely than those in better health to receive service in English and to have English service offered. Among those in poor health who were served in French, a high percentage had asked for service in English and felt English during their hospital stay was important.



## 4.6 Reluctance to Request Services in English

The CHSSN-CROP survey explored the barriers Anglophones might encounter in requesting service in English by asking those who expressed discomfort in doing so to explain their reasons why.

**Table 39 - Requesting Services in English - Comfort Level and Barriers**

Requesting Services in English - Being Comfortable and Barriers to Making the Request										
Region	uncomfortable asking for services in English	Reason given for being uncomfortable to ask for services in English								
		shy to ask	fear answer will be no	request impose burden	a delay may occur	staff is francophone	staff attitude (racism)	better served in French	I am bilingual	feel like speaking French
Gaspésie - Îles-de-la-Madeleine	29.6%	19.6%	9.1%	27.7%	24.0%	4.7%	0.4%	4.7%	6.1%	3.6%
*Bas-Saint-Laurent	47.2%	0.0%	9.9%	13.1%	4.6%	30.1%	0.0%	3.3%	23.5%	15.6%
Capitale-Nationale	41.4%	15.2%	18.5%	34.2%	15.1%	7.7%	2.5%	0.8%	4.5%	1.5%
Chaudière - Appalaches	43.0%	7.5%	32.2%	14.8%	11.0%	27.1%	3.7%	0.0%	3.7%	0.0%
Estrie	19.6%	11.9%	12.6%	27.9%	20.9%	15.2%	6.7%	2.7%	0.0%	2.2%
Centre-du-Québec	30.0%	7.9%	15.0%	36.2%	29.7%	7.9%	0.0%	0.0%	3.2%	0.0%
Montérégie	15.8%	22.3%	14.5%	25.5%	26.4%	3.5%	2.9%	1.7%	0.0%	3.3%
Montreal (west)	11.2%	21.1%	8.9%	31.6%	19.3%	5.5%	8.6%	1.7%	3.4%	0.0%
Montreal (centre)	16.8%	19.8%	17.9%	23.4%	20.7%	3.7%	6.4%	4.4%	2.7%	0.9%
Montreal (east)	25.9%	13.8%	16.8%	16.3%	20.8%	13.4%	0.0%	7.9%	4.5%	6.4%
Laval	26.4%	11.1%	19.5%	19.2%	26.6%	11.4%	4.5%	7.7%	0.0%	0.0%
Lanaudière	25.1%	14.8%	14.0%	23.5%	31.8%	10.3%	0.0%	1.2%	4.4%	0.0%
Laurentides	22.8%	6.5%	14.0%	38.7%	20.9%	2.6%	4.4%	0.4%	8.1%	4.3%
Outaouais	11.3%	15.3%	11.6%	15.3%	32.5%	10.8%	4.8%	6.0%	0.0%	3.7%
Abitibi-Témiscamingue	8.1%	0.0%	15.5%	47.8%	18.4%	11.2%	0.0%	0.0%	7.0%	0.0%
*Mauricie	29.9%	7.4%	0.0%	34.3%	24.0%	7.4%	0.0%	0.0%	27.0%	0.0%
*Saguenay - Lac-Saint-Jean	21.5%	0.0%	7.4%	7.3%	40.6%	14.8%	0.0%	30.0%	0.0%	0.0%
Côte-Nord	19.5%	17.0%	39.6%	12.7%	9.7%	1.5%	0.0%	19.5%	0.0%	0.0%
*Nord-du-Québec	1.6%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	17.7%	17.1%	15.8%	24.7%	22.3%	6.8%	4.4%	4.0%	2.8%	2.1%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

21) When you require the service of a public health or social services institution, do you feel comfortable asking for the service in English?

22) Is this because ...

- The largest percentage of Anglophone respondents said this was because they felt their request for service would impose a burden (24.7%), followed by feeling a delay may occur (22.3%), embarrassed/shy to ask (17.1%), fear answer will be no (15.8%), staff Francophone (6.8%), I am bilingual or feel I can speak French (4.9%) staff attitude (4.4%), or better served in French (4.0%).
- The highest level of discomfort in asking for services in English was found among Anglophones living in Bas-Saint-Laurent, Chaudière-Appalaches, Capitale-Nationale,



Centre-du-Québec, Mauricie, Gaspésie-Îles-de-la-Madeleine, Laval, Montreal (east), and the Lanaudière regions.

- Nord-du-Québec, Abitibi-Témiscamingue, Montreal (west), and the Outaouais were the regions where Anglophones experienced the least discomfort.
- In the Montreal region, 11.2% of respondents in Montreal (west) were uncomfortable asking for services in English, while 25.9% of respondents in Montreal (east) were uncomfortable.

Region	Reasons cited most often for being uncomfortable about requesting services in English
Gaspésie -Îles-de-la-Madeleine	✓ Bilingual, better served in French
Bas-Saint-Laurent	✓ Staff francophone, bilingual
Capitale-Nationale	✓ Bilingual, request imposes a burden
Chaudière - Appalaches	✓ Staff francophone, fear answer will be no
Estrie	✓ Staff francophone, staff attitude, request imposes a burden
Centre-du-Québec	✓ Request imposes a burden, a delay may occur, staff francophone
Montérégie	✓ Feel like speaking French, embarrassed to ask, a delay may occur
Montreal (west)	✓ Staff attitude, request imposes a burden, embarrassed to ask
Montreal (centre)	✓ Lack of confidence in French, Staff attitude, embarrassed to ask
Montreal (east)	✓ Feel like speaking French, better served in French, staff francophone
Laval	✓ Better served in French, staff francophone, fear answer will be no
Lanaudière	✓ Bilingual, staff francophone, delay may occur
Laurentides	✓ Bilingual, feel like speaking French, request imposes a burden
Outaouais	✓ Feel like speaking French, staff francophone, better served in French
Abitibi-Témiscamingue	✓ Bilingual, request imposes a burden staff francophone
Mauricie	✓ Bilingual (9x> other regions), request imposes a burden
Saguenay - Lac-Saint-Jean	✓ Better served in French, staff francophone, a delay may occur
Côte-Nord	✓ Better served in French, fear answer will be no
Nord-du-Québec	✓ Request imposes a burden

Table 40 - Requesting Services in English - Being Comfortable and Barriers to Making the Request

Requesting Services in English - Being Comfortable and Barriers to Making the Request											
Variable	Characteristic	uncomfortable asking for services in English	Reason given for being uncomfortable to ask for services in English								
			shy to ask	fear answer will be no	request impose burden	a delay may occur	staff is francophone	staff attitude (racism)	better served in French	I am bilingual	feel like speaking French
Gender	male	17.6%	19.1%	16.1%	27.1%	21.4%	6.1%	3.3%	2.2%	2.2%	2.5%
	female	17.9%	15.0%	15.2%	23.0%	22.9%	7.6%	5.4%	5.6%	3.4%	1.8%
	Total	17.7%	17.0%	15.7%	25.0%	22.1%	6.9%	4.4%	4.0%	2.8%	2.1%
Age	15 - 24	17.6%	24.7%	17.4%	25.9%	18.6%	6.7%	1.1%	2.5%	3.0%	0.1%
	25 - 44	19.2%	12.4%	15.5%	24.9%	25.6%	8.5%	5.6%	2.7%	1.9%	2.8%
	45 - 64	18.5%	18.6%	17.1%	26.0%	20.9%	5.5%	4.4%	3.2%	2.3%	2.0%
	65+	11.6%	24.3%	9.6%	19.9%	13.9%	6.3%	2.7%	11.8%	11.2%	0.5%
	Total	17.6%	16.8%	15.8%	25.0%	22.3%	7.0%	4.5%	3.6%	2.9%	2.1%
Household income	Less than \$30k	16.5%	19.7%	20.8%	20.2%	13.8%	8.1%	7.8%	2.5%	3.6%	3.5%
	\$30k-50k	18.9%	18.0%	15.4%	22.8%	21.3%	7.7%	9.2%	2.8%	1.1%	1.7%
	\$50k-70k	17.1%	18.0%	12.8%	22.9%	35.2%	4.2%	2.4%	2.1%	1.1%	1.2%
	\$70k-100k	16.0%	9.1%	18.2%	28.3%	16.8%	8.4%	3.1%	4.9%	7.3%	4.0%
	\$100k and up	19.9%	15.0%	12.8%	26.6%	31.0%	8.4%	1.7%	1.4%	1.7%	1.4%
	Total	17.7%	16.4%	15.7%	24.0%	24.2%	7.4%	5.0%	2.6%	2.6%	2.2%
Health status	excellent	17.0%	10.6%	18.1%	29.4%	23.4%	6.7%	2.8%	4.2%	2.4%	2.4%
	very good	17.5%	13.9%	13.9%	26.2%	24.8%	6.5%	2.5%	4.7%	5.1%	2.3%
	good	17.0%	20.0%	20.6%	20.3%	18.6%	6.3%	7.1%	3.8%	0.9%	2.2%
	average	22.6%	31.2%	5.5%	22.4%	19.4%	9.0%	8.1%	2.5%	0.5%	1.5%
	bad	12.9%	24.4%	39.2%	12.5%	11.4%	5.2%	3.9%	0.0%	3.4%	0.0%
	Total	17.8%	17.0%	15.7%	25.0%	22.1%	6.9%	4.4%	4.0%	2.8%	2.1%
Bilingual	Yes	20.2%	15.1%	15.9%	24.3%	23.7%	7.2%	4.4%	3.3%	3.5%	2.5%
	No	14.5%	28.5%	15.6%	15.6%	20.8%	6.8%	6.1%	5.6%	0.0%	1.1%
	Total	18.6%	18.0%	15.9%	22.4%	23.1%	7.1%	4.7%	3.8%	2.8%	2.2%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

21) When you require the service of a public health or social services institution, do you feel comfortable asking for the service in English?

22) Is this because ...

- When age groups are compared, those Anglophone respondents 65 and over were three times more likely to feel better served in French than other age groups and four times more likely to be bilingual.
- Anglophone respondents aged 15-24 years were the most likely to be embarrassed to ask.
- Anglophone respondents aged 25-44 years were more than twice as likely as other age groups to lack confidence in French and exhibit a low likelihood to give bilingualism as

the reason for their discomfort to request English service. They are also more likely to cite “staff francophone” and “staff attitude” among their reasons

- Those 45-64 tended to say they were “embarrassed/shy to ask” and “fear the answer will be no” as their reasons for being uncomfortable with request.
- When household income groups are compared, respondents who are earning \$50k and under most frequently state “staff attitude”, “embarrassed/shy to ask”, and “fear answer will be no” as their reasons for feeling uncomfortable.
- Anglophone respondents earning \$50k-\$70k are five times more likely than other household income groups to state they lack confidence in French as their reason for feeling uncomfortable.
- Those earning \$70k-\$100k are about three times more likely than other household income groups to say they are bilingual. They also give “better served in French” and “feel like speaking French” as reasons for discomfort requesting English more frequently than other household income groups.
- Those earning \$100k and up have a greater tendency to state “a delay may occur” or “staff francophone” as their reasons for feeling uncomfortable.
- Those Anglophone respondents who were not bilingual were much more likely to state “embarrassed/shy to ask”, “staff attitude” or “better served in French” than those who were not bilingual.



## 5 Information on Services and Health Promotion

Access to health and social services in English depends upon the availability of information regarding these services. Use of services in English implies knowing what programs are offered and through what health agencies. The CHSSN-CROP survey asked respondents if, in the last two years, they had received information about services in English that are provided by the public health and social service institutions in their region. Further, they were asked who provided the information (public health services, a community organization, newspaper or other?) and how the information was conveyed (telephone or a visit, information meeting, through flyers, a website or "other").

### 5.1 Information on Services

**Table 41 - Information About Services in English Provided in Region, by Public Health & Social Services Institutions**

Information About Services in English Provided in Region by Public Health & Social Services Institutions									
Region	a) received information in past 2 years		b) source of information			c) means of information delivery			
	yes	no	public health services	community organization	newspaper	telephone or visit	an information meeting	flyers	website
Gaspésie - îles-de-la-Madeleine	36.5%	63.5%	14.8%	44.4%	31.3%	9.8%	20.8%	61.7%	1.8%
*Bas-Saint-Laurent	13.2%	86.8%	11.7%	71.8%	0.0%	0.0%	16.2%	83.8%	0.0%
Capitale-Nationale	39.4%	60.6%	18.9%	30.9%	38.7%	15.3%	16.3%	48.5%	13.6%
Chaudière - Appalaches	26.7%	73.3%	12.1%	63.6%	24.3%	33.8%	7.0%	36.6%	11.3%
Estrie	30.1%	69.9%	22.1%	34.8%	32.3%	13.3%	11.7%	64.7%	2.7%
Centre-du-Québec	13.6%	86.4%	35.3%	44.6%	20.1%	17.7%	22.1%	38.1%	0.0%
Montérégie	16.6%	83.4%	41.3%	20.9%	29.1%	24.3%	4.7%	52.6%	7.3%
Montreal (west)	34.3%	65.7%	31.1%	26.7%	35.3%	19.1%	10.1%	54.2%	11.1%
Montreal (centre)	28.8%	71.2%	33.3%	17.4%	35.2%	22.3%	2.0%	49.5%	10.0%
Montreal (east)	26.9%	73.1%	41.2%	23.6%	27.8%	21.4%	5.5%	61.1%	8.4%
Laval	15.1%	84.9%	27.2%	14.8%	33.5%	13.4%	14.0%	46.8%	16.6%
Lanaudière	13.6%	86.4%	34.8%	22.7%	16.2%	23.7%	5.0%	46.1%	13.7%
Laurentides	18.2%	81.8%	30.4%	32.9%	26.5%	16.7%	8.4%	61.0%	9.7%
Outaouais	28.4%	71.6%	28.0%	31.7%	37.5%	17.8%	13.5%	56.9%	10.7%
Abitibi-Témiscamingue	23.1%	76.9%	26.6%	42.5%	26.8%	10.3%	0.0%	55.0%	19.8%
*Mauricie	19.0%	81.0%	90.9%	0.0%	9.1%	28.6%	0.0%	42.9%	28.6%
*Saguenay - Lac-Saint-Jean	22.3%	77.7%	62.8%	37.2%	0.0%	0.0%	0.0%	62.8%	0.0%
Côte-Nord	41.1%	58.9%	54.3%	35.4%	5.7%	17.6%	7.2%	48.7%	3.2%
*Nord-du-Québec	59.8%	40.2%	76.1%	21.2%	0.0%	23.8%	22.5%	36.2%	0.0%
Total	26.9%	73.1%	33.3%	23.8%	32.7%	20.1%	7.7%	52.8%	9.6%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

19)a In the last two years, have you received information about services in English that are provided by the public health and social services institutions in your region?  
 b. Did you obtain your information regarding access to services in English that are provided by the public health and social services institutions from any of the following... (list of sources)?  
 c. Did you obtain this information through... (list of means of information delivery)?

**Table 42 - Information in English About Public Health & Social Services**

Information About Services in English Provided in Region by Public Health & Social Services Institutions										
Variable	Characteristic	a) received information in past 2 years		b) source of information			c) means of information delivery			
		yes	no	public health services	community organization	newspaper	telephone or visit	an information meeting	flyers	website
<b>Gender</b>	male	25.8%	74.2%	34.7%	21.4%	35.7%	16.9%	8.0%	51.7%	12.2%
	female	27.8%	72.2%	32.2%	25.9%	29.9%	22.9%	7.3%	53.5%	7.2%
	Total	26.8%	73.2%	33.4%	23.8%	32.7%	20.1%	7.7%	52.7%	9.6%
<b>Age</b>	15 - 24	25.8%	74.2%	29.4%	28.2%	25.2%	15.0%	9.8%	39.1%	19.8%
	25 - 44	22.0%	78.0%	33.8%	23.6%	32.6%	17.5%	7.5%	57.9%	10.6%
	45 - 64	25.3%	74.7%	33.4%	23.7%	32.5%	21.9%	7.7%	48.8%	10.7%
	65+	41.7%	58.3%	34.5%	22.5%	35.7%	21.5%	7.4%	57.8%	2.8%
	Total	26.7%	73.3%	33.5%	23.7%	32.9%	19.7%	7.8%	52.8%	9.7%
<b>Household income</b>	Less than \$30k	26.2%	73.8%	30.5%	25.9%	27.5%	25.0%	5.7%	53.5%	8.8%
	\$30k-50k	26.2%	73.8%	31.4%	23.1%	40.0%	22.2%	4.3%	53.0%	14.1%
	\$50k-70k	27.7%	72.3%	38.9%	17.9%	35.2%	16.2%	6.4%	52.3%	9.7%
	\$70k-100k	29.1%	70.9%	28.6%	24.4%	37.5%	21.8%	12.2%	54.1%	8.3%
	\$100k and up	25.9%	74.1%	32.2%	29.6%	30.2%	12.2%	12.1%	61.0%	9.6%
Total	26.9%	73.1%	32.3%	23.9%	34.4%	19.5%	8.0%	54.7%	10.3%	
<b>Health status</b>	excellent	28.8%	71.2%	31.9%	26.1%	33.2%	17.6%	10.8%	56.0%	9.3%
	very good	24.6%	75.4%	33.8%	24.5%	31.3%	17.8%	7.9%	49.0%	12.9%
	good	29.3%	70.7%	27.3%	24.2%	32.9%	23.5%	5.0%	54.9%	8.5%
	average	23.9%	76.1%	42.6%	17.9%	34.8%	15.1%	5.4%	61.5%	4.1%
	bad	30.6%	69.4%	56.4%	14.4%	29.2%	48.4%	0.7%	25.7%	7.2%
Total	26.7%	73.3%	33.4%	23.8%	32.6%	19.9%	7.7%	52.8%	9.6%	
<b>Bilingual</b>	Yes	26.3%	73.7%	30.9%	22.1%	34.9%	21.5%	8.3%	50.7%	10.9%
	No	26.1%	73.9%	34.6%	28.6%	29.4%	31.5%	3.0%	48.8%	9.2%
	Total	26.2%	73.8%	32.0%	23.9%	33.4%	24.3%	6.8%	50.2%	10.5%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

- 19)a In the last two years, have you received information about services in English that are provided by the public health and social services institutions in your region?
- b. Did you obtain your information regarding access to services in English that are provided by the public health and social services institutions from any of the following ... (list of sources)?
- c. Did you obtain this information through ... (list of means of information delivery)?

### 5.1.1 Received information about services in English provided by public health and social service institutions in region

- 73.1% of Quebec Anglophones surveyed say they did not receive any information provided by the public health and social services institutions about access to services in English in the last two years. Looking across the regions, this percentage ranges from 86.8% in Bas-Saint-Laurent, 86.4% in both Lanaudière and Centre-du-Québec, to 40.2% in Nord-du-Québec.

- Among the 26.9% of Anglophones who did receive information about services in English, those living in the following regions were the most frequent recipients: Nord-du-Québec, Côte-Nord, Capitale-Nationale, Gaspésie-Îles-de-la-Madeleine and Montreal (west).
- Those regions where Anglophones were the least likely to be recipients of information about services in English are: Bas-Saint-Laurent, Centre-du-Québec, Laval, Lanaudière, Montérégie, Laurentides and Mauricie.
- When we compare age groups in the English-speaking population, we find a much greater likelihood amongst those 65 and over to have received information concerning services in English.

### 5.1.2 Source of Information About Health Services

- When Anglophones did receive information regarding English services in the last two years it was most frequently from public health services (33.3%) and the newspaper (32.7%). These are followed by community organizations (23.8%) and other (10.2%).
- When Québec regions are compared, those regions where Anglophones are most likely to receive their information from public health services are Mauricie, Nord-du-Québec, Saguenay-Lac-Saint-Jean, Côte-Nord, Montérégie and Montreal (east). Anglophones living in the Gaspésie-Îles-de-la-Madeleine, Bas-Saint-Laurent, Chaudière-Appalaches, Capitale-Nationale and Estrie regions are the least likely to receive their information through public health services.
- In the last two years, those regions most likely to receive their information on English services through a community organization are Bas-Saint-Laurent, Chaudière-Appalaches, Centre-du-Québec, Abitibi-Témiscamingue, Gaspésie-Îles-de-la-Madeleine, Saguenay-Lac-Saint Jean, Côte-Nord and Estrie.
- Those regions most likely to receive their information through the newspaper are Capitale-Nationale, Outaouais, Montreal (west) and Montreal (centre).
- Those regions most likely to receive their information through some means other than public health services, a community organization or newspaper are Laval, Lanaudière, Bas-Saint-Laurent and Montreal (centre).
- Anglophone women are somewhat more likely than men to have received information regarding English services from a community organization or “other”. Anglophone men tend to exhibit a greater likelihood to receive information through the newspaper or public health services.
- When household income groups are compared in the Anglophone population, those earning less than \$30k are the most likely to receive information through a source other than public health services, a community organization or newspaper.

- Those Anglophones who assess their general health status as poor are more likely than those with a more positive assessment to receive their information through public health services.
- Anglophones who are not bilingual are more likely to receive information regarding English services from a community organization while those who are bilingual are more apt to receive their information from “other”.

### 5.1.3 Means of Receiving Information About Health Services

- 52.8% of the Anglophone respondents said they obtained their information through flyers, followed by a telephone or a visit (20.1%), other (9.8%), website (9.6%) and finally, an information meeting (7.7%).
- The 52.8% of Anglophone respondents who received their information through flyers are fairly evenly distributed throughout the province. Bas-Saint-Laurent, Estrie, Saguenay-Lac-Saint-Jean and Gaspésie-Îles-de-la-Madeleine tend to be more likely than the other regions to receive information this way.
- Of the 20.1% who received information through telephone or a visit, Chaudière-Appalaches and Mauricie are more likely than the other regions to receive information regarding access to services in English this way. Bas-Saint-Laurent, Saguenay-Lac-Saint-Jean, Gaspésie-Îles-de-la-Madeleine, Estrie, Capitale-Nationale and Laval are very unlikely to receive information through a telephone or a visit.
- Of the 9.8% of Anglophone respondents, those located in the following regions show the highest tendency to receive information regarding access to English services through a means other than telephone, a visit, an information meeting, flyers or website: Saguenay-Lac-Saint-Jean, Côte-Nord and Centre-du-Québec.
- Of the 9.6% of Anglophone respondents who receive information regarding English services through a website, those living in Mauricie region are about three times more likely (2.97%) to do so relative to the other regions. Abitibi-Témiscamingue is more than twice as likely as other regions. Laval, Lanaudière and Capital-Nationale are regions which also exhibit a high rate of website use for this purpose. Nord-du-Québec, Saguenay-Lac-Saint-Jean, Centre-du-Québec, Bas-Saint-Laurent, Gaspésie-Îles-de-la-Madeleine, Estrie, and Côte-Nord are regions which indicate a very low rate of website use or none at all.
- Anglophone men are more likely than Anglophone women to obtain information regarding English services through a website. Anglophone women are more likely than Anglophone men to obtain this information through a telephone or a visit.
- When age groups among Anglophone respondents are compared, those 15-24 years of age show a higher tendency than other age groups to obtain this information through a website or “other” means. They are the least likely to obtain information by telephone, through a visit or through flyers. Those aged 65 and over are the least likely to obtain information through a website.

- When household income groups are compared among Anglophone respondents, those earning less than \$30k are most likely to obtain this information through a telephone or a visit. Those earning \$100k and more are the least likely to obtain information this way.
- Those earning \$70k and up are much more likely than other household income groups to obtain English service information from an information meeting and much less likely to indicate “other” as their means.
- Those earning \$30k-\$50k show the highest tendency to obtain information through a website when household income groups are compared and the lowest tendency to use information meetings.
- Those Anglophone respondents earning \$50k-\$70k are more than twice as likely as other household income groups to indicate “other” as their means of obtaining information.
- Those Anglophone respondents who assess their health as bad are more than twice as likely as those who claim some other health status to obtain their information regarding English services by telephone or through a visit. They are more likely than those in another state of health to indicate “other” as their means of obtaining information.
- Those Anglophone respondents who assess their health as average are more likely to indicate “other” among all given options as their means of obtaining information regarding English services.
- Bilingual Anglophone respondents were more likely than non-bilingual respondents to obtain information through an information meeting. Those who are non-bilingual were more likely to obtain information through a telephone call or visit.





## 5.2 Public health promotion or prevention programs

Table 43- Source of Information in English About Public Health Promotion or Prevention Programs

Source of Information in English About Public Health Promotion or Prevention Program in the Past Two Years			
Region	public health system	community organization	school
Gaspésie - îles-de-la-Madeleine	15.2%	35.3%	36.3%
*Bas-Saint-Laurent	12.5%	23.9%	16.4%
Capitale-Nationale	24.4%	40.1%	27.5%
Chaudière - Appalaches	12.8%	34.5%	19.2%
Estrie	20.7%	31.8%	35.0%
Centre-du-Québec	6.0%	16.6%	14.0%
Montérégie	17.6%	23.3%	33.7%
Montreal (west)	30.7%	38.9%	36.5%
Montreal (centre)	19.1%	25.8%	23.6%
Montreal (east)	18.6%	18.7%	20.2%
Laval	12.2%	18.7%	28.6%
Lanaudière	15.1%	20.1%	31.9%
Laurentides	16.9%	34.7%	37.3%
Outaouais	20.7%	25.0%	28.5%
Abitibi-Témiscamingue	52.3%	63.7%	27.3%
*Mauricie	3.6%	1.8%	0.0%
*Saguenay - Lac-Saint-Jean	19.1%	50.1%	7.9%
Côte-Nord	33.9%	27.4%	47.5%
*Nord-du-Québec	59.5%	50.7%	58.9%
Total	21.0%	27.9%	29.0%

Source: CROP/CHSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

20) In the last two years, have you received information on a public health promotion or prevention program in English from one or more of the following:

1. Public health and social services institutions or public health authorities in your region
2. Community organization in your region
3. Schools in your region

- While there is a fairly even distribution of Anglophone respondents who obtained information on public health promotion or prevention programs in English from these options in the last two years, schools and community organizations are more likely to be a source of information for this population.
- 79% of Anglophone respondents did not obtain information on health promotion or prevention programs from public health and social service institutions. Among the three sources respondents were given this option was the one least likely to be nominated for English information on health programs .
- Anglophone respondents who had received information through public health institutions and authorities were most frequently located in the following regions: Nord-

du-Québec, Abitibi-Témiscamingue, Côte-Nord, Montreal (west), and Capitale-Nationale.

- Anglophone respondents in the following regions were the most likely not to have received information on health promotion or prevention programs from public health institutions or authorities: Mauricie, Centre-du-Québec, Laval, Bas-Saint-Laurent, Chaudière-Appalaches, Lanaudière and Gaspésie-Îles-de-la-Madeleine.
- When age groups are compared, Anglophone respondents 65 and over had a greater tendency to receive information in this way. Those aged 15-24 were the least likely to obtain information through public health institutions.
- In the Montreal region, 30.7% of respondents in Montreal (west) received information in English about public health promotion or prevention program from the public health system, while 18.6% in Montreal (centre) and 18.6% in Montreal (east) did so.
- Those who assessed their general state of health as bad were more likely than those claiming a better state of health to receive health promotion or prevention information this way.

### **5.2.1 Information on a public health promotion or prevention program in English from a community organization**

- 27.9% of Anglophones respondents received information from a community organization in the last two years.
- Anglophone respondents who had obtained information on health promotion or prevention programs in English from a community organization were most frequently located in the following regions: Abitibi-Témiscamingue, Nord-du-Québec, Saguenay-Lac-Saint-Jean, Capitale-Nationale, Montreal (west), Gaspésie-Îles-de-la-Madeleine, Chaudière-Appalaches and Laurentides.
- Those Anglophones who were least likely to have obtained information from a community organization tended to be located in the following regions: Mauricie, Centre-du-Québec, Montreal (east), Laval, Lanaudière and Montérégie.
- When household income groups among Anglophone respondents are compared, those earning \$70k and over are more likely than those with a lower household income to have received information from a community organization.

## 5.2.2 Information on a public health promotion or prevention program in English from a school

Table 44 - Source of Information Regarding Public Health Prevention or Promotion Programs

Source of Information in English About Public Health Promotion or Prevention Program in the Past Two Years				
Variable	Characteristic	public health system	community organization	school
Gender	male	21.2%	30.0%	29.9%
	female	20.8%	26.4%	28.2%
	Total	21.0%	28.1%	29.0%
Age	15 - 24	15.3%	29.3%	47.1%
	25 - 44	17.8%	28.3%	35.2%
	45 - 64	22.5%	28.0%	27.4%
	65+	29.1%	28.7%	9.1%
	Total	21.2%	28.3%	29.1%
Household income	Less than \$30k	20.6%	25.7%	25.5%
	\$30k-50k	20.5%	26.0%	27.4%
	\$50k-70k	19.5%	27.6%	28.4%
	\$70k-100k	24.6%	33.0%	38.1%
	\$100k and up	23.7%	32.4%	36.5%
	Total	21.5%	28.5%	30.6%
Health status	excellent	22.7%	28.8%	30.5%
	very good	18.8%	30.0%	30.8%
	good	21.9%	24.8%	26.5%
	average	21.1%	27.6%	29.0%
	bad	28.7%	24.7%	12.7%
	Total	21.1%	28.2%	29.1%
Bilingual	Yes	18.9%	28.0%	29.8%
	No	21.6%	26.3%	23.0%
	Total	19.7%	27.5%	27.9%

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

20) In the last two years, have you received information on a public health promotion or prevention program in English from one or more of the following:

1. Public health and social services institutions or public health authorities in your region
2. Community organization in your region
3. Schools in your region

- 29% of Anglophone respondents did obtain information from a school, while 71% did not.
- Those regions more likely than others to have Anglophone respondents who received this kind of health information in the last two years from a school are: Nord-du-Québec, Côte-Nord, Laurentides, Montreal (west), and Gaspésie-Îles-de-la-Madeleine.
- Those Anglophone respondents who were less likely to receive information regarding health promotion and prevention from a school in the last two years are from the

following regions: Mauricie, Saguenay-Lac-Saint-Jean, Centre-du-Québec, Bas-Saint-Laurent, Chaudières-Appalaches and Montreal (east).

- When age groups amongst Anglophone respondents are compared, those 15-24 and 24-44 years of age were highly likely to have received health information from a school while those 65 and over were the least likely.
- When household income groups are compared, those earning 70k and over are more likely than other household income groups to obtain health information through a school in their region. Those earning less than \$30k were the least likely to obtain health information this way.
- Anglophone respondents who assess their state of health as poor are much more unlikely than those in better health to obtain information on health promotion or prevention programs in English through a school in their region.





## 6 Conclusion

### 6.1 *Regional Differences in English Access to Health and Social Services*

The findings of the 2005 CHSSN-CROP Community Vitality Survey in the area of English language access to health and social services reinforces and enhances the demographic insights which have emerged in the previous volumes of the Baseline Data Report. Most prominent among these is the degree to which characterizations of English-speaking Quebec, as a provincial body totalling a population larger in size than some Canadian provinces, conceal what are, at times, extreme differences in regional and CLSC level realities.

The differences between urban Montreal and Quebec's more rural regions with respect to access to health and social services in English continue to demand attention as in previous Baseline Data Reports. The present report breaks new ground in bringing to light important differences internal to the Montreal region itself with regard to this crucial health determinant. Consider, for example, the ranking of the regions<sup>17</sup> that results when we consider the use of English in various health situations by Quebec's official language minority communities along with their level of satisfaction with access to services in English. The table below provides a ranking by region of satisfaction (satisfaction ranking) and a ranking of use of English in five health situations (rank by services). A region ranked 1 is understood to exhibit the highest degree of satisfaction, or highest rate of use of English.

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<sup>17</sup> The regions, where presented in a table, are the 17 administrative regions with the Montreal region being divided into three sub-regions, namely Montreal (west), Montreal (centre) and Montreal (east).

**Table 45 - Regional Access to H&SS in English - Use and Satisfaction, Rankings by Region**

Region	Satisfied with access to H&SS in English in Region (Q15)		Overall Rank for Use of Services					
			doctor in private clinic or office (17a)	CLSC, other than Info Santé (17b)	Info-santé (17c)	hospital emergency room or out-patient clinic (17d)	hospital for overnight stay (17e)	rank by services (all five together)
	(%)	rank	(%)	(%)	(%)	(%)	(%)	rank
Montreal (west)	55.3%	3	97.9%	80.5%	81.5%	85.9%	93.6%	1
Abitibi-Témiscamingue	69.0%	1	78.6%	75.6%	56.1%	84.5%	65.1%	4
Montreal (centre)	51.0%	5	93.7%	72.0%	68.6%	79.0%	80.9%	3
*Nord-du-Québec	67.3%	2	66.5%	97.0%	56.0%	74.4%	76.1%	6
Outaouais	42.9%	7	93.2%	84.9%	92.4%	84.2%	75.7%	2
Montérégie	40.1%	8	82.3%	71.5%	62.5%	65.9%	74.5%	5
Côte-Nord	49.0%	6	77.7%	71.9%	57.4%	64.1%	76.3%	7
Estrie	36.8%	12	82.0%	67.8%	59.0%	51.4%	52.5%	8
Montreal (east)	39.4%	10	74.5%	38.6%	48.3%	49.4%	55.1%	10
Gaspésie - Îles-de-la-Madeleine	35.4%	13	84.9%	67.6%	88.2%	48.7%	39.8%	9
*Saguenay - Lac-Saint-Jean	52.6%	4	47.4%	14.5%	0.0%	0.0%	0.0%	18
Laurentides	32.5%	15	65.3%	39.1%	36.1%	55.7%	64.7%	11
Laval	34.4%	14	73.1%	50.4%	47.0%	49.2%	53.3%	12
*Bas-Saint-Laurent	38.5%	11	66.0%	11.8%	31.6%	3.2%	11.3%	15
Centre-du-Québec	39.5%	9	35.6%	23.0%	16.8%	19.4%	16.7%	17
Lanaudière	20.8%	18	60.0%	36.5%	21.1%	46.5%	33.8%	13
Chaudière - Appalaches	25.8%	17	59.7%	34.7%	0.0%	19.8%	39.8%	14
Capitale-Nationale	26.9%	16	42.9%	12.3%	21.9%	12.5%	16.8%	16
*Mauricie	12.2%	19	2.9%	4.1%	0.0%	0.0%	0.0%	19
Total	45.9%	n/a	86.2%	66.7%	63.0%	70.3%	74.1%	n/a

Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.

\* Due to small sample size, data for the indicated regions should be used with caution.

Looking at overall rank, we can see that Montreal (west) ranks high (3<sup>rd</sup>) in satisfaction with services and highest in use of English in the five health situations whereas Mauricie ranks the lowest of 19 in both rankings. For the most part, access in English and degree of satisfaction coincide with a couple of exceptions. Saguenay – Lac-Saint-Jean, for example, ranks very low (18<sup>th</sup> of 19) in access to English services but is ranked much higher (4<sup>th</sup> of 19) in terms of satisfaction. Centre-du-Québec ranks a low 17<sup>th</sup> in terms of access to services in English and yet a fairly high 9<sup>th</sup> in terms of level of satisfaction. Estrie ranks a mid-level 8<sup>th</sup> in access to health services in English but exhibits a low 12<sup>th</sup> in level of satisfaction.

Based on this ranking, it would appear that those communities located in the regions listed in the bottom section of the table are those most vulnerable to a weaker health status. Centre-du-Québec, Lanaudière, Chaudière-Appalaches, Capitale Nationale, Mauricie, Bas-Saint-Laurent, Gaspésie - Îles-de-la-Madeleine, Montreal (east) and Estrie were among those regions most likely to have experienced significant population decline in recent years and are among those surveyed who tend to feel quite strongly that the future of the English-speaking community in their region is threatened.

## **6.2 Public Health Institutions and Unpaid Care**

Recent restructuring and financial cutbacks in Québec's health sector means high levels of reliance upon family and friends in the event of illness for both its minority and majority populations. For the English-speaking minority population this is compounded by the fact that they exhibit a lower rate of service use than the majority population with whom they share the same territory in all five health situations ( doctor, CLSC, Info-Santé, hospital emergency/outpatient clinic, hospital overnight).

The ramifications of these recent changes are in many ways graver for the minority population especially given the demographic profile that has emerged during this very period of transformation. The lower incidence of use and greater discomfort with services provided by government supported institutions means the absence of crucial support, both in terms of treatment and prevention, for English-speaking care-giving families. Given many English-speaking communities tend to have a low caregiver-to-senior ratio the high levels of reliance on family and friends is likely to be falling on fewer shoulders in the 45-64 years age cohort. While it is noted that the large cohort of seniors in the English-speaking population may have a fairly good likelihood of being able to afford a private or for-profit care option, this is far from true of all regions, and is increasingly an option beyond the reach of future generations given the trend of rising unemployment rates, an increase in the number of those living below LICO, and a decline in the levels of education. The survey tells us that Francophones 45-64 tend to be highly reliant on public services or a community resource in the event of illness when compared to their other age cohorts while Anglophones of the same age are more likely to turn to friends or feel they have nobody to turn to.

Looking across the regions, the CHSSN-CROP survey allows us to observe that a lower reliance on family and friends tends to be associated with a higher reliance on a community resource. Community organizations also prove to be a more important source of health information for the Anglophone population than public health and social service institutions. Still, there is a significant variance observed among the regions with respect to their capacity to rely upon a community resource in the event of illness. Anglophones in the Capitale-Nationale, Chaudière-Appalaches and Nord-du-Québec regions are more than three times more likely than other regions to turn to a community resource while Anglophones living in the Estrie region are almost twice as likely as those in other regions to do so. It also appears that the most frequent users of a community resource are those earning \$50k or more and that it is less of an option for lower income families.

## **6.3 Language of Service**

From the CHSSN-CROP survey we learn that a large majority (86%) of Anglophone respondents were served in English when they used the services of a doctor in a private clinic but only two-thirds used English when accessing CLSC services (67%), while slightly fewer than that did so while using Info-Santé (63%). Approximately three-

quarters of Anglophone respondents were served in English in hospital emergency rooms (70%) and in hospitals for visits involving an overnight stay (74%).

Besides the troubling low use of English in certain health situations, the variance in English access across the regions is enormous. In the case of services from doctors, for example, over 90% of respondents in the western and central parts of Montreal and in the Outaouais reported using English. In contrast, fewer than half of Anglophone respondents in a number of regions (Mauricie, Centre-du-Québec, Saguenay-Lac-Saint-Jean) used English with doctors in private offices or clinics. Even with the high overall use of English such as we see in the case of services provided by doctors there are English-speaking communities who are clearly vulnerable given the regional state of language access.

Besides regional variation, there are significant differences within the large English-speaking population residing within the boundaries of the Montreal region. With respect to CLSC services, Info-Santé, hospital emergency or outpatient clinics and services offered in a more prolonged hospital stay, those living in Montreal (west) are much more likely than those in Montreal (east) to have access in English. The population of eastern Montreal is less likely to feel comfortable asking for service in English and less likely to have received information in English about public health promotion or prevention programs in the last two years than their neighbours living in the western part of the region.

#### **6.4 Health Information and Promotion**

Info-Santé is in many ways appropriately considered along with other services directed at providing health information. Access to health and social services in English depends upon the availability of information regarding these services. The difference between frequent or low use of services, both for treatment and prevention, is directly related to knowing what programs are offered in the region in English and through what health agencies.

In the context of recent changes in Quebec's health sector services like Info-Santé are increasingly emphasized in that they are intended to take up some of the responsibilities previously left to doctors, CLSCs and hospital out/patient clinics. With the more isolated communities of Quebec's rural regions Info-Santé has the potential to fill an important service gap. In the case of aging populations and the growth of informal care by family and friends Info-Santé represents a crucial link with the health system. Research has clearly shown that the health needs of seniors are more about information and home support than hospitalization or treatment of disease. However, as a telephone service rather than a person-to-person exchange Info-Santé is also what may be described as very "language-centred".

The CHSSN-CROP survey reveals that Info-Santé was used the least frequently among the 5 services explored with only 19% of Anglophone respondents having used this important health service within the last 12 months. Only 9.2% of Anglophones 65 years and older used Info-Santé in the last 12 months compared to 17.4% of Francophones in the same age group. 40.8% of Francophones aged 25-44 reported having used Info-Santé compared to 26.1% of Anglophones



in the same age group. Service in English is very unlikely for many Anglophones using Info-Santé.

When other sources of health information and program promotion are considered, it is striking to learn that approximately three-quarters of Anglophone respondents (73%) reported that they had not received any information from public health and social services institutions about access to services in English in the last two years. This level is nearly 90% in some regions (Bas-Saint-Laurent, Lanaudière and Centre-du-Québec) while other regions (Nord-du-Québec, Cote-Nord, Capitale-Nationale, Estrie, Montreal (west) show a higher than average likelihood of receiving information about services in English. Only 1 in 5 survey respondents had received information about a public health promotion or prevention program in English. The fact that sources of information vary according to age, gender, and income must be considered if knowledge is to reach those most in need.



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