

Baseline Data Report 2010-2011



English-language Health and Social Services Access in Québec



prepared by the

CHSSN

Community Health
and Social Services Network

based on data from the 2010 CROP-CHSSN Survey
on Community Vitality

Joanne Pocock, Research Consultant

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Introduction

The Networking and Partnership Initiative (NPI)

The NPI is a funding program of the Community Health and Social Services Network as a measure of “Canada’s Roadmap for Linguistic Duality”. 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 2010-2011 (BDR) is the eighth volume of a 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.

Year	Title	Data source
2003-2004	Regional Profiles of English-speaking Communities	2001 Census
2004-2005	Profiles of English-speaking Communities In Selected CLSC Territories	2001 Census
2005-2006	English-Language Health and Social Services Access in Québec	2005 CHSSN-CROP Survey on Community Vitality
2006-2007	Community Network Building	Case studies (qualitative interviews)
2007-2008	Health and Social Survey Information on Quebec's English-speaking Communities	1998 Québec Health and Social Survey
2008-2009	Regional Profiles of Quebec’s English-speaking Communities: Selected 1996-2006 Census Findings	1996 and 2006 Census
2009-2010	Demographic Profiles of Quebec’s English-speaking Communities for Selected CSSS Territories	1996 and 2006 Census
2010-2011	English-Language Health and Social Services Access in Québec	2010 CHSSN-CROP Survey on Community Vitality

The series 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 in developing strategies to improve the well being of their constituencies.

The Baseline Data Report 2010-2011 explores a single factor that is a key determinant of the health of English-speaking Quebec throughout its 16 health regions, namely, access to health and social services.

About this report

The 2010-2011 Baseline Data Report relays the health and social service findings of the 2010 CHSSN-CROP Survey on Community Vitality Survey and compares them with the findings of the

2005 survey. In order to facilitate the five year comparison the design of the present report reproduces, as much as possible, that of the 2005-2006 BDR. The commonalities and distinct features of regional communities within the English-speaking provincial population are delineated as well as sub-groups defined by gender, age, household income, health status and level of bilingualism.

While this report is limited to the health and social service sector, the Survey on Community Vitality also collects the opinions, perceptions and expectations of a representative sample of English-speaking Quebecers in each region of Quebec with respect to issues in education, manpower development, culture and communications. The 2010 study replicates a previous survey conducted by CROP in 2000 for the Missisquoi Institute and again in 2005 for the CHSSN.¹ A survey was also done among a representative sample of French-speaking Quebecers on the same issues. These results are not presented in this report.

Methodology

For the 2010 English study, a total of 3,195 English-speaking Quebecers aged 18 and over were interviewed over the telephone between February 9th, 2010 and March 31st, 2010. For the French study, a total of 1,001 French-speaking Quebecers aged 18 and over were interviewed over the telephone between March 15th and 31st, 2010. Data was weighted according to region, age and gender using data from the 2006 census.

The study of the English-speaking community was divided into a) a panel study which was comprised of 1,001 respondents who had also participated in the 2005 study, and b) the main study of 2,194 randomly selected respondents from across Quebec. The panel study was used to validate the trends which emerged from the comparison of 2005 and 2010 findings.

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.

Geographic Regions – The regions in the report tables are the 16 health regions across Quebec. Due to small sample size the findings from the Saguenay-Lac-Saint-Jean region are not generally included in tables which list regional level percentages. To reflect the important differences in the composition and experiences of the Montreal English-speaking population which accounts for 60% of the province's English speakers, the Montreal region has been divided into three sub-regions: Montreal (west), Montreal (centre) and Montreal (east), as in the table below.

Graphs – Graphs may not always total 100% due to rounding values (sums are added before rounding numbers).

¹ A few modifications were made to the questionnaire to reflect the changing reality of English-speaking communities in Quebec, but the core of the study has remained unchanged.

Size and Proportion of Anglophone Population, by Health Region, 1996-2006

Health region	Size of English-speaking population			English-speakers as a proportion of regional population		
	1996	2001	2006	1996	2001	2006
Bas-Saint-Laurent	933	820	1,295	0.5%	0.4%	0.7%
Saguenay – Lac-Saint-Jean	1,795	1,765	1,830	0.6%	0.6%	0.6%
Capitale-Nationale	12,745	11,065	11,840	2.0%	1.8%	1.8%
Mauricie et Centre-du-Québec	6,033	4,885	4,995	1.3%	1.1%	1.1%
Estrie	24,770	23,390	23,580	9.1%	8.4%	8.0%
Outaouais	53,863	53,945	58,720	17.6%	17.2%	17.4%
Abitibi-Témiscamingue	6,363	5,315	5,355	4.2%	3.7%	3.8%
Côte-Nord	6,100	5,740	5,630	6.0%	5.9%	5.9%
Nord-du-Québec*	12,080	14,385	16,945	31.5%	37.4%	42.8%
Gaspésie – Îles-de-la-Madeleine	10,580	9,740	9,505	10.2%	10.2%	10.2%
Chaudière-Appalaches	3,340	2,685	3,705	0.9%	0.7%	1.0%
Lanaudière	8,850	8,215	10,115	2.4%	2.1%	2.4%
Laurentides	31,213	30,565	33,175	7.3%	6.7%	6.6%
Montérégie	135,653	129,125	143,645	10.9%	10.2%	10.7%
Montreal	560,813	563,940	595,920	32.1%	31.6%	32.7%
Laval	50,713	53,385	68,640	15.5%	15.7%	18.8%
Québec (province)	925,840	918,955	994,720	13.1%	12.9%	13.4%

Source: Statistics Canada, 1996, 2001 and 2006 Census of Canada, 20% sample. The linguistic concept used is First Official Language Spoken with multiple responses proportionately distributed between the English and the French.

**Includes the First Nations population of the health region of Terres-Cries-de-la-Baie-James and the population of the health region of Nunavik.*

The above table surveys the size and proportion of the English-speaking population comparing 1996, 2001 and 2006. The table indicates that there was a spurt in growth recorded in 2006 which had not been experienced in about 40 years. Notice not all the regions benefit from this growth and while some have gained in numbers their proportion of the regional population did not necessarily change due to growth in the majority population as well.

Access to services as a Health Determinant

The Population Health Model,² 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

² 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. See also Health Canada (1998). *Taking action on population health: a position paper for Health Promotion and Programs Branch Staff*. Health and Welfare Canada.

range of individual and collective factors that have a strong influence on health.³ 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 household 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.⁴ 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.⁵ These two important health determinants, in turn, are proven predictors of a more geographically stable population.

General State of Health

As noted in the previous section, research suggests that the mobility pattern, age structure and household 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

3 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, D. (Ed.) (2008). *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholar’s Press. See also, Mikkoven, J and Raphael, D. (2010) *Social Determinants of Health: The Canadian Facts*. <http://www.thecanadianfacts.org/> and WHO, Social Determinants of Health website, http://www.who.int/social_determinants/en/.

4 “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. See also Jacobs, E., and A.Chen, L. Karliner, N. Agger-Gupta & S.Mutha. (2006). “The Need for More Research on Language Barriers in Health Care: A Proposed Research Agenda.” *The Millbank Quarterly*, Vol. 84, No.1, pp.111-133.

5 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

the population, general level of satisfaction with access to health and social services, and perception of the important issues that Anglophone communities face at this time.

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

Table 1 – General State of Health, by Region

General State of Health		very good/ excellent	good	average/bad
Region	01 Bas-Saint-Laurent (n=23)	56.4%	18.3%	25.3%
	03 Capitale-Nationale (n=93)	71.1%	14.9%	14.0%
	04 Mauricie et Centre-du-Québec (n=59)	57.0%	24.9%	18.2%
	05 Estrie (n=265)	55.2%	24.3%	20.5%
	6.1 Montréal (west) (n=367)	72.2%	17.7%	10.1%
	6.2 Montréal (centre) (n=468)	65.4%	21.7%	12.9%
	6.3 Montréal (east) (n=193)	60.0%	23.0%	17.0%
	07 Outaouais (n=213)	65.2%	14.4%	20.4%
	08 Abitibi-Témiscamingue (n=90)	63.7%	16.5%	19.8%
	09 Côte-Nord (n=110)	77.2%	12.6%	10.2%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	64.4%	19.4%	16.2%
	12 Chaudière-Appalaches (n=36)	79.9%	15.6%	4.5%
	13 Laval (n=265)	62.2%	17.3%	20.6%
	14 Lanaudière (n=74)	73.9%	16.6%	9.5%
	15 Laurentides (n=163)	54.3%	16.7%	29.1%
	16 Montérégie (n=553)	67.0%	19.2%	13.9%
Total (n=3,171)		65.1%	19.9%	15.0%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q26. How would you describe your general state of health at this time, compared to other people of your age?</i></p>		

- Nearly two-thirds (65.1%) of English-speaking respondents across Quebec assess their health as very good or excellent when compared to other persons their age.
- About 15% of English-speaking respondents judge their health to be only average or bad when compared to their age peers.
- Anglophones in Chaudière-Appalaches, Côte-Nord, Lanaudière and Capitale-Nationale are more likely than other Anglophone Quebecers to judge their health to be good or excellent.

- There appears to be a higher tendency for English speakers in rural or geographically isolated regions (Nord-du-Québec, Bas-Saint-Laurent, and Gaspésie-Îles-de-la-Madeleine) as well as those in Estrie, Laval and the Outaouais regions to have a lower opinion of their health compared to others their age.

Table 2 – General State of Health, by Population Characteristics

General State of Health		very good/ excellent	good	average/bad
gender	male (n=1,313)	63.4%	21.4%	15.3%
	female (n=1,876)	67.5%	18.2%	14.3%
	Total (n=3,189)	65.4%	19.8%	14.8%
age	18-24 years (n=79)	69.5%	22.4%	8.2%
	25-44 years (n=795)	70.7%	18.6%	10.7%
	45-64 years (n=1,452)	64.4%	18.0%	17.6%
	65 years and older (n=775)	55.0%	22.8%	22.2%
	Total (n=3,101)	65.6%	19.3%	15.1%
household income	Less than \$30k (n=522)	54.6%	22.4%	23.0%
	\$30-50k (n=548)	66.3%	21.0%	12.7%
	\$50-70k (n=474)	65.1%	18.8%	16.1%
	\$70-100k (n=414)	70.5%	16.6%	12.9%
	\$100k and over (n=491)	76.8%	13.9%	9.3%
	Total (n=2,449)	67.2%	18.4%	14.5%
<i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i>		<i>Q26. How would you describe your general state of health at this time, compared to other people of your age?</i>		

- Among English-speaking respondents to the CROP-CHSSN survey, females were slightly more likely than males to describe their state of health as very good or excellent.
- English-speaking 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 under \$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.

- Just over half (55%) of Quebec Anglophones 65 years of age and over assess their health as very good or excellent when compared with other persons their age.



1 Use of Services and Unpaid Care

1.1 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 CROP-CHSSN 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 five 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 groups, region, household income, age, gender and level of bilingualism.

Table 3 – Use of Various Health and Social Services by Anglophones, by Region

Use of Various Health and Social Services by Anglophones		doctor in a private office or clinic	CLSC, other than Info Santé	Info Santé	hospital emergency room or out-patient clinic	hospital for overnight stay
Region	01 Bas-Saint-Laurent (n=23)	95.5%	57.3%	25.5%	71.6%	21.7%
	03 Capitale-Nationale (n=93)	69.7%	35.9%	33.8%	63.0%	27.0%
	04 Mauricie et Centre-du-Québec (n=59)	78.5%	54.5%	14.6%	46.9%	28.7%
	05 Estrie (n=265)	76.7%	52.4%	30.5%	59.7%	28.3%
	6.1 Montréal (west) (n=367)	76.2%	44.7%	26.2%	52.7%	26.8%
	6.2 Montréal (centre) (n=468)	71.9%	52.9%	27.4%	51.0%	23.9%
	6.3 Montréal (east) (n=193)	67.2%	60.1%	35.3%	53.8%	24.3%
	07 Outaouais (n=213)	67.8%	50.3%	27.3%	55.0%	12.9%
	08 Abitibi-Témiscamingue (n=90)	70.5%	60.4%	21.5%	68.1%	14.9%
	09 Côte-Nord (n=110)	38.6%	51.8%	10.7%	43.3%	33.2%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	75.1%	57.9%	24.1%	64.3%	27.2%
	12 Chaudière-Appalaches (n=36)	63.8%	62.0%	24.3%	47.2%	16.1%
	13 Laval (n=265)	70.9%	45.8%	26.8%	49.7%	22.2%
	14 Lanaudière (n=74)	66.6%	58.0%	32.7%	39.9%	14.9%
	15 Laurentides (n=163)	67.3%	34.9%	19.0%	59.1%	13.8%
	16 Montérégie (n=553)	68.3%	58.2%	26.8%	44.7%	18.5%
		Total (n=3,171)	70.7%	52.2%	27.8%	51.4%
<p>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</p>		<p>Q16A. Within the last twelve months, in your region, have you used either for yourself or to help another person</p>				

- When five health situations are ranked from highest to lowest rate of use among English-speaking Quebecers in the last twelve months, we find: 1) a doctor in a private office or clinic, (2) CLSC, (3) hospital emergency room or out-patient clinic (4) Info-Santé and (5) hospital for an overnight stay.
- When Quebec regional communities are compared, we note an extremely low rate of visits to a doctor in a private office or clinic in the Cote-Nord region. The highest incidence of doctor's visits occurs in Bas-Saint-Laurent.
- The regions exhibiting the greatest use of CLSC services are Chaudière-Appalaches, Abitibi-Témiscamingue and Montréal (east). The lowest use of this service is exhibited by the Laurentides and Capitale-Nationale regions. (In the Capitale-Nationale region, this may be explained by the presence of Jeffrey Hale Community Services for English speakers.)
- The Montréal (east), Capitale-Nationale, Estrie and Lanaudière regions exhibit the highest rate of use of Info-Santé in the last twelve months. The Côte-Nord, Mauricie et Centre-du-Quebec and Laurentides regions exhibit the lowest rate of use.
- The greatest use of hospital emergency services or outpatient clinics among Anglophone respondents is reported by the Bas-Saint-Laurent, Capitale-Nationale, Abitibi-Témiscamingue and Gaspésie -Îles-de-la-Madeleine regions. The most infrequent use of these services in the last twelve months is exhibited by the Lanaudière, Côte-Nord and Montérégie regions.
- English speakers living in the Outaouais, Laurentides, Abitibi-Témiscamingue, Lanaudière, Montérégie and Chaudière-Appalaches regions were the least likely to have used overnight hospital services in the last twelve months. Those living in the Côte-Nord, Mauricie et Centre-du-Quebec, Estrie, Gaspésie -Îles-de-la-Madeleine and Capitale-Nationale regions were the most likely to have used this health service.



Table 4 – Use of Various Health and Social Services by Anglophones, by Demographic Characteristics

Use of Various Health and Social Services by Anglophones		doctor in a private office or clinic	CLSC, other than Info Santé	Info Santé	hospital emergency room or outpatient clinic	hospital for overnight stay
gender	male (n=1,313)	69.0%	46.8%	22.1%	46.8%	18.7%
	female (n=1,876)	71.6%	56.3%	32.8%	56.0%	25.7%
	Total (n=3,189)	70.3%	51.5%	27.4%	51.4%	22.2%
age	18-24 years (n=79)	64.7%	58.3%	30.0%	47.3%	11.4%
	25-44 years (n=795)	64.1%	53.5%	37.8%	52.9%	23.9%
	45-64 years (n=1,452)	73.2%	46.8%	22.0%	54.4%	22.0%
	65 years and older (n=775)	81.2%	54.9%	14.5%	45.4%	22.1%
	Total (n=3,101)	70.5%	51.5%	27.4%	51.8%	22.0%
household income	Less than \$30k (n=522)	66.1%	54.4%	23.4%	50.2%	21.5%
	\$30-50k (n=548)	69.0%	54.0%	29.5%	50.5%	24.9%
	\$50-70k (n=474)	76.4%	52.1%	28.5%	58.9%	24.6%
	\$70-100k (n=414)	72.2%	52.8%	30.9%	52.1%	19.5%
	\$100k and over (n=491)	72.5%	42.0%	27.7%	51.8%	18.7%
	Total (n=2,449)	71.4%	50.7%	28.1%	52.7%	21.8%
health status	excellent (n=816)	66.7%	46.4%	25.0%	49.3%	19.1%
	very good (n=1,186)	73.1%	51.4%	31.0%	51.6%	21.8%
	good (n=637)	69.2%	54.2%	24.7%	46.6%	19.0%
	average (n=420)	69.3%	54.1%	24.6%	58.0%	27.4%
	bad (n=108)	82.5%	77.0%	34.3%	81.7%	54.3%
	Total (n=3,167)	70.4%	51.6%	27.4%	51.5%	22.0%
bilingual	English only (n=914)	71.6%	47.6%	18.0%	46.9%	17.8%
	English and French (n=2,264)	69.8%	52.7%	30.5%	52.8%	23.5%
	Total (n=3,178)	70.2%	51.5%	27.4%	51.3%	22.1%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q16A. Within the last twelve months, in your region, have you used either for yourself or to help another person ...</i></p>				

Doctor in a private office or clinic

- Older adults (81.2%) and persons who assessed themselves to be in bad health compared to others their own age (82.5%) were most likely to have used the services of a doctor in a private office or clinic in the previous 12 months.

- Persons with household income less than \$30k (66.1%), adults aged 25-44 (64.1%) and those who assessed their health as excellent (66.7%) show the lowest tendency to have used the services of a doctor in a private office or clinic in the previous 12 months.

CLSC (other than Info-Santé)

- Young adults aged 18-24 and those with self-assessed bad health were the most likely groups to have used a CLSC (other than Info-Santé) in the previous year.
- Those with high household income (over \$100k) and those with self-assessed excellent health were the least likely to have used the CLSC services.

Info-Santé

- Adults aged 25-44, those with self-assessed bad health and women were the most likely to have used the services of Info-Santé within the previous year.
- Unilingual English speakers, seniors, males and persons with low household income (under \$30k) were the least likely to have used Info-Santé in the previous year.

Hospital Emergency Room or Out-patient Clinic

- Those with self-assessed bad or average health compared to others their own age as well as middle household income earners (\$50-70k) were the most likely to have used hospital emergency or out-patient services within the past year.
- Unilingual English speakers, persons in self-assessed good health and seniors were the least likely to have used hospital emergency or out-patient services within the past year.

Hospital for Overnight Stay

- Persons with self-assessed bad health were much more likely to have stayed in a hospital overnight within the past year. Those in average health, women and persons in lower middle household income groups (\$30-50k and \$50-70k) were also more likely to have used hospital overnight services.
- Young adults 18-24, unilingual English speakers, those in self-assessed good health and high household income earners (\$100k+) were least likely to have used hospital overnight services in the previous year.

Table 5 – Satisfaction with Access to Regional Health and Social Services, by Region

Satisfaction with Access in English to Regional Health & Social Services		not satisfied	neither satisfied nor unsatisfied	satisfied
Region	01 Bas-Saint-Laurent (n=23)	66.3%	9.3%	24.4%
	03 Capitale-Nationale (n=93)	48.3%	23.1%	28.6%
	04 Mauricie et Centre-du-Québec (n=59)	43.4%	30.0%	26.6%
	05 Estrie (n=265)	34.3%	27.2%	38.6%
	6.1 Montréal (west) (n=367)	16.1%	23.6%	60.3%
	6.2 Montréal (centre) (n=468)	17.5%	24.9%	57.6%
	6.3 Montréal (east) (n=193)	40.5%	25.7%	33.8%
	07 Outaouais (n=213)	33.5%	22.8%	43.7%
	08 Abitibi-Témiscamingue (n=90)	23.2%	16.3%	60.5%
	09 Côte-Nord (n=110)	27.4%	12.8%	59.8%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	27.2%	34.2%	38.6%
	12 Chaudière-Appalaches (n=36)	44.5%	15.1%	40.4%
	13 Laval (n=265)	38.4%	25.5%	36.1%
	14 Lanaudière (n=74)	49.0%	27.0%	24.1%
	15 Laurentides (n=163)	37.7%	22.2%	40.2%
	16 Montérégie (n=553)	34.0%	23.7%	42.3%
Total (n=3,171)		27.5%	24.5%	48.0%
<i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i>		<i>Q15k. On a scale from 1 to 5, where 1 means not satisfied at all and 5 means totally satisfied, how satisfied are you with the following services offered in your region in English?</i>		

- Overall, nearly half (48%) of survey respondents were satisfied with access to regional health and social services in their language while more than one quarter (27.5%) were not satisfied and the other quarter (24.5%) were neither satisfied nor unsatisfied.
- The highest levels of satisfaction with access to regional health and social services are found among English speakers living in the regions of Abitibi-Témiscamingue, Montréal (west), Côte-Nord, and Montréal (centre).
- Twelve out of the sixteen health regions report a level of dissatisfaction that exceeds the provincial average among English-speaking survey respondents. The highest levels of dissatisfaction with access to health and social service in English is observed among English speakers living in the Bas-Saint-Laurent, Lanaudière, Chaudière-Appalaches and Capitale-Nationale regions.

Table 6 – Satisfaction with Access to Regional Health and Social Services, by Demographic Characteristics

Satisfaction with Access in English to Regional Health & Social Services		not satisfied	neither satisfied nor unsatisfied	satisfied
gender	male (n=1,313)	25.3%	23.9%	50.8%
	female (n=1,876)	29.1%	24.1%	46.7%
	Total (n=3,189)	27.2%	24.0%	48.8%
age	18-24 years (n=79)	23.4%	16.4%	60.2%
	25-44 years (n=795)	31.7%	25.5%	42.8%
	45-64 years (n=1,452)	28.3%	25.9%	45.8%
	65 years and older (n=775)	17.7%	21.0%	61.3%
	Total (n=3,101)	27.5%	24.3%	48.3%
household income	Less than \$30k (n=522)	22.2%	24.7%	53.2%
	\$30-50k (n=548)	27.1%	25.6%	47.3%
	\$50-70k (n=474)	28.8%	22.9%	48.3%
	\$70-100k (n=414)	33.3%	25.8%	40.9%
	\$100k and over (n=491)	30.5%	21.4%	48.1%
	Total (n=2,449)	28.5%	23.9%	47.6%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q15k. On a scale from 1 to 5, where 1 means not satisfied at all and 5 means totally satisfied, how satisfied are you with the following services offered in your region in English? k) Health and social services</i></p>		

- English speakers with self-assessed bad health were the most likely to express dissatisfaction with access to health and services in English in their region. Persons aged 25-44 and middle earners (\$50-70k) were also more likely to express dissatisfaction.
- Seniors (65 and over) and young adults (aged 18-24) expressed the highest levels of satisfaction with access to health and services in English in their region. Unilingual English speakers, high household income earners (\$100k+) those is self-assessed excellent health were also more likely to express satisfaction in this regard.

1.2 Unpaid Care

Restructuring and financial cutbacks in the health sector in recent years have 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.⁶ 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. Ten years later, the CROP-CHSSN 2010 survey explores further who the Anglophone 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.

1.2.1 Source of Support in the Case of Illness

Table 7 – Source of Support in Case of Illness, by Region

Source of Support in Case of Illness		relatives	friends	community resource	public social service institutions	nobody	other
Region	01 Bas-Saint-Laurent (n=23)	63.7%	10.4%	0.0%	26.0%	0.0%	0.0%
	03 Capitale-Nationale (n=93)	64.8%	13.4%	3.1%	12.1%	6.6%	0.0%
	04 Mauricie et Centre-du-Québec (n=59)	59.9%	12.5%	6.9%	12.8%	5.9%	1.9%
	05 Estrie (n=265)	77.9%	9.4%	2.6%	8.1%	2.1%	0.0%
	6.1 Montréal (west) (n=367)	68.2%	14.5%	2.8%	11.3%	2.5%	0.8%
	6.2 Montréal (centre) (n=468)	65.0%	13.4%	2.1%	15.0%	3.2%	1.3%
	6.3 Montréal (east) (n=193)	79.2%	11.5%	3.7%	2.6%	1.6%	1.4%
	07 Outaouais (n=213)	69.7%	11.3%	2.7%	14.4%	1.1%	0.9%
	08 Abitibi-Témiscamingue (n=90)	70.6%	9.9%	0.0%	13.5%	6.0%	0.0%
	09 Côte-Nord (n=110)	88.2%	4.0%	1.0%	5.8%	0.0%	1.0%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	70.7%	11.2%	0.3%	16.1%	0.8%	1.0%
	12 Chaudière-Appalaches (n=36)	71.7%	6.6%	8.4%	12.1%	1.2%	0.0%
	13 Laval (n=265)	79.0%	6.0%	2.1%	9.2%	3.3%	0.4%
	14 Lanaudière (n=74)	80.5%	3.2%	2.6%	11.6%	1.8%	0.3%
	15 Laurentides (n=163)	68.5%	10.7%	1.6%	13.8%	5.4%	0.0%
	16 Montérégie (n=553)	72.6%	13.1%	1.8%	9.0%	2.7%	0.8%
Total (n=3,171)	70.6%	12.1%	2.4%	11.2%	2.8%	0.9%	
<p>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</p>		<p>Q40. If you became ill, who other than your spouse would you likely turn to for support?</p>					

⁶ 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 English speakers responding to the survey were highly likely (82.7%) to turn to friends and family if they became ill, followed by public social service (11.2%), community resources (2.4%) and finally, nobody (2.8%).
- The proportion of Anglophones who would turn to family and friends is consistently high across the regions with the lowest at 72.4% in the Mauricie et Centre-du-Québec region, and the highest at 92.2% in the Côte-Nord region.
- Looking across Quebec, we observe the highest rate of reliance on a community resource among English speakers living in the Chaudière-Appalaches and Mauricie et Centre-du-Québec regions.
- 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 twice as likely as those in other regions to turn to a community resource.
- English-speaking respondents living in Bas Saint-Laurent, Gaspésie – Îles-de-la-Madeleine, Montréal (centre), Outaouais and Laurentides are much more likely than other regions to turn to public social services. Those living in the Côte-Nord, Montréal (east) and the Estrie regions are the least likely to rely on public social service in this health situation.



Table 8 – Source of Support in the Case of Illness

Source of Support in Case of Illness		relatives	friends	community resource	public social service institutions	nobody	other
gender	male (n=1,313)	67.5%	12.0%	2.6%	12.5%	3.9%	1.5%
	female (n=1,876)	72.7%	12.0%	3.7%	9.6%	1.7%	0.4%
	Total (n=3,189)	70.2%	12.0%	3.2%	11.0%	2.7%	0.9%
age	18-24 years (n=79)	66.2%	29.4%	0.0%	4.4%	0.0%	0.0%
	25-44 years (n=795)	76.9%	12.3%	3.4%	5.1%	1.5%	0.7%
	45-64 years (n=1,452)	67.2%	12.9%	2.3%	12.4%	4.1%	1.1%
	65 years and older (n=775)	65.5%	8.5%	4.1%	18.3%	2.6%	1.0%
	Total (n=3,101)	70.4%	12.0%	3.0%	10.9%	2.8%	0.9%
household income	Less than \$30k (n=522)	66.7%	9.5%	2.0%	17.6%	3.7%	0.5%
	\$30-50k (n=548)	70.9%	13.7%	3.2%	8.9%	1.9%	1.4%
	\$50-70k (n=474)	76.1%	11.1%	0.9%	10.1%	1.6%	0.2%
	\$70-100k (n=414)	69.9%	10.9%	3.0%	10.4%	4.0%	1.8%
	\$100k and over (n=491)	67.9%	15.5%	7.0%	8.5%	0.7%	0.4%
	Total (n=2,449)	70.4%	12.5%	3.5%	10.6%	2.2%	0.9%
health status	excellent (n=816)	71.7%	13.4%	3.2%	8.3%	1.9%	1.5%
	very good (n=1,186)	70.3%	11.5%	4.1%	10.2%	3.0%	0.8%
	good (n=637)	68.0%	13.6%	2.7%	12.1%	3.1%	0.4%
	average (n=420)	67.8%	9.9%	1.2%	17.3%	2.8%	0.9%
	bad (n=108)	74.7%	4.5%	1.0%	17.5%	2.2%	0.0%
	Total (n=3,167)	70.1%	12.1%	3.2%	11.0%	2.7%	0.9%
bilingual	English only (n=914)	66.5%	13.2%	2.0%	14.4%	3.5%	0.4%
	English and French (n=2,264)	71.6%	11.6%	3.6%	9.8%	2.5%	1.1%
	Total (n=3,178)	70.2%	12.0%	3.1%	11.0%	2.8%	0.9%
<i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i>		<i>Q40. If you became ill, who other than your spouse would you likely turn to for support?</i>					

Gender

- When the patterns of social support are considered in terms of gender, we find that women are somewhat more likely to turn to relatives and community resources than are their male counterparts. Men are more likely to use public health and social service institutions or to have nobody to turn to.

Age

- In terms of age groups, young people aged 18-24 are much more likely to turn to friends and much less likely to turn to public health and social service institutions than are the other age groups.
- Seniors are much more likely to turn to public health and social services and community resources than are the other age groups.

Household income

- Those in the lower household income category (less than \$30k) are more likely to draw on public health & social service institutions or to have nobody to turn to when compared with other English speakers. Those at the upper end of the household income spectrum (\$100k+) are more likely to turn to friends or community resources.

Health Status

- Those with bad or average self-assessed health compared to others their own age are much more likely to use public health and social services than are other English speakers.

Bilingualism

- Unilingual English speakers are more likely to turn to friends, public health & social service institutions or have nobody to turn to while bilingual English speakers are more likely to turn to community resources.



1.2.2 Care outside household

Table 9 – Unpaid Care for Person Living Outside Household, by Region

Provision of Unpaid Care for Persons Living Outside Household		yes	no
Region	01 Bas-Saint-Laurent (n=23)	17.5%	82.5%
	03 Capitale-Nationale (n=93)	12.7%	87.3%
	04 Mauricie et Centre-du-Québec (n=59)	22.5%	77.5%
	05 Estrie (n=265)	13.7%	86.3%
	6.1 Montréal (west) (n=367)	20.7%	79.3%
	6.2 Montréal (centre) (n=468)	17.5%	82.5%
	6.3 Montréal (east) (n=193)	17.0%	83.0%
	07 Outaouais (n=213)	17.3%	82.7%
	08 Abitibi-Témiscamingue (n=90)	16.3%	83.7%
	09 Côte-Nord (n=110)	13.5%	86.5%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	20.5%	79.5%
	12 Chaudière-Appalaches (n=36)	16.1%	83.9%
	13 Laval (n=265)	13.8%	86.2%
	14 Lanaudière (n=74)	7.8%	92.2%
	15 Laurentides (n=163)	11.8%	88.2%
	16 Montérégie (n=553)	16.6%	83.4%
Total (n=3,171)		16.9%	83.1%
<i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i>		<i>Q41. Do you provide (unpaid) care for a person living outside your household?</i>	

- English speakers in the Mauricie et Centre-du-Québec (22.5%), Montréal (west) (20.7%) and Gaspésie -Îles-de-la-Madeleine (20.5%) regions were more likely than English speakers in other regions to provide unpaid care for a person living outside their household.
- English speakers in Lanaudière (7.8%), Laurentides (11.8%) and Capitale-Nationale (12.7%) were much less likely than English speakers in other regions to provide unpaid care for a person living outside their household.

Table 10 – Unpaid Care outside Household

Provision of Unpaid Care for Persons Living Outside Household		yes	no
gender	male (n=1,313)	14.4%	85.6%
	female (n=1,876)	19.0%	81.0%
	Total (n=3,189)	16.6%	83.4%
age	18-24 years (n=79)	16.4%	83.6%
	25-44 years (n=795)	13.2%	86.8%
	45-64 years (n=1,452)	20.6%	79.4%
	65 years and older (n=775)	12.9%	87.1%
	Total (n=3,101)	16.2%	83.8%
household income	Less than \$30k (n=522)	21.2%	78.8%
	\$30-50k (n=548)	17.6%	82.4%
	\$50-70k (n=474)	15.0%	85.0%
	\$70-100k (n=414)	13.4%	86.6%
	\$100k and over (n=491)	15.0%	85.0%
	Total (n=2,449)	16.3%	83.7%
health status	excellent (n=816)	15.1%	84.9%
	very good (n=1,186)	15.4%	84.6%
	good (n=637)	20.4%	79.6%
	average (n=420)	17.8%	82.2%
	bad (n=108)	17.2%	82.8%
	Total (n=3,167)	16.7%	83.3%
bilingual	English only (n=914)	15.4%	84.6%
	English and French (n=2,264)	17.1%	82.9%
	Total (n=3,178)	16.7%	83.3%
<i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i>		<i>Q41. Do you provide (unpaid) care for a person living outside your household?</i>	

Gender

Women (19%) were more likely than men (14.4%) to provide unpaid care to a person living outside their household.

Age

- Adults aged 45-64 are more likely than other age groups to provide unpaid care to a person living outside their household. Younger adults aged 25-44 and seniors were less likely to provide unpaid care to a person living outside their household.

Household income

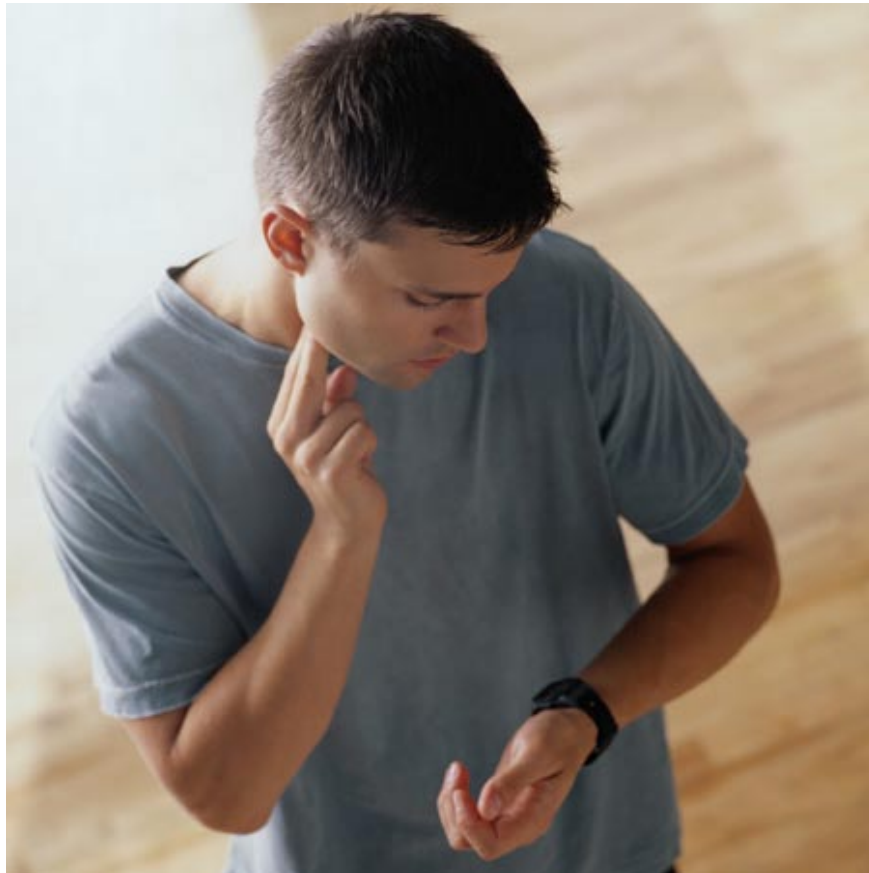
- Lower household income English speakers (less than \$30k household income) were more likely than other English speakers to provide unpaid care to a person living outside their household. Those earning \$70-100k were least likely to do so.

Health Status

- English speakers with good self-assessed health (20.4%) were more likely than other English speakers to provide unpaid care to a person living outside their household. Those with excellent or very good self-assessed health were less likely to do so.

Bilingualism

- Unilingual English speakers were somewhat less likely than bilingual Anglophones to provide unpaid care to a person living outside their household.



1.2.3 Unpaid care for someone other than a relative

Table 11 – Unpaid Care for Non-Relative, by Region

Provision of Unpaid Care for Someone Other than a Relative		yes	no
Region	01 Bas-Saint-Laurent (n=23)	16.1%	83.9%
	03 Capitale-Nationale (n=93)	4.4%	95.6%
	04 Mauricie et Centre-du-Québec (n=59)	9.9%	90.1%
	05 Estrie (n=265)	6.7%	93.3%
	6.1 Montréal (west) (n=367)	10.2%	89.8%
	6.2 Montréal (centre) (n=468)	8.9%	91.1%
	6.3 Montréal (east) (n=193)	12.2%	87.8%
	07 Outaouais (n=213)	7.1%	92.9%
	08 Abitibi-Témiscamingue (n=90)	9.9%	90.1%
	09 Côte-Nord (n=110)	9.1%	90.9%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	10.2%	89.8%
	12 Chaudière-Appalaches (n=36)	4.5%	95.5%
	13 Laval (n=265)	9.1%	90.9%
	14 Lanaudière (n=74)	3.9%	96.1%
	15 Laurentides (n=163)	6.9%	93.1%
	16 Montérégie (n=553)	10.5%	89.5%
	Total (n=3,171)	9.4%	90.6%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q42. Do you provide (unpaid) care for someone other than a relative?</i></p>	

- English speakers in Bas Saint-Laurent (16.1%), Montréal (east) (12.2%) and Montérégie (10.5%) were more likely than those in other regions to provide unpaid care for someone other than a relative.
- English speakers in Lanaudière (3.9%), Capitale-Nationale (4.4%) and Chaudière-Appalaches (4.5%) were much less likely than those living in other regions to provide unpaid care for someone other than a relative.

Table 12 – Unpaid Care for Non-Relative

Provision of Unpaid Care for Someone Other than a Relative		yes	no
gender	male (n=1,313)	8.4%	91.6%
	female (n=1,876)	10.1%	89.9%
	Total (n=3,189)	9.2%	90.8%
age	18-24 years (n=79)	16.0%	84.0%
	25-44 years (n=795)	7.5%	92.5%
	45-64 years (n=1,452)	10.0%	90.0%
	65 years and older (n=775)	9.8%	90.2%
	Total (n=3,101)	9.2%	90.8%
household income	Less than \$30k (n=522)	14.5%	85.5%
	\$30-50k (n=548)	11.1%	88.9%
	\$50-70k (n=474)	7.5%	92.5%
	\$70-100k (n=414)	5.8%	94.2%
	\$100k and over (n=491)	7.5%	92.5%
	Total (n=2,449)	9.1%	90.9%
health status	excellent (n=816)	8.3%	91.7%
	very good (n=1,186)	7.6%	92.4%
	good (n=637)	12.3%	87.7%
	average (n=420)	11.5%	88.5%
	bad (n=108)	7.0%	93.0%
	Total (n=3,167)	9.2%	90.8%
bilingual	English only (n=914)	9.7%	90.3%
	English and French (n=2,264)	9.0%	91.0%
	Total (n=3,178)	9.2%	90.8%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p>Q42. Do you provide (unpaid) care for someone other than a relative?</p>	

Gender

- Women (10.1%) were more likely than men (8.4%) to provide unpaid care for someone other than a relative.

Age

- Young adults aged 18-24 were much more likely (16%) than English speakers in other age groups to provide unpaid care for someone other than a relative.
- Adults aged 25-44 (7.5%) were less likely than those in other age groups to provide unpaid care for someone other than a relative.

Household income

- English speakers with lower household income levels (less than \$30k and \$30-50k) were more likely than those in other household income groups to provide unpaid care for someone other than a relative.

Health Status

- Persons with average or good health showed higher tendencies to provide unpaid care for someone other than a relative than did English speakers with other self-reported health levels.

Bilingualism

- Unilingual English speakers were more likely to provide unpaid care for someone other than a relative than were their bilingual counterparts.



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

Table 13 – Anticipated Health & Social Service Needs, by Region

Anticipated Health & Social Service Needs, Long-term Care, Nursing Homes, Homecare Services		public long-term care institution	public homecare program	private residence or private nursing home	private nursing services at home
Region	01 Bas-Saint-Laurent (n=23)	37.5%	49.7%	43.4%	40.7%
	03 Capitale-Nationale (n=93)	31.4%	32.1%	29.7%	33.7%
	04 Mauricie et Centre-du-Québec (n=59)	33.7%	28.3%	28.3%	27.6%
	05 Estrie (n=265)	27.1%	35.6%	28.9%	25.8%
	6.1 Montréal (west) (n=367)	30.9%	31.8%	30.8%	27.7%
	6.2 Montréal (centre) (n=468)	28.6%	33.1%	27.9%	28.7%
	6.3 Montréal (east) (n=193)	37.2%	36.7%	33.9%	30.8%
	07 Outaouais (n=213)	21.5%	23.6%	19.3%	22.9%
	08 Abitibi-Témiscamingue (n=90)	40.5%	39.2%	30.9%	35.4%
	09 Côte-Nord (n=110)	21.9%	22.5%	21.3%	22.1%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	25.5%	38.5%	27.6%	24.7%
	12 Chaudière-Appalaches (n=36)	26.7%	34.4%	41.7%	41.3%
	13 Laval (n=265)	34.6%	36.8%	29.2%	28.1%
	14 Lanaudière (n=74)	15.6%	14.8%	15.1%	18.5%
	15 Laurentides (n=163)	30.5%	24.8%	26.0%	17.1%
	16 Montérégie (n=553)	26.4%	25.4%	25.0%	20.6%
Total (n=3,171)	29.6%	31.5%	28.1%	26.7%	
<p>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</p>		<p>Q18A-D. 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?</p>			

Public long-term care institution

- Across regions, it is the English speakers in Abitibi-Témiscamingue (40.5%), Bas Saint-Laurent (37.5%), and Montréal (east) (37.2%) regions who anticipate the greatest likelihood of the need for the use of a public long-term care institution for themselves or for someone for whom they provide care.
- English speakers in the Lanaudière (15.6%), Outaouais (21.5%) and Côte-Nord (21.9%) regions are the least likely to anticipate the need for such services.

Public homecare program

- English speakers in Bas Saint-Laurent (49.7%), Abitibi-Témiscamingue (39.2%) and Gaspésie – Îles-de-la-Madeleine (38.5%) showed greater likelihood than other English speakers for the future use of a public homecare program for themselves or for someone for whom they provide care.
- Those in Lanaudière (14.8%), Côte-Nord (22.5%), Outaouais (23.6%) and Laurentides (24.8%) are the least likely to anticipate the need for such services.

Private residence or private nursing home

- The English speakers in the regions of Bas Saint-Laurent (43.4%) and Chaudière-Appalaches (41.7%) and Montréal (east) (33.9%) were more likely to anticipate the need for the use of a private residence or private nursing home for themselves or for someone for whom they provide care.
- Those living in the regions of Lanaudière (15.1%), Outaouais (19.3%), Côte-Nord (21.3%) and Montérégie (25%) were less likely to anticipate the need for such services.

Private nursing services at home

- English speakers in the Chaudière-Appalaches (41.3%), Bas Saint-Laurent (40.7%), Abitibi-Témiscamingue (35.4%) and Capitale-Nationale (33.7%) regions were more likely than those in other regions to anticipate the need for private nursing services at home for themselves or for someone for whom they provide care.
- Those English speakers living in the Laurentides (17.1%), Lanaudière (18.5%) and Montérégie (20.6%) regions were less likely to anticipate the need for such services.



Table 14 – Anticipated Health & Social Service Needs

Anticipated Health & Social Service Needs, Long-term Care, Nursing Homes, Homecare Services		public long- term care institution	public homecare program	private residence or private nursing home	private nursing services at home
gender	male (n=1,313)	28.2%	28.8%	26.0%	26.1%
	female (n=1,876)	31.7%	34.9%	31.0%	28.1%
	Total (n=3,189)	29.9%	31.8%	28.4%	27.1%
age	18-24 years (n=79)	29.4%	26.3%	23.9%	18.8%
	25-44 years (n=795)	21.7%	24.6%	23.2%	22.4%
	45-64 years (n=1,452)	32.6%	33.5%	30.7%	28.3%
	65 years and older (n=775)	45.3%	47.3%	37.0%	40.3%
	Total (n=3,101)	30.1%	31.6%	28.2%	27.1%
household income	Less than \$30k (n=522)	35.0%	35.9%	28.4%	24.8%
	\$30-50k (n=548)	32.7%	34.9%	29.6%	31.1%
	\$50-70k (n=474)	27.1%	25.8%	24.7%	21.9%
	\$70-100k (n=414)	25.7%	28.5%	25.4%	23.0%
	\$100k and over (n=491)	29.5%	29.6%	31.2%	30.1%
	Total (n=2,449)	29.8%	30.8%	28.0%	26.4%
health status	excellent (n=816)	26.5%	27.0%	26.6%	24.5%
	very good (n=1,186)	27.0%	29.0%	25.9%	24.5%
	good (n=637)	34.0%	36.4%	33.0%	33.0%
	average (n=420)	40.4%	41.4%	32.7%	31.8%
	bad (n=108)	40.6%	51.8%	34.1%	32.8%
	Total (n=3,167)	30.0%	31.9%	28.5%	27.2%
bilingual	English only (n=914)	24.5%	28.7%	20.4%	21.6%
	English and French (n=2,264)	31.6%	32.8%	30.9%	28.8%
	Total (n=3,178)	29.9%	31.8%	28.4%	27.1%
<i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i>		<i>Q18A-D. 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?</i>			

Public long-term care institution

- Among English speakers, it was seniors, those earning less than \$30k, and those with self-assessed bad or average health who were most likely to anticipate the use of a public long-term care institution for themselves or for someone for whom they provide care.
- Across demographic categories, young adults (25-44), unilingual English speakers and those earning \$70-100k were the least likely to anticipate the need for such services.

Public homecare program

- In terms of demographic characteristics, English speakers who were seniors or in bad or average self-assessed health were more likely than other English speakers to anticipate the future need of a public homecare program for themselves or for someone for whom they provide care.
- Young adults (aged 18-24 and 25-44), those with household income \$50-70k and those in excellent health are the least likely to anticipate the need for such services.

Private residence or private nursing home

- Those English speakers who were in bad or good self-assessed health or over 65 years of age were most likely to anticipate the need for the use of a private residence or private nursing home for themselves or for someone for whom they provide care.
- Young adults (18-24 and 25-44) and unilingual English speakers were least likely to anticipate the need for such services.

Private nursing services at home

- Seniors and those in bad or good self-assessed health were more likely than other English speakers to anticipate the need for private nursing services at home for themselves or for someone for whom they provide care.
- Unilingual English speakers and younger English speakers (18-24 and 25-44) were less likely to anticipate the need for such services.

Table 15 – Importance of Receiving Future Services in English

Importance of Receiving Future Services (long-term care, homecare) in English		Yes, very important	French is acceptable
Region	01 Bas-Saint-Laurent (n=23)	49.7%	50.3%
	03 Capitale-Nationale (n=93)	56.0%	44.0%
	04 Mauricie et Centre-du-Québec (n=59)	56.2%	43.8%
	05 Estrie (n=265)	91.7%	8.3%
	6.1 Montréal (west) (n=367)	86.2%	13.8%
	6.2 Montréal (centre) (n=468)	86.2%	13.8%
	6.3 Montréal (east) (n=193)	58.8%	41.2%
	07 Outaouais (n=213)	86.7%	13.3%
	08 Abitibi-Témiscamingue (n=90)	76.3%	23.7%
	09 Côte-Nord (n=110)	97.9%	2.1%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	84.3%	15.7%
	12 Chaudière-Appalaches (n=36)	83.1%	16.9%
	13 Laval (n=265)	78.9%	21.1%
	14 Lanaudière (n=74)	35.9%	64.1%
	15 Laurentides (n=163)	64.8%	35.2%
	16 Montérégie (n=553)	85.7%	14.3%
Total (n=3,171)		78.2%	21.8%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q18D. Do you feel it would be very important to receive these services (long-term care, homecare) in English or would it be acceptable to receive the service in French?</i></p>	

- For those who anticipated needing future long-term or health-care services for themselves or for someone for whom they provide care, more than three-quarters (78.2%) expressed the view that it would be very important to receive these services in English.
- Across regions, English speakers in the Côte-Nord (97.9%) and Estrie (91.7%) regions along with those in Montréal (centre)(86.2%), Montréal (west) (86.2%) and Outaouais (86.7%) regions were particularly interested in having such services in English.

Table 16 – Importance of Receiving Future Services (Long-term Care, Nursing Home, Homecare, etc.) in English

Importance of Receiving Future Services (long-term care, homecare) in English		yes, very important	French is acceptable
gender	male (n=1,313)	73.5%	26.5%
	female (n=1,876)	82.5%	17.5%
	Total (n=3,189)	78.3%	21.7%
age	18-24 years (n=79)	68.4%	31.6%
	25-44 years (n=795)	78.9%	21.1%
	45-64 years (n=1,452)	81.3%	18.7%
	65 years and older (n=775)	74.8%	25.2%
	Total (n=3,101)	78.1%	21.9%
household income	Less than \$30k (n=522)	73.9%	26.1%
	\$30-50k (n=548)	80.2%	19.8%
	\$50-70k (n=474)	77.7%	22.3%
	\$70-100k (n=414)	81.7%	18.3%
	\$100k and over (n=491)	73.2%	26.8%
	Total (n=2,449)	77.1%	22.9%
health status	excellent (n=816)	74.1%	25.9%
	very good (n=1,186)	78.5%	21.5%
	good (n=637)	82.1%	17.9%
	average (n=420)	77.4%	22.6%
	bad (n=108)	83.5%	16.5%
	Total (n=3,167)	78.2%	21.8%
bilingual	English only (n=914)	88.6%	11.4%
	English and French (n=2,264)	75.7%	24.3%
	Total (n=3,178)	78.3%	21.7%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q18D. Do you feel it would be very important to receive these services (long-term care, homecare) in English or would it be acceptable to receive the service in French?</i></p>	

Gender

- Women (82.5%) were somewhat more likely than men (73.5%) to deem it very important that long-term care and home care services are in English.

Age

- Across generations, young people aged 18-24 were somewhat less likely to judge it very important that such services be in English.

Household income

- There was little variation across household income levels for the degree of agreement with the importance of such services being in English.

Health Status

- Those with self-assess bad health were slightly more likely to agree that having long-term care or home care in English was “very important”.

Bilingualism

- Unilingual English speakers (88.6%) were more like to agree that it was “very important” that future long-term care and home care services be in English.



2 Language of Services

Besides the type and frequency of health and social services used by Quebec's English-speaking communities, the CROP-CHSSN 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 five 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.



2.1 Language of Service from Doctor in Private Clinic or Office

Table 17 – 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 was acceptable	yes	no	was very important	French was acceptable
Region	01 Bas-Saint-Laurent (n=23)	31.1%	68.9%	66.1%	33.9%	76.5%	23.5%	18.6%	81.4%	42.2%	57.8%
	03 Capitale-Nationale (n=93)	33.2%	66.8%	75.8%	24.2%	93.0%	7.0%	9.4%	90.6%	18.0%	82.0%
	04 Mauricie et Centre-du-Québec (n=59)	65.5%	34.5%	97.1%	2.9%	72.6%	27.4%	7.6%	92.4%	20.8%	79.2%
	05 Estrie (n=265)	76.6%	23.4%	85.5%	14.5%	81.6%	18.4%	14.5%	85.5%	27.2%	72.8%
	6.1 Montréal (west) (n=367)	97.7%	2.3%	88.1%	11.9%	81.4%	18.6%	20.1%	79.9%	25.2%	74.8%
	6.2 Montréal (centre) (n=468)	91.3%	8.7%	90.7%	9.3%	81.8%	18.2%	28.1%	71.9%	52.8%	47.2%
	6.3 Montréal (east) (n=193)	56.4%	43.6%	85.1%	14.9%	61.3%	38.7%	15.5%	84.5%	37.2%	62.8%
	07 Outaouais (n=213)	87.7%	12.3%	78.8%	21.2%	85.6%	14.4%	20.7%	79.3%	36.9%	63.1%
	08 Abitibi-Témiscamingue (n=90)	77.8%	22.2%	92.1%	7.9%	88.0%	12.0%	7.4%	92.6%	6.7%	93.3%
	09 Côte-Nord (n=110)	89.2%	10.8%	89.0%	11.0%	97.9%	2.1%	21.4%	78.6%	21.4%	78.6%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	72.0%	28.0%	89.5%	10.5%	96.5%	3.5%	1.4%	98.6%	18.8%	81.2%
	12 Chaudière-Appalaches (n=36)	34.7%	65.3%	93.4%	6.6%	79.7%	20.3%	49.3%	50.7%	44.7%	55.3%
	13 Laval (n=265)	72.6%	27.4%	86.0%	14.0%	77.8%	22.2%	23.2%	76.8%	38.7%	61.3%
	14 Lanaudière (n=74)	27.5%	72.5%	50.0%	50.0%	80.3%	19.7%	3.9%	96.1%	8.9%	91.1%
	15 Laurentides (n=163)	80.6%	19.4%	88.6%	11.4%	88.7%	11.3%	18.4%	81.6%	34.4%	65.6%
16 Montérégie (n=553)	78.4%	21.6%	90.1%	9.9%	87.5%	12.5%	16.0%	84.0%	33.1%	66.9%	
Total (n=3,171)	81.3%	18.7%	88.3%	11.7%	81.1%	18.9%	18.2%	81.8%	36.5%	63.5%	

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 was acceptable	yes	no	was very important	French was acceptable
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>	<p><i>Q17A1. Were you served in English by the doctor you saw at a private office or clinic?</i></p>		<p><i>Q17A2. 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?</i></p>		<p><i>Q17A3. 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?</i></p>		<p><i>Q17A4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17A5. 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?</i></p>	

- Overall, 81.3% of English speakers in Quebec reported being served in English by a doctor in a private clinic or office. English speakers in Montréal (west) (97.7%) and Montréal (centre) (91.3%) were more likely than English speakers in other regions to have been served in English while visiting a doctor in a private clinic or office. English speakers in Lanaudière (27.5%), Bas Saint-Laurent (31.1%), Capitale-Nationale (33.2%) and Chaudière-Appalaches (43.7%) were much less likely to have been served in English by a doctor in a private clinic or office.
- Of those served in English, 11.7% had to ask for the service in English as opposed to it being actively offered. Among those served in English by a doctor in a private clinic or office, English speakers in Lanaudière, Bas Saint-Laurent, Capitale-Nationale and the Outaouais were more likely to have been required to ask for the service in English than English speakers in other regions.
- More than four in five (81.1%) of English speakers served in English by a doctor in a private clinic or office expressed the view that it was very important to have received this service in English. Among those who were served in English, those living in the Côte-Nord, Gaspésie – Îles-de-la-Madeleine and Capitale-Nationale regions were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French by a doctor in a private clinic or office, 18% had asked for the service in English but it was provided only in French. This situation was most common in the Montréal (west), Montréal (centre), Côte-Nord and Outaouais regions
- Among those who were not served in English by a doctor in private clinic or office, those living in Montréal (centre), Chaudière-Appalaches and Bas Saint-Laurent were most likely to agree with the statement that it would have been very important to receive the service in English.



Table 18 – Language of Service – Doctor in a Private Clinic or Office

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 was acceptable	yes	no	was very important	French was acceptable
gender	male (n=1,313)	81.3%	18.7%	88.2%	11.8%	80.0%	20.0%	17.0%	83.0%	34.8%	65.2%
	female (n=1,876)	81.7%	18.3%	88.3%	11.7%	82.7%	17.3%	19.4%	80.6%	38.2%	61.8%
	Total (n=3,189)	81.5%	18.5%	88.3%	11.7%	81.4%	18.6%	18.2%	81.8%	36.5%	63.5%
age	18-24 years (n=79)	80.0%	20.0%	84.8%	15.2%	60.7%	39.3%	18.7%	81.3%	26.3%	73.7%
	25-44 years (n=795)	78.2%	21.8%	82.2%	17.8%	80.0%	20.0%	19.7%	80.3%	38.2%	61.8%
	45-64 years (n=1,452)	80.7%	19.3%	91.2%	8.8%	82.5%	17.5%	18.4%	81.6%	37.1%	62.9%
	65 years and older (n=775)	88.1%	11.9%	93.7%	6.3%	88.1%	11.9%	12.1%	87.9%	22.7%	77.3%
	Total (n=3,101)	81.2%	18.8%	88.3%	11.7%	81.5%	18.5%	18.1%	81.9%	35.1%	64.9%
household income	Less than \$30k (n=522)	85.3%	14.7%	84.4%	15.6%	88.1%	11.9%	22.5%	77.5%	34.9%	65.1%
	\$30-50k (n=548)	81.8%	18.2%	86.8%	13.2%	83.2%	16.8%	13.4%	86.6%	28.6%	71.4%
	\$50-70k (n=474)	84.0%	16.0%	91.9%	8.1%	79.4%	20.6%	24.4%	75.6%	44.6%	55.4%
	\$70-100k (n=414)	72.1%	27.9%	81.4%	18.6%	83.4%	16.6%	12.4%	87.6%	29.6%	70.4%
	\$100k and over (n=491)	79.9%	20.1%	94.1%	5.9%	72.0%	28.0%	19.3%	80.7%	36.6%	63.4%
	Total (n=2,449)	80.5%	19.5%	88.3%	11.7%	80.6%	19.4%	17.6%	82.4%	34.4%	65.6%
health status	excellent (n=816)	81.0%	19.0%	88.0%	12.0%	80.9%	19.1%	19.4%	80.6%	30.2%	69.8%
	very good (n=1,186)	81.1%	18.9%	86.2%	13.8%	78.4%	21.6%	15.0%	85.0%	32.4%	67.6%
	good (n=637)	81.8%	18.2%	90.4%	9.6%	83.4%	16.6%	20.9%	79.1%	46.6%	53.4%
	average (n=420)	83.5%	16.5%	91.6%	8.4%	87.5%	12.5%	13.0%	87.0%	37.4%	62.6%
	bad (n=108)	77.8%	22.2%	92.1%	7.9%	83.9%	16.1%	45.1%	54.9%	63.8%	36.2%
	Total (n=3,167)	81.4%	18.6%	88.3%	11.7%	81.3%	18.7%	18.2%	81.8%	36.5%	63.5%

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 was acceptable	yes	no	was very important	French was acceptable
bilingual	English only (n=914)	95.2%	4.8%	86.6%	13.4%	96.6%	3.4%	39.1%	60.9%	68.6%	31.4%
	English and French (n=2,264)	76.8%	23.2%	88.9%	11.1%	74.8%	25.2%	16.7%	83.3%	34.4%	65.6%
	Total (n=3,178)	81.5%	18.5%	88.3%	11.7%	81.4%	18.6%	18.2%	81.8%	36.5%	63.5%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q17A1. Were you served in English by the doctor you saw at a private office or clinic?</i></p>		<p><i>Q17A2. 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?</i></p>		<p><i>Q17A3. 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?</i></p>		<p><i>Q17A4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17A5. 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?</i></p>	

- Overall, (81.5%) of English speakers in Quebec reported being served in English by a doctor in a private clinic or office. Unilingual English speakers, seniors and those with low household income (less than \$30k) were more likely than other English speakers to have been served in English while visiting a doctor in a private clinic or office. Bilingual English speakers and those with relatively high household incomes (\$70-100k) were slightly less likely to have been served in English by a doctor in a private clinic or office.
- Of those served in English, 11.7% had to ask for the service in English as opposed to it being actively offered. Among those served in English by a doctor in a private clinic or office, younger English speakers (18-24 and 25-44), unilingual English speakers and those with low household incomes (less than \$30k) were more likely to have been required to ask for the service in English than were other English speakers.
- More than four in five (81.4%) of English speakers served in English by a doctor in a private clinic or office expressed the view that it was very important to have received this service in English. Among those who were served in English, unilingual English speakers and those with low household income were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French by a doctor in a private clinic or office, 18% had asked for the service in English but it was provided only in French. This situation was most common for unilingual English speakers, for those in bad self-assessed health and for those in low household income category (less than \$30k).
- Among those who were not served in English by a doctor in private clinic or office, those with self-assessed bad health and unilingual English speakers were most likely to agree with the statement that it would have been very important to receive the service in English.



2.2 Language of Service from CLSCs

Table 19 – Language of Service – CLSC (other than Info-Santé), by Region

Language of Service – CLSC, other than Info Santé or Info Health line		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 was acceptable	yes	no	was very important	French was acceptable
Region	01 Bas-Saint-Laurent (n=23)	7.9%	92.1%	100.0%	.0%	77.0%	23.0%	53.3%	46.7%	76.7%	23.3%
	03 Capitale-Nationale (n=93)	7.1%	92.9%	100.0%	.0%	62.9%	37.1%	6.5%	93.5%	21.2%	78.8%
	04 Mauricie et Centre-du-Québec (n=59)	40.6%	59.4%	86.6%	13.4%	90.4%	9.6%	18.1%	81.9%	19.3%	80.7%
	05 Estrie (n=265)	63.6%	36.4%	73.8%	26.2%	76.6%	23.4%	26.9%	73.1%	41.9%	58.1%
	6.1 Montréal (west) (n=367)	75.6%	24.4%	72.6%	27.4%	79.2%	20.8%	31.5%	68.5%	50.5%	49.5%
	6.2 Montréal (centre) (n=468)	70.9%	29.1%	67.3%	32.7%	78.4%	21.6%	27.4%	72.6%	43.9%	56.1%
	6.3 Montréal (east) (n=193)	27.1%	72.9%	44.9%	55.1%	52.3%	47.7%	13.8%	86.2%	34.1%	65.9%
	07 Outaouais (n=213)	74.7%	25.3%	74.6%	25.4%	88.4%	11.6%	24.9%	75.1%	39.0%	61.0%
	08 Abitibi-Témiscamingue (n=90)	70.2%	29.8%	94.5%	5.5%	87.8%	12.2%	6.6%	93.4%	16.3%	83.7%
	09 Côte-Nord (n=110)	52.6%	47.4%	96.8%	3.2%	92.8%	7.2%	2.2%	97.8%	3.8%	96.2%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	78.2%	21.8%	74.3%	25.7%	85.9%	14.1%	7.9%	92.1%	47.9%	52.1%
	12 Chaudière-Appalaches (n=36)	11.9%	88.1%	39.6%	60.4%	53.4%	46.6%	21.4%	78.6%	21.4%	78.6%
	13 Laval (n=265)	41.9%	58.1%	64.6%	35.4%	71.9%	28.1%	16.2%	83.8%	27.3%	72.7%
	14 Lanaudière (n=74)	24.7%	75.3%	45.8%	54.2%	84.0%	16.0%	4.5%	95.5%	17.5%	82.5%
	15 Laurentides (n=163)	39.9%	60.1%	47.5%	52.5%	82.4%	17.6%	20.8%	79.2%	40.9%	59.1%
	16 Montérégie (n=553)	53.1%	46.9%	78.2%	21.8%	81.9%	18.1%	16.2%	83.8%	32.5%	67.5%
Total (n=3,171)	57.4%	42.6%	68.9%	31.1%	77.9%	22.1%	19.6%	80.4%	36.4%	63.6%	

Language of Service – CLSC, other than Info Santé or Info Health line	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 was acceptable	yes	no	was very important	French was acceptable
<p>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</p>	<p>Q17B1. Were you served in English at the CLSC, other than Info Santé or Info Health line?</p>		<p>Q17B2. 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?</p>		<p>Q17B3. 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?</p>		<p>Q17B4. Did you or the person you helped ask for service in English?</p>		<p>Q17B5. 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?</p>	

- Overall, 57.4% of English speakers in Quebec reported being served in English by a CLSC (other than Info-Santé). English speakers in Montréal (west) (75.6%), Montréal (centre) (70.9%) Gaspésie – Îles-de-la-Madeleine (78.2%) and Abitibi-Témiscamingue (70.2%) were more likely than English speakers in other regions to have been served in English while visiting a CLSC (other than Info-Santé). English speakers in Bas Saint-Laurent (7.9%), Capitale-Nationale (7.1%) and Chaudière-Appalaches (11.9%) were much less likely to have been served in English by a CLSC (other than Info-Santé).
- Of those served in English, 31.1% had to ask for the service in English as opposed to it being actively offered. Among those served in English by a CLSC (other than Info-Santé), English speakers in the Lanaudière, Laurentides, Chaudière-Appalaches and Montréal (east) regions were more likely to have been required to ask for the service in English than English speakers in other regions.
- More than three-quarters (77.9%) of English speakers served in English by a CLSC (other than Info-Santé) expressed the view that it was very important to have received this service in English. Among those who were served in English, those living in the Côte-Nord and Mauricie – Centre-du-Québec regions were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French by a CLSC (other than Info-Santé), 19.6% had asked for the service in English but it was provided only in French. This situation was most common in the Bas Saint-Laurent, Montréal (west), Montréal (centre), Estrie and Outaouais regions
- More than a third (36.4%) of those served in French at a CLSC (other than Info-Santé) expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English by a CLSC (other than Info-Santé), those living in Montréal (west), Gaspésie – Îles-de-la-Madeleine and Bas Saint-Laurent were most likely to agree with the statement that it would have been very important to have received the service in English.



Table 20 – Language of Service – CLSCs other than Info-Santé

Language of Service – CLSC, other than Info Santé or Info Health line		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 was acceptable	yes	no	was very important	French was acceptable
gender	male (n=1,313)	57.0%	43.0%	73.6%	26.4%	73.2%	26.8%	17.7%	82.3%	32.6%	67.4%
	female (n=1,876)	58.0%	42.0%	64.6%	35.4%	82.0%	18.0%	21.2%	78.8%	39.9%	60.1%
	Total (n=3,189)	57.5%	42.5%	68.5%	31.5%	78.1%	21.9%	19.6%	80.4%	36.4%	63.6%
age	18-24 years (n=79)	53.4%	46.6%	60.3%	39.7%	41.1%	58.9%	21.3%	78.7%	46.2%	53.8%
	25-44 years (n=795)	49.4%	50.6%	55.1%	44.9%	82.6%	17.4%	24.3%	75.7%	40.3%	59.7%
	45-64 years (n=1,452)	57.4%	42.6%	70.1%	29.9%	80.0%	20.0%	16.7%	83.3%	31.2%	68.8%
	65 years and older (n=775)	74.3%	25.7%	85.1%	14.9%	83.0%	17.0%	8.5%	91.5%	22.3%	77.7%
	Total (n=3,101)	56.9%	43.1%	67.9%	32.1%	78.7%	21.3%	19.8%	80.2%	35.7%	64.3%
household income	Less than \$30k (n=522)	64.0%	36.0%	67.1%	32.9%	93.5%	6.5%	19.2%	80.8%	32.4%	67.6%
	\$30-50k (n=548)	56.2%	43.8%	67.8%	32.2%	75.3%	24.7%	26.6%	73.4%	45.3%	54.7%
	\$50-70k (n=474)	56.3%	43.7%	66.4%	33.6%	68.9%	31.1%	31.0%	69.0%	42.1%	57.9%
	\$70-100k (n=414)	46.1%	53.9%	64.5%	35.5%	88.0%	12.0%	8.4%	91.6%	31.4%	68.6%
	\$100k and over (n=491)	52.5%	47.5%	73.1%	26.9%	65.4%	34.6%	14.2%	85.8%	29.2%	70.8%
	Total (n=2,449)	55.0%	45.0%	67.7%	32.3%	78.1%	21.9%	19.7%	80.3%	36.3%	63.7%
health status	excellent (n=816)	53.6%	46.4%	70.3%	29.7%	72.7%	27.3%	19.0%	81.0%	36.2%	63.8%
	very good (n=1,186)	53.2%	46.8%	66.3%	33.7%	75.1%	24.9%	22.2%	77.8%	33.7%	66.3%
	good (n=637)	65.2%	34.8%	68.3%	31.7%	84.3%	15.7%	18.0%	82.0%	47.0%	53.0%
	average (n=420)	64.2%	35.8%	69.3%	30.7%	78.7%	21.3%	17.3%	82.7%	25.8%	74.2%
	bad (n=108)	64.5%	35.5%	72.9%	27.1%	93.5%	6.5%	10.6%	89.4%	40.4%	59.6%
	Total (n=3,167)	57.6%	42.4%	68.4%	31.6%	78.0%	22.0%	19.7%	80.3%	36.1%	63.9%

Language of Service – CLSC, other than Info Santé or Info Health line		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 was acceptable	yes	no	was very important	French was acceptable
bilingual	English only (n=914)	88.7%	11.3%	72.0%	28.0%	88.7%	11.3%	56.1%	43.9%	79.2%	20.8%
	English and French (n=2,264)	48.1%	51.9%	66.4%	33.6%	72.0%	28.0%	17.3%	82.7%	33.4%	66.6%
	Total (n=3,178)	57.5%	42.5%	68.4%	31.6%	78.0%	22.0%	19.7%	80.3%	36.4%	63.6%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q17B1. Were you served in English at the CLSC, other than Info Santé or Info Health line?</i></p>		<p><i>Q17B2. 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?</i></p>		<p><i>Q17B3. 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?</i></p>		<p><i>Q17B4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17B5. 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?</i></p>	

- Overall, (57.5%) of English speakers in Quebec reported being served in English by a CLSC (other than Info-Santé). Among English speakers, seniors, those with bad self-assessed health, those with low household income and unilingual English speakers were more likely to have been served in English while visiting a CLSC (other than Info-Santé). English speakers who are bilingual, young (25-44) and those with household incomes of \$70-100k were less likely to have been served in English by a CLSC (other than Info-Santé).
- Of those served in English, (31.6%) had to ask for the service in English as opposed to it being actively offered. Among those served in English by a CLSC (other than Info-Santé), English speakers who are female or younger (18-24 and 45-64) were more likely to have been required to ask for the service in English than other English speakers.
- More than three-quarters (78.0%) of English speakers served in English by a CLSC (other than Info-Santé) expressed the view that it was very important to have received this service in English. Among those who were served in English, English speakers with bad self-assessed health, those in low household income brackets (less than \$30k) and unilingual English speakers were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French by a CLSC (other than Info-Santé), (19.7%) had asked for the service in English but it was provided only in French. This situation was most common for the English speakers who speak only English, were young (25-44) or who were in the lower-middle household income brackets (\$30-50k and \$50-70k).
- More than a third (36.4%) of those served in French at a CLSC (other than Info-Santé) expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English by a CLSC (other than Info-Santé), those who were unilingual English along with youth (18-24) and those in lower household income groups (\$30-50k) were most likely to agree with the statement that it would have been very important to have received the service in English.



2.3 Language of Service from Info-Santé

Table 21 – Language of Service – Info-santé, by Region

Language of Service – Info Santé or Info Health line	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 was acceptable	yes	no	was very important	French was acceptable
01 Bas-Saint-Laurent (n=23)	13.7%	86.3%	.0%	100.0%	100.0%	.0%	55.5%	44.5%	39.8%	60.2%
03 Capitale-Nationale (n=93)	38.1%	61.9%	16.5%	83.5%	67.5%	32.5%	2.1%	97.9%	11.6%	88.4%
04 Mauricie et Centre-du-Québec (n=59)	23.5%	76.5%	42.5%	57.5%	100.0%	.0%	22.0%	78.0%	30.6%	69.4%
05 Estrie (n=265)	38.3%	61.7%	63.8%	36.2%	91.7%	8.3%	34.1%	65.9%	44.8%	55.2%
6.1 Montréal (west) (n=367)	72.2%	27.8%	65.0%	35.0%	94.9%	5.1%	29.5%	70.5%	26.7%	73.3%
6.2 Montréal (centre) (n=468)	84.2%	15.8%	65.7%	34.3%	77.9%	22.1%	9.7%	90.3%	31.8%	68.2%
6.3 Montréal (east) (n=193)	36.1%	63.9%	65.9%	34.1%	55.5%	44.5%	13.3%	86.7%	35.3%	64.7%
07 Outaouais (n=213)	74.2%	25.8%	68.1%	31.9%	89.3%	10.7%	74.7%	25.3%	70.8%	29.2%
08 Abitibi-Témiscamingue (n=90)	31.6%	68.4%	82.9%	17.1%	88.0%	12.0%	4.7%	95.3%	26.1%	73.9%
09 Côte-Nord (n=110)	76.5%	23.5%	68.7%	31.3%	87.0%	13.0%	64.1%	35.9%	51.2%	48.8%
11 Gaspésie – Îles-de-la-Madeleine (n=187)	52.9%	47.1%	64.0%	36.0%	98.6%	1.4%	12.9%	87.1%	32.5%	67.5%
12 Chaudière-Appalaches (n=36)	12.8%	87.2%	50.8%	49.2%	100.0%	.0%	9.9%	90.1%	41.7%	58.3%
13 Laval (n=265)	58.4%	41.6%	51.7%	48.3%	91.8%	8.2%	24.0%	76.0%	36.0%	64.0%
14 Lanaudière (n=74)	19.7%	80.3%	47.6%	52.4%	59.7%	40.3%	3.2%	96.8%	23.4%	76.6%
15 Laurentides (n=163)	43.5%	56.5%	55.7%	44.3%	93.7%	6.3%	8.5%	91.5%	29.9%	70.1%
16 Montérégie (n=553)	55.2%	44.8%	58.8%	41.2%	91.8%	8.2%	21.3%	78.7%	33.4%	66.6%
Total (n=3,171)	63.4%	36.6%	63.3%	36.7%	82.0%	18.0%	19.4%	80.6%	34.3%	65.7%

Language of Service – Info Santé or Info Health line	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 was acceptable	yes	no	was very important	French was acceptable
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>	<p><i>Q17C1. Were you served in English by the person you spoke to at Info Santé or Info Health line?</i></p>		<p><i>Q17C2. 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?</i></p>		<p><i>Q17C3. 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?</i></p>		<p><i>Q17C4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17C5. 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?</i></p>	

- Overall, 63.4% of English speakers in Quebec reported being served in English for Info-Santé services. English speakers in Montréal (west) (72.2%), Montréal (centre) (84.2%), Outaouais (74.2%) and Côte-Nord (76.5%) were more likely than English speakers in other regions to have been served in English while visiting a CLSC (other than Info-Santé). English speakers in Bas Saint-Laurent (13.7%), Lanaudière (19.7%) and Chaudière-Appalaches (12.8%) were much less likely to have been served in English for Info-Santé services.
- Of those served in English, 36.7% had to ask for the service in English as opposed to it being actively offered. Among those served in English for Info-Santé services, English speakers in the Abitibi-Témiscamingue and Outaouais regions were more likely to have been required to ask for the service in English than English speakers in other regions.
- More than four in five (82%) of English speakers served in English for Info-Santé services expressed the view that it was very important to have received this service in English. Among those who were served in English, those living in the Bas Saint-Laurent, Gaspésie – Îles-de-la-Madeleine, Chaudière-Appalaches and Mauricie – Centre-du-Québec regions were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French for Info-Santé services, 19.4% had asked for the service in English but it was provided only in French. This situation was most common in the Bas Saint-Laurent, Côte-Nord, Estrie and Outaouais regions
- More than a third (34.3%) of those served in French for Info-Santé services expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English for Info-Santé services, those living in Outaouais, Côte-Nord and Estrie regions were most likely to agree with the statement that it would have been very important to have received the service in English.



Table 22 – Language of Service – Info-Santé

Language of Service – Info Santé or Info Health line		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 was acceptable	yes	no	was very important	French was acceptable
gender	male (n=1,313)	63.3%	36.7%	65.4%	34.6%	80.0%	20.0%	14.4%	85.6%	22.6%	77.4%
	female (n=1,876)	62.8%	37.2%	61.9%	38.1%	83.4%	16.6%	25.0%	75.0%	44.2%	55.8%
	Total (n=3,189)	63.0%	37.0%	63.3%	36.7%	82.0%	18.0%	20.9%	79.1%	35.3%	64.7%
age	18-24 years (n=79)	60.3%	39.7%	59.9%	40.1%	70.6%	29.4%	13.6%	86.4%	45.3%	54.7%
	25-44 years (n=795)	61.6%	38.4%	60.9%	39.1%	81.1%	18.9%	26.8%	73.2%	36.6%	63.4%
	45-64 years (n=1,452)	64.0%	36.0%	63.3%	36.7%	86.0%	14.0%	13.2%	86.8%	35.8%	64.2%
	65 years and older (n=775)	72.5%	27.5%	79.9%	20.1%	82.5%	17.5%	11.2%	88.8%	26.9%	73.1%
	Total (n=3,101)	63.2%	36.8%	63.3%	36.7%	82.0%	18.0%	20.6%	79.4%	36.3%	63.7%
household income	Less than \$30k (n=522)	70.2%	29.8%	64.7%	35.3%	90.9%	9.1%	9.0%	91.0%	45.4%	54.6%
	\$30-50k (n=548)	58.5%	41.5%	55.7%	44.3%	87.8%	12.2%	21.9%	78.1%	37.2%	62.8%
	\$50-70k (n=474)	73.9%	26.1%	62.0%	38.0%	79.7%	20.3%	20.3%	79.7%	31.2%	68.8%
	\$70-100k (n=414)	55.4%	44.6%	66.8%	33.2%	74.5%	25.5%	32.8%	67.2%	39.2%	60.8%
	\$100k and over (n=491)	58.8%	41.2%	60.2%	39.8%	70.7%	29.3%	11.8%	88.2%	28.8%	71.2%
	Total (n=2,449)	62.8%	37.2%	61.8%	38.2%	80.5%	19.5%	20.5%	79.5%	35.5%	64.5%
health status	excellent (n=816)	61.1%	38.9%	64.5%	35.5%	67.1%	32.9%	16.0%	84.0%	24.2%	75.8%
	very good (n=1,186)	64.0%	36.0%	60.0%	40.0%	81.6%	18.4%	20.6%	79.4%	38.3%	61.7%
	good (n=637)	56.9%	43.1%	59.5%	40.5%	94.8%	5.2%	28.2%	71.8%	39.9%	60.1%
	average (n=420)	71.1%	28.9%	79.5%	20.5%	91.2%	8.8%	12.3%	87.7%	39.2%	60.8%
	bad (n=108)	62.4%	37.6%	51.8%	48.2%	96.2%	3.8%	26.6%	73.4%	36.9%	63.1%
	Total (n=3,167)	62.9%	37.1%	63.2%	36.8%	81.8%	18.2%	20.5%	79.5%	35.0%	65.0%

Language of Service – Info Santé or Info Health line		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 was acceptable	yes	no	was very important	French was acceptable
bilingual	English only (n=914)	92.7%	7.3%	67.9%	32.1%	90.3%	9.7%	65.2%	34.8%	77.8%	22.2%
	English and French (n=2,264)	56.8%	43.2%	61.8%	38.2%	79.2%	20.8%	19.3%	80.7%	33.8%	66.2%
	Total (n=3,178)	62.9%	37.1%	63.4%	36.6%	82.0%	18.0%	20.9%	79.1%	35.3%	64.7%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q17C1. Were you served in English by the person you spoke to at Info Santé or Info Health line?</i></p>		<p><i>Q17C2. 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?</i></p>		<p><i>Q17C3. 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?</i></p>		<p><i>Q17C4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17C5. 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?</i></p>	

- Overall, 63.4% of English speakers in Quebec reported being served in English for Info-Santé services. Unilingual English speakers, along with seniors and those in the \$50-70k household income bracket were more likely than other English speakers to have been served in English while visiting a CLSC (other than Info-Santé). English speakers in the \$70-100k household income bracket and bilingual English speakers were less likely to have been served in English for Info-Santé services.
- Of those served in English, (36.6%) had to ask for the service in English as opposed to it being actively offered. Among those served in English for Info-Santé services, English speakers with bad self-assessed health and those in the \$30-50k household income bracket were more likely to have been required to ask for the service in English than English speakers in other regions.
- More than four in five (82%) of English speakers served in English for Info-Santé services expressed the view that it was very important to have received this service in English. Among those who were served in English, those with bad self-assessed health and those with low household income (less than \$30k) were more likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French for Info-Santé services, (20.9%) had asked for the service in English but it was provided only in French. This situation was most common for English speakers who are unilingual English, for those with self-assessed good health and for those with household income of \$70-100k.
- More than a third (35.3%) of those served in French for Info-Santé services expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English for Info-Santé services, English speakers who are unilingual, female, young (18-24) or with low household income (less than \$30k) were most likely to agree with the statement that it would have been very important to have received the service in English.



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

Table 23 – Language of Service – Hospital Emergency Room or Out-patient Clinic, by Region

Language of Service – hospital emergency room or out-patient clinic		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 was acceptable	yes	no	was very important	French was acceptable
Region	01 Bas-Saint-Laurent (n=23)	17.8%	82.2%	20.8%	79.2%	79.2%	20.8%	26.1%	73.9%	55.2%	44.8%
	03 Capitale-Nationale (n=93)	19.8%	80.2%	56.7%	43.3%	87.1%	12.9%	10.5%	89.5%	36.3%	63.7%
	04 Mauricie et Centre-du-Québec (n=59)	58.3%	41.7%	92.8%	7.2%	49.2%	50.8%	7.4%	92.6%	21.7%	78.3%
	05 Estrie (n=265)	52.3%	47.7%	59.4%	40.6%	83.0%	17.0%	30.4%	69.6%	49.8%	50.2%
	6.1 Montréal (west) (n=367)	84.4%	15.6%	86.2%	13.8%	88.5%	11.5%	34.9%	65.1%	54.6%	45.4%
	6.2 Montréal (centre) (n=468)	83.0%	17.0%	77.3%	22.7%	85.6%	14.4%	34.2%	65.8%	62.3%	37.7%
	6.3 Montréal (east) (n=193)	40.5%	59.5%	79.3%	20.7%	82.5%	17.5%	21.3%	78.7%	42.1%	57.9%
	07 Outaouais (n=213)	77.2%	22.8%	72.6%	27.4%	90.1%	9.9%	36.6%	63.4%	48.3%	51.7%
	08 Abitibi-Témiscamingue (n=90)	76.2%	23.8%	87.3%	12.7%	76.7%	23.3%	11.7%	88.3%	22.5%	77.5%
	09 Côte-Nord (n=110)	44.8%	55.2%	87.4%	12.6%	83.5%	16.5%	5.1%	94.9%	5.1%	94.9%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	60.0%	40.0%	94.4%	5.6%	93.1%	6.9%	19.5%	80.5%	57.4%	42.6%
	12 Chaudière-Appalaches (n=36)	23.4%	76.6%	90.8%	9.2%	100.0%	.0%	13.4%	86.6%	13.4%	86.6%
	13 Laval (n=265)	53.5%	46.5%	66.6%	33.4%	85.2%	14.8%	23.9%	76.1%	57.9%	42.1%
	14 Lanaudière (n=74)	12.6%	87.4%	53.6%	46.4%	97.7%	2.3%	16.6%	83.4%	41.3%	58.7%
	15 Laurentides (n=163)	61.1%	38.9%	84.2%	15.8%	90.8%	9.2%	33.1%	66.9%	44.8%	55.2%
16 Montérégie (n=553)	72.7%	27.3%	74.5%	25.5%	89.4%	10.6%	16.3%	83.7%	50.0%	50.0%	
Total (n=3,171)	69.2%	30.8%	77.7%	22.3%	86.6%	13.4%	25.3%	74.7%	49.5%	50.5%	

Language of Service – hospital emergency room or out-patient clinic	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 was acceptable	yes	no	was very important	French was acceptable
<p>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</p>	<p>Q17D1. Were you served in English at the hospital emergency room or out-patient clinic?</p>		<p>Q17D2. 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?</p>		<p>Q17D3. 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?</p>		<p>Q17D4. Did you or the person you helped ask for service in English?</p>		<p>Q17D5. 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?</p>	

- Overall, 69.2% of English speakers in Quebec reported being served in English in a hospital emergency room or out-patient clinic. English speakers in Montréal (west) (84.4%) and Montréal (centre) (83%) were more likely than English speakers in other regions to have been served in English while visiting a hospital emergency room or out-patient clinic. English speakers in Lanaudière (12.6%), Bas Saint-Laurent (17.8%), Capitale-Nationale (19.8%) and Chaudière-Appalaches (23.4%) were much less likely to have been served in English in a hospital emergency room or out-patient clinic.
- Of those served in English, 22.3% had to ask for the service in English as opposed to it being actively offered. Among those served in English in a hospital emergency room or out-patient clinic, English speakers in Lanaudière, Bas Saint-Laurent, Estrie, Capitale-Nationale and Laval were more likely to have been required to ask for the service in English than English speakers in other regions.
- Most (86.6%) of English speakers served in English in a hospital emergency room or out-patient clinic expressed the view that it was very important to have received this service in English. Among those who were served in English, those living in the Chaudière-Appalaches and Lanaudière regions were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French in a hospital emergency room or out-patient clinic, 25.3% had asked for the service in English but it was provided only in French. This situation was most common in the Montréal (west), Montréal (centre), Laurentides, Estrie and Outaouais regions
- Nearly one-half (49.5%) of those served in French in a hospital emergency room or out-patient clinic expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English in a hospital emergency room or out-patient clinic, those living in Montréal (centre), Laval and Gaspésie – Îles-de-la-Madeleine were most likely to agree with the statement that it would have been very important to receive the service in English.



Table 24 – Language of Service – Hospital Emergency Room or Out-patient Clinics

Language of Service – hospital emergency room or out-patient clinic		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 was acceptable	yes	no	was very important	French was acceptable
gender	male (n=1,313)	70.6%	29.4%	76.3%	23.7%	85.2%	14.8%	17.5%	82.5%	45.0%	55.0%
	female (n=1,876)	68.9%	31.1%	80.1%	19.9%	88.3%	11.7%	31.4%	68.6%	53.2%	46.8%
	Total (n=3,189)	69.7%	30.3%	78.3%	21.7%	86.9%	13.1%	25.2%	74.8%	49.6%	50.4%
age	18-24 years (n=79)	70.7%	29.3%	66.4%	33.6%	62.0%	38.0%	35.4%	64.6%	35.1%	64.9%
	25-44 years (n=795)	68.8%	31.2%	72.9%	27.1%	88.3%	11.7%	27.8%	72.2%	55.6%	44.4%
	45-64 years (n=1,452)	66.3%	33.7%	85.6%	14.4%	88.6%	11.4%	24.2%	75.8%	45.5%	54.5%
	65 years and older (n=775)	80.8%	19.2%	81.8%	18.2%	88.7%	11.3%	18.1%	81.9%	44.0%	56.0%
	Total (n=3,101)	69.7%	30.3%	78.7%	21.3%	86.8%	13.2%	25.7%	74.3%	48.8%	51.2%
household income	Less than \$30k (n=522)	70.5%	29.5%	80.3%	19.7%	93.1%	6.9%	37.8%	62.2%	59.1%	40.9%
	\$30-50k (n=548)	67.7%	32.3%	70.5%	29.5%	88.8%	11.2%	27.0%	73.0%	55.8%	44.2%
	\$50-70k (n=474)	73.9%	26.1%	80.7%	19.3%	89.8%	10.2%	33.3%	66.7%	53.5%	46.5%
	\$70-100k (n=414)	60.0%	40.0%	75.1%	24.9%	82.8%	17.2%	15.1%	84.9%	31.7%	68.3%
	\$100k and over (n=491)	72.1%	27.9%	83.6%	16.4%	80.0%	20.0%	19.0%	81.0%	45.3%	54.7%
	Total (n=2,449)	69.1%	30.9%	78.4%	21.6%	86.8%	13.2%	25.4%	74.6%	48.0%	52.0%
health status	excellent (n=816)	69.5%	30.5%	78.1%	21.9%	80.4%	19.6%	21.5%	78.5%	40.9%	59.1%
	very good (n=1,186)	68.6%	31.4%	75.6%	24.4%	88.0%	12.0%	29.2%	70.8%	49.8%	50.2%
	good (n=637)	67.8%	32.2%	75.2%	24.8%	90.2%	9.8%	20.1%	79.9%	63.2%	36.8%
	average (n=420)	73.9%	26.1%	86.5%	13.5%	89.8%	10.2%	24.1%	75.9%	41.4%	58.6%
	bad (n=108)	70.7%	29.3%	88.4%	11.6%	90.6%	9.4%	36.2%	63.8%	61.7%	38.3%
	Total (n=3,167)	69.5%	30.5%	78.3%	21.7%	86.8%	13.2%	25.2%	74.8%	49.6%	50.4%

Language of Service – hospital emergency room or out-patient clinic		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 was acceptable	yes	no	was very important	French was acceptable
bilingual	English only (n=914)	87.6%	12.4%	75.4%	24.6%	94.4%	5.6%	69.6%	30.4%	83.6%	16.4%
	English and French (n=2,264)	64.3%	35.7%	79.3%	20.7%	83.7%	16.3%	20.4%	79.6%	46.1%	53.9%
	Total (n=3,178)	69.6%	30.4%	78.2%	21.8%	86.8%	13.2%	25.0%	75.0%	49.5%	50.5%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q17D1. Were you served in English at the hospital emergency room or out-patient clinic?</i></p>		<p><i>Q17D2. 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?</i></p>		<p><i>Q17D3. 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?</i></p>		<p><i>Q17D4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17D5. 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?</i></p>	

- Overall, (69.6%) of English speakers in Quebec reported being served in English in a hospital emergency room or out-patient clinic. Senior and unilingual English speakers were more likely to have been served in English while visiting a hospital emergency room or out-patient clinic. English speakers earning \$70-100k and those who are bilingual were less likely to have been served in English in a hospital emergency room or out-patient clinic.
- Of those served in English, (21.8%) had to ask for the service in English as opposed to it being actively offered. Among those served in English in a hospital emergency room or out-patient clinic, those with bad or average self-assessed health were more likely to have been required to ask for the service in English than other English speakers.
- Most (86.8%) of English speakers served in English in a hospital emergency room or out-patient clinic expressed the view that it was very important to have received this service in English. Among those who were served in English, there was very little variation by demographic characteristics for those who were most likely to judge it “very important” that they received the service in English. Young people aged 18-24 were much more likely to consider that French was acceptable for this service.
- Of those English speakers served in French in a hospital emergency room or out-patient clinic, (25.0%) had asked for the service in English but it was provided only in French. This situation was most common for English speakers who speak English only, for those with low household income (less than \$30k) for those in bad self-assessed health.
- Nearly one-half (49.5%) of those served in French in a hospital emergency room or out-patient clinic expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English in a hospital emergency room or out-patient clinic, English speakers who speak English only, were in bad self-assessed health or who earned less than \$30k in household income were most likely to agree with the statement that it would have been very important to receive the service in English.



2.5 Language of Service during an Overnight Hospital Stay

Table 25 – Language of Service – Hospital Overnight Stay, by Region

Language of Service – hospital for overnight stay	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 was acceptable	yes	no	was very important	French was acceptable
01 Bas-Saint-Laurent (n=23)	12.2%	87.8%	100.0%	.0%	.0%	100.0%	80.7%	19.3%	80.7%	19.3%
03 Capitale-Nationale (n=93)	8.3%	91.7%	100.0%	.0%	29.5%	70.5%	16.3%	83.7%	29.4%	70.6%
04 Mauricie et Centre-du-Québec (n=59)	52.5%	47.5%	96.7%	3.3%	44.2%	55.8%	3.6%	96.4%	3.6%	96.4%
05 Estrie (n=265)	62.0%	38.0%	71.2%	28.8%	89.5%	10.5%	24.2%	75.8%	36.4%	63.6%
6.1 Montréal (west) (n=367)	91.0%	9.0%	85.9%	14.1%	93.0%	7.0%	37.6%	62.4%	21.0%	79.0%
6.2 Montréal (centre) (n=468)	82.9%	17.1%	91.2%	8.8%	84.4%	15.6%	37.2%	62.8%	58.1%	41.9%
6.3 Montréal (east) (n=193)	53.3%	46.7%	75.6%	24.4%	67.8%	32.2%	24.4%	75.6%	42.6%	57.4%
07 Outaouais (n=213)	80.6%	19.4%	75.7%	24.3%	96.2%	3.8%	9.0%	91.0%	11.9%	88.1%
08 Abitibi-Témiscamingue (n=90)	66.0%	34.0%	93.5%	6.5%	92.4%	7.6%	.0%	100.0%	34.8%	65.2%
09 Côte-Nord (n=110)	28.1%	71.9%	100.0%	.0%	94.2%	5.8%	3.9%	96.1%	6.9%	93.1%
11 Gaspésie – Îles-de-la-Madeleine (n=187)	67.3%	32.7%	78.4%	21.6%	97.8%	2.2%	16.1%	83.9%	50.1%	49.9%
12 Chaudière-Appalaches (n=36)	12.8%	87.2%	50.8%	49.2%	100.0%	.0%	.0%	100.0%	27.1%	72.9%
13 Laval (n=265)	64.5%	35.5%	77.3%	22.7%	84.2%	15.8%	25.4%	74.6%	51.2%	48.8%
14 Lanaudière (n=74)	4.3%	95.7%	50.0%	50.0%	82.4%	17.6%	.8%	99.2%	1.6%	98.4%
15 Laurentides (n=163)	38.7%	61.3%	77.1%	22.9%	79.5%	20.5%	15.9%	84.1%	20.4%	79.6%
16 Montérégie (n=553)	72.5%	27.5%	82.6%	17.4%	88.5%	11.5%	16.1%	83.9%	44.6%	55.4%
Total (n=3,171)	72.5%	27.5%	85.1%	14.9%	85.0%	15.0%	24.3%	75.7%	41.0%	59.0%

Language of Service – hospital for overnight stay	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 was acceptable	yes	no	was very important	French was acceptable
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>	<p><i>Q17E1. Were you served in English at the hospital when you stayed overnight for at least one night?</i></p>		<p><i>Q17E2. 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?</i></p>		<p><i>Q17E3. 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?</i></p>		<p><i>Q17E4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17E5. 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?</i></p>	

- Overall, 72.5% of English speakers in Quebec reported being served in English in a hospital for an overnight stay. English speakers in Montréal (west) (91%), Montréal (centre) (82.9%) and the Outaouais (80.6%) were more likely than English speakers in other regions to have been served in English while visiting a hospital for an overnight stay. English speakers in Lanaudière, Laurentides, Côte-Nord, Bas Saint-Laurent, Capitale-Nationale and Chaudière-Appalaches were much less likely to have been served in English in a hospital for an overnight stay.
- Of those served in English, 14.9% had to ask for the service in English as opposed to it being actively offered. Among those served in English in a hospital for an overnight stay, English speakers in Lanaudière, Chaudière-Appalaches, Estrie, Montréal (east) and the Outaouais were more likely to have been required to ask for the service in English than were English speakers in other regions.
- Most (85%) of English speakers served in English in a hospital for an overnight stay expressed the view that it was very important to have received this service in English. Among those who were served in English, those living in the Chaudière-Appalaches and Gaspésie – Îles-de-la-Madeline regions were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French in a hospital for an overnight stay, 24.3% had asked for the service in English but it was provided only in French. This situation was most common in the Montréal (west), Montréal (centre), Bas Saint-Laurent regions
- Nearly one-half (41%) of those served in French in a hospital for an overnight stay expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English in a hospital for an overnight stay, those living in Montréal (centre), Bas Saint-Laurent, Laval and Gaspésie – Îles-de-la-Madeline were most likely to agree with the statement that it would have been very important to receive the service in English.

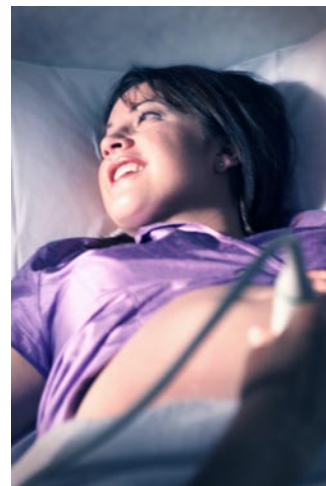


Table 26 – Language of Service – Overnight Hospital Stay

Language of Service – hospital for overnight stay		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 was acceptable	yes	no	was very important	French was acceptable
gender	male (n=1,313)	71.0%	29.0%	81.0%	19.0%	83.5%	16.5%	14.9%	85.1%	24.6%	75.4%
	female (n=1,876)	74.0%	26.0%	88.2%	11.8%	86.3%	13.7%	32.2%	67.8%	54.0%	46.0%
	Total (n=3,189)	72.7%	27.3%	85.3%	14.7%	85.2%	14.8%	24.3%	75.7%	41.0%	59.0%
age	18-24 years (n=79)	83.5%	16.5%	60.5%	39.5%	62.9%	37.1%	.0%	100.0%	.0%	100.0%
	25-44 years (n=795)	70.0%	30.0%	83.3%	16.7%	88.1%	11.9%	29.2%	70.8%	46.0%	54.0%
	45-64 years (n=1,452)	63.8%	36.2%	83.7%	16.3%	86.7%	13.3%	22.0%	78.0%	40.8%	59.2%
	65 years and older (n=775)	89.6%	10.4%	94.1%	5.9%	87.1%	12.9%	12.5%	87.5%	14.1%	85.9%
	Total (n=3,101)	71.4%	28.6%	84.7%	15.3%	86.3%	13.7%	24.1%	75.9%	40.6%	59.4%
household income	Less than \$30k (n=522)	79.6%	20.4%	81.9%	18.1%	91.5%	8.5%	47.3%	52.7%	62.0%	38.0%
	\$30-50k (n=548)	68.3%	31.7%	76.1%	23.9%	78.3%	21.7%	21.2%	78.8%	37.9%	62.1%
	\$50-70k (n=474)	77.6%	22.4%	85.4%	14.6%	85.2%	14.8%	14.8%	85.2%	45.8%	54.2%
	\$70-100k (n=414)	58.5%	41.5%	88.4%	11.6%	89.8%	10.2%	17.5%	82.5%	34.6%	65.4%
	\$100k and over (n=491)	63.6%	36.4%	94.5%	5.5%	82.0%	18.0%	10.9%	89.1%	27.5%	72.5%
	Total (n=2,449)	69.7%	30.3%	84.5%	15.5%	84.8%	15.2%	19.7%	80.3%	38.7%	61.3%
health status	excellent (n=816)	68.3%	31.7%	84.1%	15.9%	86.2%	13.8%	13.7%	86.3%	29.0%	71.0%
	very good (n=1,186)	73.2%	26.8%	83.6%	16.4%	82.5%	17.5%	21.3%	78.7%	40.9%	59.1%
	good (n=637)	66.3%	33.7%	76.7%	23.3%	86.8%	13.2%	37.6%	62.4%	57.3%	42.7%
	average (n=420)	81.1%	18.9%	94.5%	5.5%	89.0%	11.0%	29.1%	70.9%	40.8%	59.2%
	bad (n=108)	78.5%	21.5%	88.9%	11.1%	92.2%	7.8%	35.4%	64.6%	30.4%	69.6%
	Total (n=3,167)	72.4%	27.6%	85.0%	15.0%	85.8%	14.2%	24.3%	75.7%	40.8%	59.2%

Language of Service – hospital for overnight stay		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 was acceptable	yes	no	was very important	French was acceptable
bilingual	English only (n=914)	91.9%	8.1%	83.3%	16.7%	97.9%	2.1%	77.5%	22.5%	70.0%	30.0%
	English and French (n=2,264)	67.9%	32.1%	85.8%	14.2%	80.9%	19.1%	20.9%	79.1%	38.4%	61.6%
	Total (n=3,178)	72.7%	27.3%	85.2%	14.8%	85.1%	14.9%	24.2%	75.8%	40.9%	59.1%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q17E1. Were you served in English at the hospital when you stayed overnight for at least one night?</i></p>		<p><i>Q17E2. 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?</i></p>		<p><i>Q17E3. 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?</i></p>		<p><i>Q17E4. Did you or the person you helped ask for service in English?</i></p>		<p><i>Q17E5. 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?</i></p>	

- Overall, (72.7%) of English speakers in Quebec reported being served in English in a hospital for an overnight stay. Seniors, youth aged 18-24 and unilingual English speakers were more likely than other English speakers to have been served in English while visiting a hospital for an overnight stay. English speakers earning \$70-100k and those aged 45-64 were less likely to have been served in English in a hospital for an overnight stay.
- Of those served in English, (14.8%) had to ask for the service in English as opposed to it being actively offered. Among those served in English in a hospital for an overnight stay, English speakers who were young (18-24), in lower household income brackets (less than \$30k, \$30-50k) or were male were more likely to have been required to ask for the service in English than were other English speakers.
- Most (85.1%) of English speakers served in English in a hospital for an overnight stay expressed the view that it was very important to have received this service in English. Among those who were served in English, unilingual English speakers, those with low household income (less than \$30k) and those with bad self-assessed health were most likely to judge it “very important” that they received the service in English.
- Of those English speakers served in French in a hospital for an overnight stay, (24.2%) had asked for the service in English but it was provided only in French. This situation was most common for English speakers who speak only English, who earn less than \$30k and those in bad or good self-reported health.
- Nearly one-half (40.9%) of those served in French in a hospital for an overnight stay expressed the view that it would have been “very important” to have received the service in English. Among those who were not served in English in a hospital for an overnight stay, unilingual English speakers, women, those with low household income (less than \$30k) and those in self-reported good health were most likely to agree with the statement that it would have been very important to receive the service in English.



2.6 Reluctance to Request Services in English

The CROP-CHSSN 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 27 – Requesting Services in English – Comfort Level and Barriers

Reason for lack of comfort requesting services in English at a Public Health & Social Services Institution		shy to ask	fear answer will be no	request imposes burden	delay may occur	staff is franco-phone	staff attitude (racism)	better served in French	I am bilingual	expect to be served in French
Region	01 Bas-Saint-Laurent (n=23)	31.0%	11.7%	42.7%	58.9%	16.7%	0.0%	0.0%	0.0%	5.1%
	03 Capitale-Nationale (n=93)	21.8%	36.4%	44.6%	37.7%	8.4%	6.9%	3.9%	4.0%	4.0%
	04 Mauricie et Centre-du-Québec (n=59)	12.6%	25.0%	24.7%	30.3%	7.4%	5.4%	10.0%	5.6%	8.4%
	05 Estrie (n=265)	38.0%	31.4%	38.4%	31.4%	13.4%	0.0%	5.0%	0.8%	11.2%
	6.1 Montréal (west) (n=367)	18.5%	26.0%	54.4%	32.4%	6.5%	5.1%	3.1%	5.5%	1.0%
	6.2 Montréal (centre) (n=468)	25.4%	23.7%	45.1%	30.0%	3.1%	4.4%	8.3%	1.3%	6.7%
	6.3 Montréal (east) (n=193)	20.9%	31.2%	40.0%	39.1%	11.9%	8.6%	5.5%	4.6%	3.2%
	07 Outaouais (n=213)	10.8%	19.2%	22.2%	40.8%	3.8%	3.1%	4.8%	9.3%	3.1%
	08 Abitibi-Témiscamingue (n=90)	0.0%	22.3%	40.0%	31.9%	35.8%	10.0%	0.0%	8.1%	9.5%
	09 Côte-Nord (n=110)	0.0%	1.8%	3.2%	3.2%	1.4%	0.0%	0.0%	0.0%	95.0%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	40.8%	29.6%	44.9%	30.3%	3.3%	0.0%	0.0%	0.0%	0.0%
	12 Chaudière-Appalaches (n=36)	59.3%	24.7%	94.2%	65.1%	34.6%	0.0%	0.0%	10.2%	0.0%
	13 Laval (n=265)	24.9%	20.0%	32.7%	33.2%	3.6%	11.2%	6.4%	6.1%	1.8%
	14 Lanaudière (n=74)	34.8%	23.4%	53.4%	24.3%	22.7%	6.1%	8.1%	3.5%	3.0%
	15 Laurentides (n=163)	14.3%	30.5%	54.1%	44.1%	3.0%	4.6%	11.3%	10.5%	0.0%
16 Montérégie (n=553)	22.1%	23.5%	55.5%	31.1%	1.8%	7.1%	6.0%	0.5%	0.8%	
Total (n=3,171)	22.4%	25.6%	44.0%	34.4%	6.3%	6.2%	6.2%	3.9%	4.1%	
Q22. When you are not comfortable asking for the service in English, is it because ...										
Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.										

- Overall, 20.1% of English-speaking respondents in the survey replied that they were not comfortable asking for services at a public health and social services institution. The most frequent reasons given for this lack of comfort were the view that the request imposes a burden on the institution (44%), that a delay may occur (34.4%), that the answer will be no (25.6%), or that they are too shy to ask (22.4%).
- Across regions of Quebec, English speakers in Chaudière-Appalaches, Lanaudière, Laurentides, Montérégie and Montréal (west) were more likely than English speakers in other regions to respond that the request “imposes a burden” on the institution.
- Across regions of Quebec, English speakers in Chaudière-Appalaches, Bas Saint-Laurent, and Laurentides were more likely than English speakers in other regions to explain their discomfort by stating that “a delay may occur”.
- Across regions of Quebec, English speakers in the Capitale-Nationale, Estrie and Montréal (east) regions were more likely than English speakers in other regions to respond that they “feared the answer would be no”.
- Across regions of Quebec, English speakers in Chaudière-Appalaches, Gaspésie – Îles-de-la-Madeleine, Lanaudière and Estrie were more likely than English speakers in other regions to respond that they were “too shy to ask”.



Table 28 – Requesting Services in English – Being Comfortable and Barriers to Making the Request

Reason for lack of comfort requesting services in English at a Public Health and Social Services Institution		shy to ask	fear answer will be no	request imposes burden	delay may occur	staff is franco-phone	staff attitude (racism)	better served in French	I am bilingual	expect to be served in French
gender	male (n=1,313)	23.9%	23.7%	44.9%	34.1%	6.1%	6.2%	4.6%	4.3%	5.6%
	female (n=1,876)	20.9%	27.3%	43.6%	34.3%	6.4%	6.2%	7.7%	3.4%	2.4%
	Total (n=3,189)	22.4%	25.5%	44.3%	34.2%	6.3%	6.2%	6.2%	3.8%	4.0%
age	18-24 years (n=79)	19.2%	22.7%	58.8%	17.0%	4.3%	0.0%	11.7%	14.3%	0.0%
	25-44 years (n=795)	17.9%	22.1%	51.7%	34.5%	6.3%	5.2%	4.7%	2.0%	6.2%
	45-64 years (n=1,452)	28.9%	28.8%	37.0%	37.4%	7.3%	5.8%	7.4%	3.6%	3.1%
	65 years and older (n=775)	27.9%	30.4%	28.3%	24.3%	5.2%	16.9%	7.1%	3.2%	0.9%
	Total (n=3,101)	23.1%	25.5%	44.4%	33.7%	6.5%	6.1%	6.4%	3.5%	4.2%
household income	Less than \$30k (n=522)	26.7%	28.0%	25.7%	37.7%	6.4%	7.7%	5.5%	6.2%	3.9%
	\$30-50k (n=548)	20.1%	23.1%	50.2%	36.6%	4.6%	1.1%	13.7%	3.6%	1.5%
	\$50-70k (n=474)	21.6%	16.4%	42.4%	23.8%	5.1%	9.4%	4.2%	4.4%	8.2%
	\$70-100k (n=414)	24.8%	36.7%	49.7%	38.6%	6.7%	0.0%	3.7%	3.0%	3.8%
	\$100k and over (n=491)	27.8%	19.4%	54.7%	29.8%	2.9%	5.1%	8.6%	2.1%	6.2%
	Total (n=2,449)	24.4%	24.9%	46.2%	33.2%	5.0%	4.3%	7.1%	3.6%	4.8%
health status	excellent (n=816)	25.2%	21.9%	54.0%	26.5%	8.0%	3.6%	5.5%	2.5%	5.9%
	very good (n=1,186)	19.8%	23.0%	45.9%	30.8%	7.0%	2.2%	7.2%	4.1%	4.1%
	good (n=637)	28.5%	34.2%	38.4%	48.9%	4.0%	9.1%	6.3%	1.9%	4.3%
	average (n=420)	17.7%	25.9%	31.2%	39.6%	1.1%	21.4%	1.9%	10.8%	0.2%
	bad (n=108)	12.2%	24.9%	28.9%	33.7%	13.7%	10.3%	11.0%	1.9%	0.0%
	Total (n=3,167)	22.5%	25.3%	44.4%	34.3%	6.3%	6.2%	6.2%	3.8%	4.0%
bilingual	English only (n=914)	40.0%	30.0%	31.1%	29.8%	3.6%	8.7%	5.8%	0.1%	2.5%
	English and French (n=2,264)	19.1%	24.5%	46.9%	35.1%	6.8%	5.7%	6.2%	4.5%	4.3%
	Total (n=3,178)	22.5%	25.4%	44.4%	34.3%	6.3%	6.2%	6.2%	3.8%	4.0%

Reason for lack of comfort requesting services in English at a Public Health and Social Services Institution	shy to ask	fear answer will be no	request imposes burden	delay may occur	staff is franco-phone	staff attitude (racism)	better served in French	I am bilingual	expect to be served in French
Q22. When you are not comfortable asking for the service in English, is it because ...									
Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.									



- Overall, 20.1% of English-speaking respondents in the survey replied that they were not comfortable asking for services at a public health and social services institution. The most frequent reasons given for this lack of comfort were the view that the request imposes a burden on the institution (44.4%), that a delay may occur (34.3%), that the answer will be no (25.4%), or that they are too shy to ask (22.5%).
- Among English speakers, those in excellent self-assessed health, those who are young (18-24 and 25-44) or who live in households with high household income (more than \$100k) were more likely than English speakers in other demographic categories to respond that the request “imposes a burden” on the institution.
- Among English speakers, those with average or good self-assessed health and those with household incomes between \$70-100k were more likely than English speakers in other demographic categories to explain their discomfort by stating that “a delay may occur”.
- Among English speakers, unilinguals, those with self-assessed good health and those with \$70-100k household income were more likely than English speakers in other demographic categories to respond that they “feared the answer would be no”.
- Among English speakers, those who speak only English, are in good self-assessed health or who are older (45-64 and 65+) were more likely than English speakers in other demographic categories to respond that they were “too shy to ask”.



3 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 CROP-CHSSN 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”).



3.1 Information on Services

Table 29 – Information about Services in English Provided in Region, by Public Health & Social Services Institutions

Information About Services in English Provided by Public Health and Social Service Institutions		Received Information in past two years		Source of Information			Means of Delivery of Information about Health & Social Services			
		yes	no	public health institution	community organization	newspaper	telephone or visit	information meeting	flyers in public location	website
Region	01 Bas-Saint-Laurent (n=23)	30.0%	70.0%	87.7%	47.1%	26.7%	40.0%	13.1%	86.9%	36.1%
	03 Capitale-Nationale (n=93)	29.1%	70.9%	64.1%	46.9%	63.9%	26.6%	6.0%	85.3%	15.6%
	04 Mauricie et Centre-du-Québec (n=59)	35.9%	64.1%	62.6%	38.4%	15.0%	29.8%	2.5%	41.0%	26.7%
	05 Estrie (n=265)	32.9%	67.1%	60.1%	37.4%	49.3%	34.1%	9.8%	71.1%	13.9%
	6.1 Montréal (west) (n=367)	56.9%	43.1%	65.6%	37.4%	47.8%	17.8%	7.3%	84.3%	24.9%
	6.2 Montréal (centre) (n=468)	49.5%	50.5%	72.8%	30.5%	41.7%	18.6%	10.0%	85.3%	13.5%
	6.3 Montréal (east) (n=193)	19.8%	80.2%	66.0%	29.5%	55.1%	37.8%	17.7%	71.8%	34.5%
	07 Outaouais (n=213)	36.3%	63.7%	62.3%	23.7%	61.2%	40.4%	7.7%	69.7%	31.9%
	08 Abitibi-Témiscamingue (n=90)	34.8%	65.2%	75.0%	41.5%	41.9%	26.2%	23.1%	74.8%	8.8%
	09 Côte-Nord (n=110)	57.3%	42.7%	87.1%	30.6%	10.5%	13.2%	6.0%	92.3%	3.9%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	33.2%	66.8%	66.6%	39.2%	25.7%	34.1%	23.7%	61.4%	13.9%
	12 Chaudière-Appalaches (n=36)	39.5%	60.5%	34.7%	75.5%	17.6%	19.3%	24.3%	63.4%	10.1%
	13 Laval (n=265)	22.0%	78.0%	64.9%	15.0%	52.1%	20.2%	6.9%	55.1%	33.1%
	14 Lanaudière (n=74)	18.1%	81.9%	94.0%	4.4%	7.7%	21.7%	.0%	32.3%	64.6%
	15 Laurentides (n=163)	14.3%	85.7%	75.0%	23.1%	38.1%	36.9%	19.5%	84.4%	13.8%
	16 Montérégie (n=553)	27.7%	72.3%	66.3%	29.4%	47.8%	20.7%	16.9%	64.9%	20.9%
Total (n=3,171)	37.4%	62.6%	68.8%	31.2%	45.4%	22.3%	11.0%	78.5%	20.0%	

Information About Services in English Provided by Public Health and Social Service Institutions	Received Information in past two years		Source of Information			Means of Delivery of Information about Health & Social Services			
	yes	no	public health institution	community organization	newspaper	telephone or visit	information meeting	flyers in public location	website
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>	<p><i>Q19A. 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?</i></p>		<p><i>Q19B. 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:</i></p>			<p><i>Q19C. Did you obtain this information regarding access to services in English that are provided by the public health and social services institution via ...</i></p>			

Received information about public health and social services in English

- In the prior two years, 37.4% of the survey respondents had received information about services in English provided by public health and social services institutions in their region.
- English speakers in the regions of Montréal (west) (56.9%), Montréal (centre) (49.5%) and Côte-Nord (57.3%) were more likely than English speakers in other regions have heard about such services. Those living in Laurentides (14.3%), Lanaudière (18.1%) and Laval (22%) were much less likely to have heard about such services.

Source of information regarding public health and social services in English

- The public institutions themselves were the most frequent source of such information (68.8%) while respondents had heard about such services to a lesser degree from newspapers (45.4%) and from community-based organizations (31.2%).
- Across regions, public institutions were more likely to be the source of information about their services for English speakers in Lanaudière, Bas Saint-Laurent and Côte-Nord than was the case in other regions.
- Community organizations were more frequently cited as the information source for English speakers in Bas Saint-Laurent, Chaudière-Appalaches and Capitale-Nationale.
- Newspapers were more frequently cited as the information source for English speakers in the Capitale-Nationale, Outaouais, Laval and Montréal (east) regions.

Means of delivering information about public health and social services in English

- The most common mode of communication about public health and social services in English was through flyers placed in public spaces (78.5%), followed by a telephone call or visit (22.3%), website (20%) and public meetings (11%).
- English speakers in the regions of Laurentides, Bas Saint-Laurent, Estrie, Montréal (east), Outaouais and Gaspésie – Îles-de-la-Madeleine were more likely than English speakers in other regions to have received information through telephone calls or visits.
- Information meetings were more common means of delivering such information to English speakers in the regions of Gaspésie – Îles-de-la-Madeleine, Chaudière-Appalaches and Abitibi-Témiscamingue.
- For English speakers in Côte-Nord and Bas-Saint-Laurent, flyers in public spaces were more commonly mentioned as sources of information about public health and social services in English.
- Websites were more commonly mentioned as sources for English speakers in the Lanaudière, Bas Saint-Laurent, Montréal (east), Outaouais and Laval regions.

Table 30 – Information in English about Public Health & Social Services

Information About Services in English Provided by Public Health & Social Service Institutions		Received Information in past two years		Source of Information			Means of Delivery of Information about Health & Social Services			
		yes	no	public health institution	community organization	newspaper	telephone or visit	information meeting	flyers in public location	website
gender	male (n=1,313)	37.6%	62.4%	63.9%	33.5%	48.5%	19.8%	8.5%	81.1%	21.3%
	female (n=1,876)	37.7%	62.3%	73.5%	28.7%	42.1%	24.1%	13.2%	76.5%	19.0%
	Total (n=3,189)	37.6%	62.4%	68.8%	31.0%	45.2%	22.0%	10.9%	78.8%	20.1%
age	18-24 years (n=79)	32.5%	67.5%	53.7%	24.5%	60.7%	4.8%	14.7%	82.7%	24.1%
	25-44 years (n=795)	31.5%	68.5%	72.8%	30.3%	37.4%	25.4%	12.7%	74.6%	24.9%
	45-64 years (n=1,452)	37.7%	62.3%	65.5%	30.2%	52.4%	19.1%	7.8%	82.6%	20.6%
	65 years and older (n=775)	52.2%	47.8%	73.7%	31.9%	41.8%	24.9%	13.2%	76.3%	10.6%
	Total (n=3,101)	37.4%	62.6%	69.2%	30.3%	45.4%	22.1%	11.0%	78.3%	20.2%
household income	Less than \$30k (n=522)	41.6%	58.4%	66.2%	35.1%	31.1%	25.4%	12.0%	71.4%	4.9%
	\$30-50k (n=548)	38.9%	61.1%	62.8%	36.1%	48.4%	29.8%	8.4%	74.3%	21.7%
	\$50-70k (n=474)	36.9%	63.1%	77.7%	25.4%	40.7%	12.1%	15.7%	84.6%	12.4%
	\$70-100k (n=414)	33.5%	66.5%	71.4%	33.9%	50.1%	17.9%	11.3%	79.8%	36.3%
	\$100k and over (n=491)	38.1%	61.9%	68.5%	28.5%	56.0%	19.1%	11.0%	83.0%	24.0%
	Total (n=2,449)	37.8%	62.2%	69.1%	31.7%	46.1%	20.9%	11.6%	78.9%	19.8%
health status	excellent (n=816)	40.8%	59.2%	69.9%	28.0%	45.2%	21.1%	18.6%	81.8%	15.5%
	very good (n=1,186)	38.0%	62.0%	67.0%	31.3%	47.4%	21.5%	5.7%	79.6%	26.0%
	good (n=637)	34.7%	65.3%	66.6%	39.5%	35.2%	26.4%	7.2%	77.9%	10.6%
	average (n=420)	33.2%	66.8%	73.5%	28.0%	53.6%	19.4%	17.1%	66.5%	31.7%
	bad (n=108)	43.4%	56.6%	75.6%	24.2%	45.9%	23.6%	2.8%	86.1%	7.2%
	Total (n=3,167)	37.7%	62.3%	68.8%	31.1%	45.3%	22.1%	11.0%	78.7%	20.2%

Information About Services in English Provided by Public Health & Social Service Institutions		Received Information in past two years		Source of Information			Means of Delivery of Information about Health & Social Services			
		yes	no	public health institution	community organization	newspaper	telephone or visit	information meeting	flyers in public location	website
bilingual	English only (n=914)	45.2%	54.8%	69.3%	30.0%	42.7%	32.9%	9.2%	70.3%	14.0%
	English and French (n=2,264)	35.0%	65.0%	68.5%	31.5%	46.3%	18.4%	11.6%	81.6%	22.4%
	Total (n=3,178)	37.6%	62.4%	68.7%	31.1%	45.3%	22.1%	11.0%	78.7%	20.2%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q19A. 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?</i></p>		<p><i>Q19B. 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:</i></p>			<p><i>Q19C. Did you obtain this information regarding access to services in English that are provided by the public health and social services institution via ...</i></p>			

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

Received information about public health and social services in English

- In the prior two years, (37.6%) of the survey respondents had received information about services in English provided by public health and social services institutions in their region.
- Seniors, those with self-assessed poor health and unilingual English speakers were more likely than other English speakers to have heard about such services. Younger adults (aged 18-44) were the least likely demographic group to have heard about such services.

Source of information regarding public health and social services in English

- The public institutions themselves were the most frequent source of such information (68.7%) while respondents had heard about such services to a lesser degree from newspapers (45.3%) and from community-based organizations (31.1%).
- Across demographic categories, public institutions were more likely to be the source of information about their services for English speakers in the middle household income range (\$50-70k) than was the case for other English speakers.
- Community organizations were more frequently cited as the information source for English speakers with self-reported good health and for those in the lower income categories (\$30-50k and less than \$30k).
- Newspapers were more frequently cited as the information source for English speakers in the young adult (18-24 years of age), upper household income bracket (\$100k and over), and those with self-reported average health.

Means of delivering information about public health and social services in English

- The most common mode of communication about public health and social services in English was through flyers placed in public spaces (78.7%) , followed by a telephone call or visit (22.1%) , website (20.2%) and public meetings (11%).
- English speakers who are unilingual, in low household income brackets (\$30-50k and less than \$30k) or in self-reported good health were more likely than English speakers in other demographic categories to have received information through telephone calls or visits.
- Information meetings were more common means of delivering such information to English speakers in excellent or average self-reported health, middle household income brackets (\$50-70k) or in the female or young adult (18-24) groups.
- Unilingual English speakers and those with average self-reported health were less likely than other English speakers to mention flyers in public spaces as sources of information about public health and social services in English.

- Websites were more commonly mentioned as sources for younger English speakers (18-24 and 25-44) for those in upper household income brackets (\$70-100k and over \$100k) and for those with self-reported average health.



3.2 Public health promotion or prevention programs

Table 31- Source of Information in English about Public Health Promotion or Prevention Programs / Received Information in English about Quebec H1N1 Virus Vaccination Program

Source of Information about Public Health Promotion or Prevention Program in the Past Two Years		Public Health System	Community organization	School	Received Information in English about Quebec Vaccination Program for the H1N1 Virus	
		yes	yes	yes	yes	no
Region	01 Bas-Saint-Laurent (n=23)	12.6%	41.1%	25.0%	54.7%	45.3%
	03 Capitale-Nationale (n=93)	21.7%	34.7%	41.1%	40.0%	60.0%
	04 Mauricie et Centre-du-Québec (n=59)	37.2%	15.8%	14.7%	47.2%	52.8%
	05 Estrie (n=265)	32.2%	35.6%	39.0%	67.9%	32.1%
	6.1 Montréal (west) (n=367)	50.2%	36.2%	40.8%	74.5%	25.5%
	6.2 Montréal (centre) (n=468)	44.2%	31.2%	31.7%	75.2%	24.8%
	6.3 Montréal (east) (n=193)	19.4%	19.0%	26.8%	47.6%	52.4%
	07 Outaouais (n=213)	30.5%	32.9%	35.9%	63.5%	36.5%
	08 Abitibi-Témiscamingue (n=90)	33.4%	40.0%	22.8%	70.0%	30.0%
	09 Côte-Nord (n=110)	24.8%	29.3%	72.1%	96.2%	3.8%
	11 Gaspésie – Îles-de-la-Madeleine (n=187)	21.8%	43.3%	41.2%	78.1%	21.9%
	12 Chaudière-Appalaches (n=36)	23.3%	30.7%	31.1%	57.7%	42.3%
	13 Laval (n=265)	23.8%	19.7%	30.6%	64.4%	35.6%
	14 Lanaudière (n=74)	14.7%	6.3%	16.2%	39.5%	60.5%
	15 Laurentides (n=163)	39.7%	15.9%	24.4%	64.8%	35.2%
	16 Montérégie (n=553)	30.1%	31.3%	32.3%	71.0%	29.0%
Total (n=3,171)	35.6%	28.7%	32.3%	67.7%	32.3%	

Source of Information about Public Health Promotion or Prevention Program in the Past Two Years	Public Health System	Community organization	School	Received Information in English about Quebec Vaccination Program for the H1N1 Virus	
	yes	yes	yes	yes	no
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>	<p><i>Q20A1. 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</i></p>	<p><i>Q20A2. In the last two years, have you received information on a public health promotion or prevention program in English from: 2. Community organization in your region</i></p>	<p><i>Q20A3. In the last two years, have you received information on a public health promotion or prevention program in English from: 3. Schools</i></p>	<p><i>Q20A4. During the Quebec vaccination program for the influenza A (H1N1) virus, did you receive information about the program in English?</i></p>	

Source of Information about public health promotion or prevention program

- In the two years prior to the survey, more than one-third (35.6%) of respondents had received information on a public health promotion or prevention program from a public health and social services institution or public health authority in their region. More than one-fourth (28.7%) had heard of such programs through a community-based source while just under one-third had heard of such programs through a school.
- The public institution/authority source of such information was more prominent for English speakers who were living in Montréal (west and centre) and the Laurentides, while these entities were less common as an information source for English speakers in Bas Saint-Laurent and Lanaudière regions.
- English speakers living in Gaspésie – Îles-de-la-Madeleine, Bas Saint-Laurent and Abitibi-Témiscamingue were more likely than English speakers in other regions to have heard about such programs through community-based resources. Those English speakers living in Lanaudière, Laurentides and Mauricie et Centre-du-Québec were less likely to have been informed by community-based resources.
- Schools were more commonly sources of information for English speakers living in Côte-Nord, Gaspésie – Îles-de-la-Madeleine and Capitale-Nationale. Compared to other English speakers, those living in Mauricie-et-Centre-du-Québec were less likely to have been informed by schools about public health promotion/prevention programs than were English speakers in other regions.

Information in English about the Quebec H1N1 vaccination program

- During the period of the Quebec H1N1 vaccination program, two-thirds (67.7%) of English speakers had received information in English about the program.
- English speakers living in the Côte-Nord and Gaspésie – Îles-de-la-Madeleine regions were more likely than other regions to have received English-language information about the H1N1 program.

Table 32 – Source of Information in English about Public Health Promotion or Prevention Programs / Received Information in English about Quebec H1N1 Virus Vaccination Program

Source of Information about Public Health Promotion or Prevention Program in the Past Two Years		Public Health System			Received Information in English about Quebec Vaccination Program for the H1N1 Virus	
		Public Health System yes	Community organization yes	School yes	yes	no
gender	male (n=1,313)	37.4%	29.9%	31.4%	72.6%	27.4%
	female (n=1,876)	34.2%	28.0%	34.4%	64.1%	35.9%
	Total (n=3,189)	35.8%	29.0%	32.9%	68.3%	31.7%
age	18-24 years (n=79)	33.5%	26.6%	61.1%	59.4%	40.6%
	25-44 years (n=795)	29.0%	26.6%	37.1%	58.7%	41.3%
	45-64 years (n=1,452)	39.6%	29.2%	32.2%	73.2%	26.8%
	65 years and older (n=775)	44.7%	36.2%	12.2%	82.8%	17.2%
	Total (n=3,101)	36.0%	29.2%	32.9%	68.4%	31.6%
household income	Less than \$30k (n=522)	36.5%	32.7%	31.2%	70.5%	29.5%
	\$30-50k (n=548)	32.3%	28.5%	29.6%	65.7%	34.3%
	\$50-70k (n=474)	41.3%	26.8%	27.1%	64.7%	35.3%
	\$70-100k (n=414)	32.3%	30.9%	35.9%	65.4%	34.6%
	\$100k and over (n=491)	44.3%	32.0%	43.2%	72.4%	27.6%
	Total (n=2,449)	37.6%	30.1%	33.6%	67.8%	32.2%
health status	excellent (n=816)	39.2%	31.6%	34.0%	66.6%	33.4%
	very good (n=1,186)	34.7%	30.1%	35.0%	70.1%	29.9%
	good (n=637)	33.6%	25.0%	35.0%	67.2%	32.8%
	average (n=420)	37.1%	27.3%	24.4%	70.0%	30.0%
	bad (n=108)	34.4%	23.2%	15.1%	62.2%	37.8%
	Total (n=3,167)	36.0%	29.0%	33.0%	68.3%	31.7%

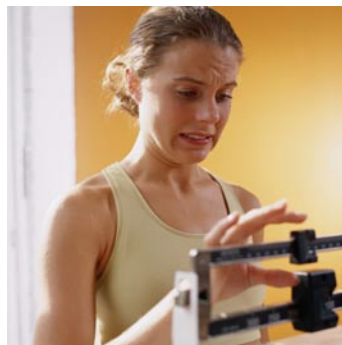
Source of Information about Public Health Promotion or Prevention Program in the Past Two Years		Source of Information			Received Information in English about Quebec Vaccination Program for the H1N1 Virus	
		Public Health System	Community organization	School	yes	no
		yes	yes	yes	yes	no
bilingual	English only (n=914)	40.5%	29.9%	29.9%	75.4%	24.6%
	English and French (n=2,264)	34.3%	28.6%	33.9%	65.9%	34.1%
	Neither English nor French (n=0)	0.0%	0.0%	0.0%	0.0%	0.0%
	Total (n=3,178)	35.8%	28.9%	32.9%	68.2%	31.8%
<p><i>Source: CHSSN/CROP Survey on Anglophone Community Vitality, 2010. Due to small sample size, data for the Bas Saint-Laurent region should be treated with caution. As there were only 12 respondents from the Saguenay – Lac-Saint-Jean region, results are not shown for that region.</i></p>		<p><i>Q20A1. 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</i></p>	<p><i>Q20A2. In the last two years, have you received information on a public health promotion or prevention program in English from: 2. Community organization in your region</i></p>	<p><i>Q20A3. In the last two years, have you received information on a public health promotion or prevention program in English from: 3. Schools</i></p>	<p><i>Q20A4. During the Quebec vaccination program for the influenza A (H1N1) virus, did you receive information about the program in English?</i></p>	

Source of Information about public health promotion or prevention program

- In the two years prior to the survey, more than one-third (35.8%) of respondents had received information on a public health promotion or prevention program from a public health and social services institution or public health authority in their region. More than one-fourth (28.9%) had heard of such programs through a community-based source while just under one-third had heard of such programs through a school.
- The public institution/authority source of such information was more prominent for English speakers who are seniors, in high household income brackets (over \$100k) or who are unilingual English, while these entities were less common as an information source for English speakers in the 25-44 age category or who were in the \$30-50k or \$70-100k household income brackets.
- English speaking seniors were more likely than English speakers in other regions to have heard about such programs through community-based resources. Those English speakers in bad self-reported health or in the middle household income range (\$50-70k) were less likely to have been informed by community-based resources.
- Schools were more commonly sources of information for young English speakers (18-24 and 25-44) and for those in high household income brackets (over \$100k). Compared to other English speakers, older English speakers and those in bad or average self-reported health were less likely to have been informed by schools about public health promotion/prevention programs than were English speakers in other demographic categories.

Information in English about the Quebec H1N1 vaccination program

- During the period of the Quebec H1N1 vaccination program, slightly more than two-thirds (68.2%) of English speakers had received information in English about the program.
- English speaking seniors and unilingual English speakers were more likely than other English speakers to have received English-language information about the H1N1 program. Young adults (under 45 years of age) were less likely to have received English-language information about the H1N1 program.

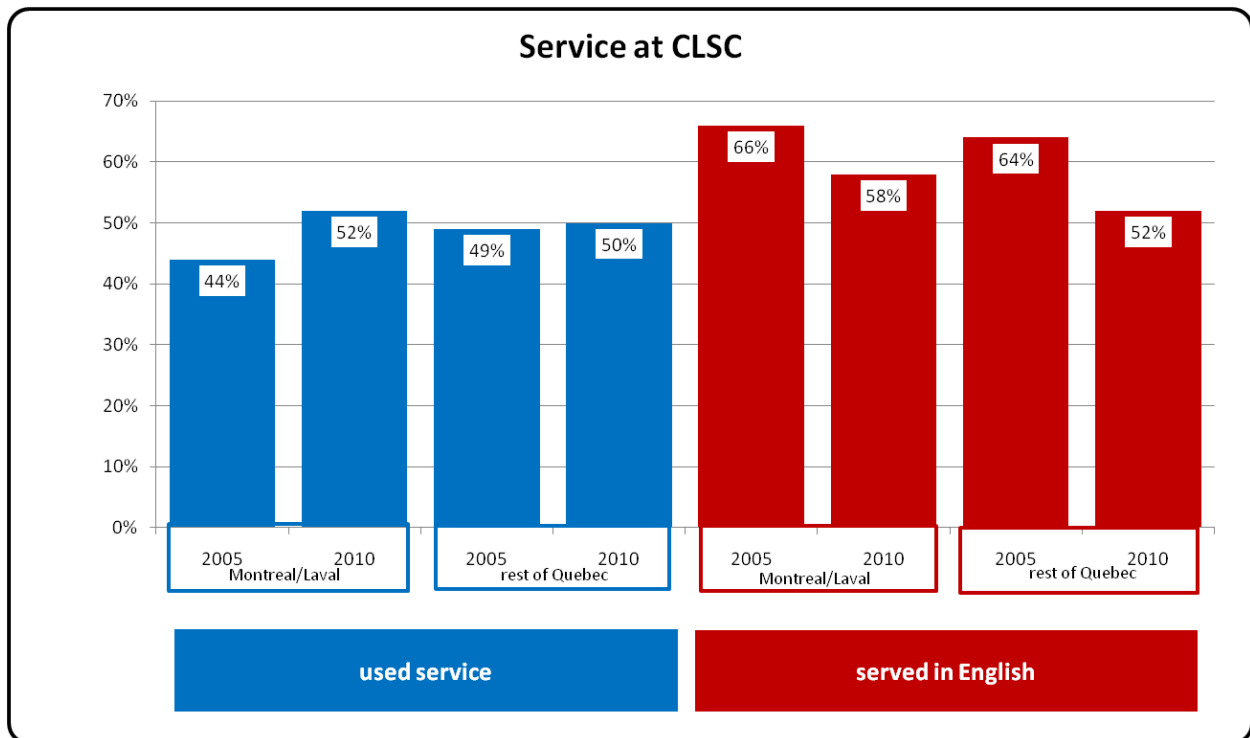


4 Comparison of 2005 and 2010 Survey Results

4.1 Service Usage and Language of Services, 2005 and 2010

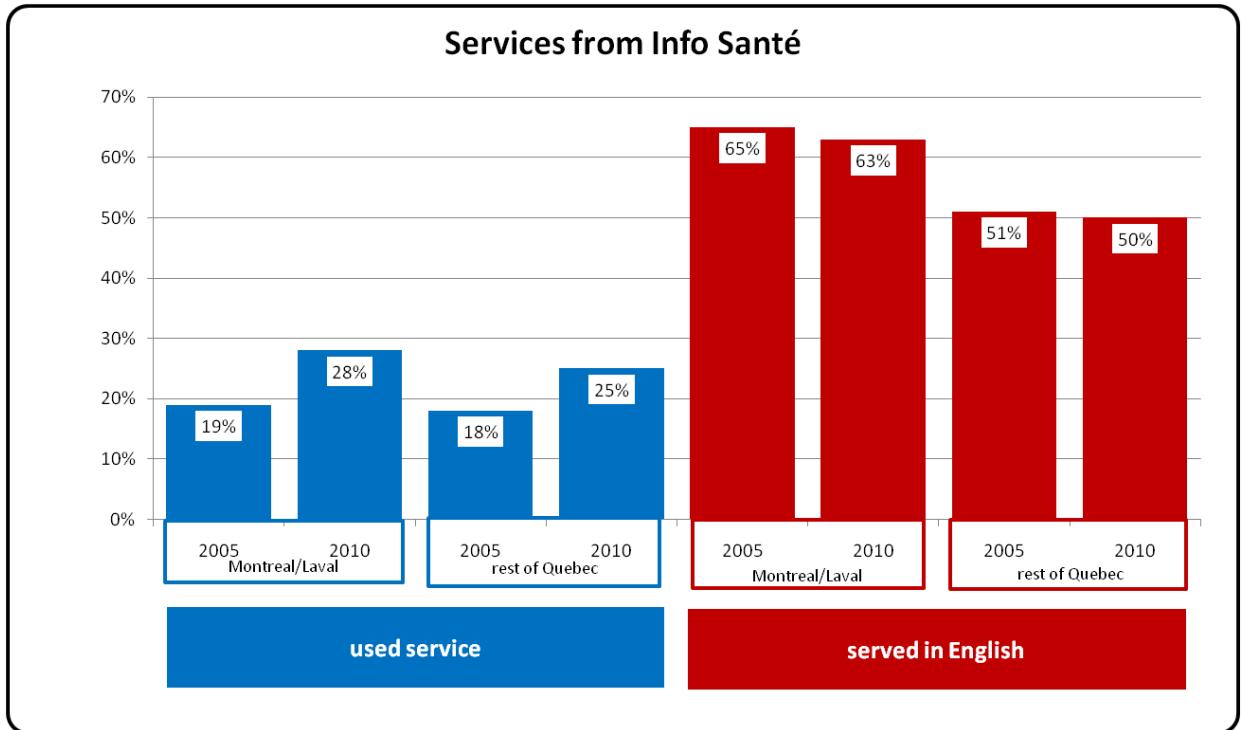
Both the 2005 and 2010 iterations of the CHSSN-CROP surveys asked respondents about their use of services in five settings and asked a cascade of questions about the language of delivery of such services. The following series of graphs presents results from 2005 and 2010, with respondents grouped into the Montréal/Laval region and the remainder in the “rest of Quebec”.

4.1.1 CLSC Services



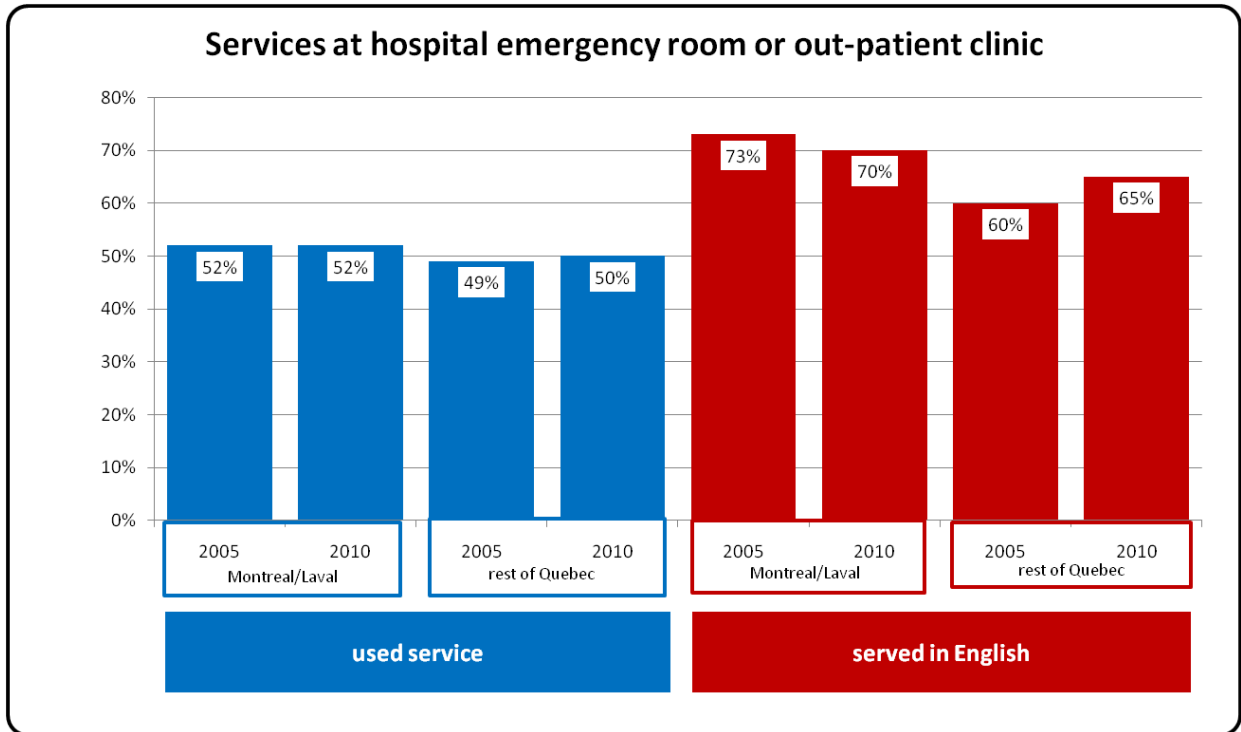
- The proportion of English speakers in Montréal/Laval who had used CLSC services in the previous 12 months increased substantially between 2005 and 2010, rising from 44% to 52% while the rate of use for English speakers in the rest of Quebec was essentially unchanged, moving from 49% to 50%.
- For both Montréal/Laval and the rest of Quebec, the proportion of those who accessed CLSC services in English dropped between 2005 and 2010.
- For Montréal/Laval, the proportion of those who received their CLSC services in English dropped from 66% to 58%.
- For the rest of Quebec, proportion of those who received their CLSC services in English declined from 64% down to 52%.

4.1.2 Info Santé Services



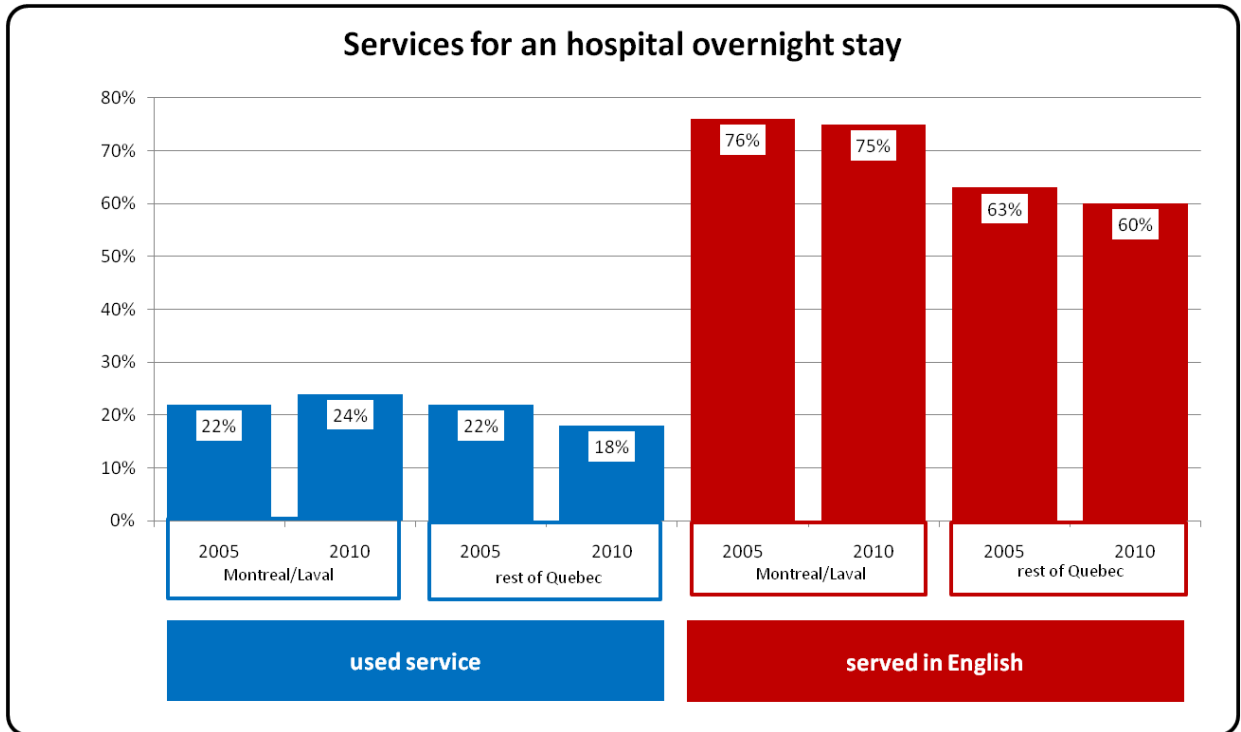
- The proportion of English speakers in Montréal/Laval who had used Info Santé services in the previous 12 months increased substantially between 2005 and 2010, rising from 19% to 28%.
- The rate of use for English speakers in the rest of Quebec also showed a strong increase, rising from 18% to 25%.
- For both Montréal/Laval and the rest of Quebec, the proportion of those who accessed Info Santé services in English declined slightly between 2005 and 2010.
- For Montréal/Laval, the proportion of those who received their Info Santé services in English dropped from 65% to 63%.
- For the rest of Quebec, proportion of those who received their Info Santé services in English declined from 51% down to 50%.

4.1.3 Services at a hospital emergency room or out-patient clinic



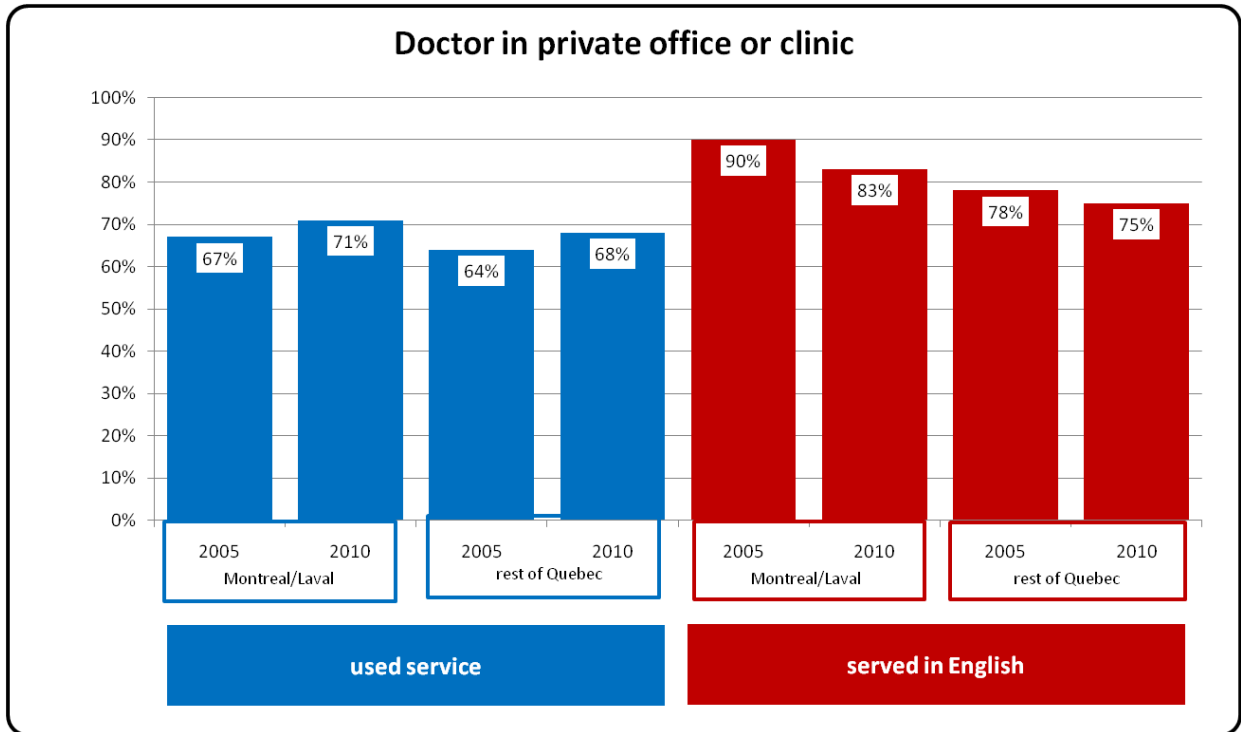
- The proportion of English speakers in Montréal/Laval who had used the services of a hospital emergency room or out-patient clinic in the previous 12 months did not change between 2005 and 2010, remaining constant at 52%.
- The rate of use for English speakers in the rest of Quebec was also essentially unchanged, moving from 49% to 50%.
- For Montréal/Laval, the proportion of those who used the services of a hospital emergency room or out-patient clinic in English declined slightly between 2005 and 2010 while the rate of English-language services in the rest of Quebec increased over the same time period.
- For Montréal/Laval, the proportion of those who received their services at a hospital emergency room or out-patient clinic in English dropped from 73% to 70%.
- For the rest of Quebec, the proportion of those who received their services at a hospital emergency room or out-patient clinic in English increased from 60% up to 65%.

4.1.4 Services for a hospital overnight stay



- The proportion of English speakers in Montréal/Laval who had used the services of a hospital for an overnight stay in the previous 12 months rose slightly between 2005 and 2010 (from 22% to 24%) while the rate of use for English speakers in the rest of Quebec declined over the same period (from 22% down to 18%).
- For both Montréal/Laval and the rest of Quebec, the proportion of those who used the services of a hospital for an overnight stay in English declined slightly between 2005 and 2010.
- For Montréal/Laval, the proportion of those who received their services at a hospital for an overnight stay in English dropped from 76% to 75%.
- For the rest of Quebec, the proportion of those who received their services at a hospital for an overnight stay in English dropped from 63% down to 60%.

4.1.5 Services from a Doctor in a Private Office or Clinic

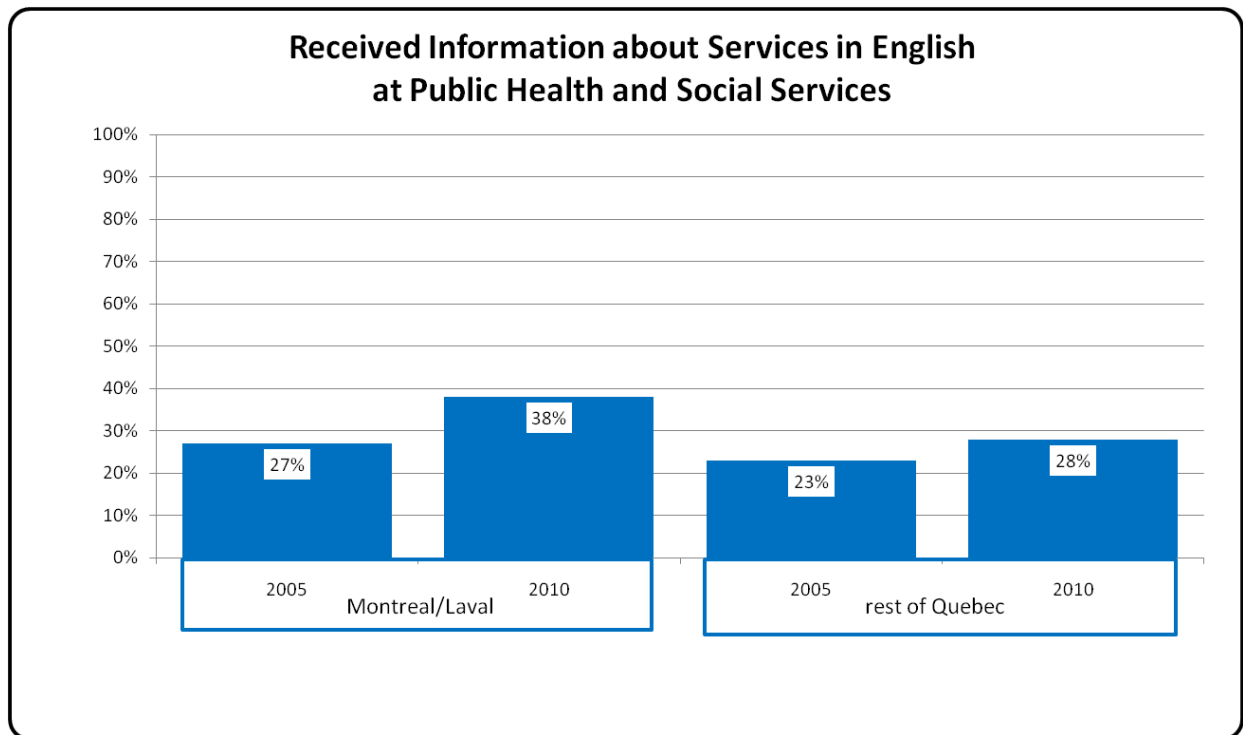


- The proportion of English speakers in Montréal /Laval who had used the services of a doctor in a private office or clinic in the previous 12 months rose slightly between 2005 and 2010 (from 67% to 71%) as did the rate of use for English speakers in the rest of Quebec over the same period (from 64% to 68%).
- For both Montréal/Laval and the rest of Quebec, the proportion of those who used the services of a doctor in a private office or clinic in English declined between 2005 and 2010.
- For Montréal /Laval, the proportion of those who received their services at a doctor in a private office or clinic in English dropped from 90% to 83%.
- For the rest of Quebec, the proportion of those who received their services at a doctor in a private office or clinic in English dropped from 78% down to 75%.

4.2 Information about Services in English 2005 and 2010

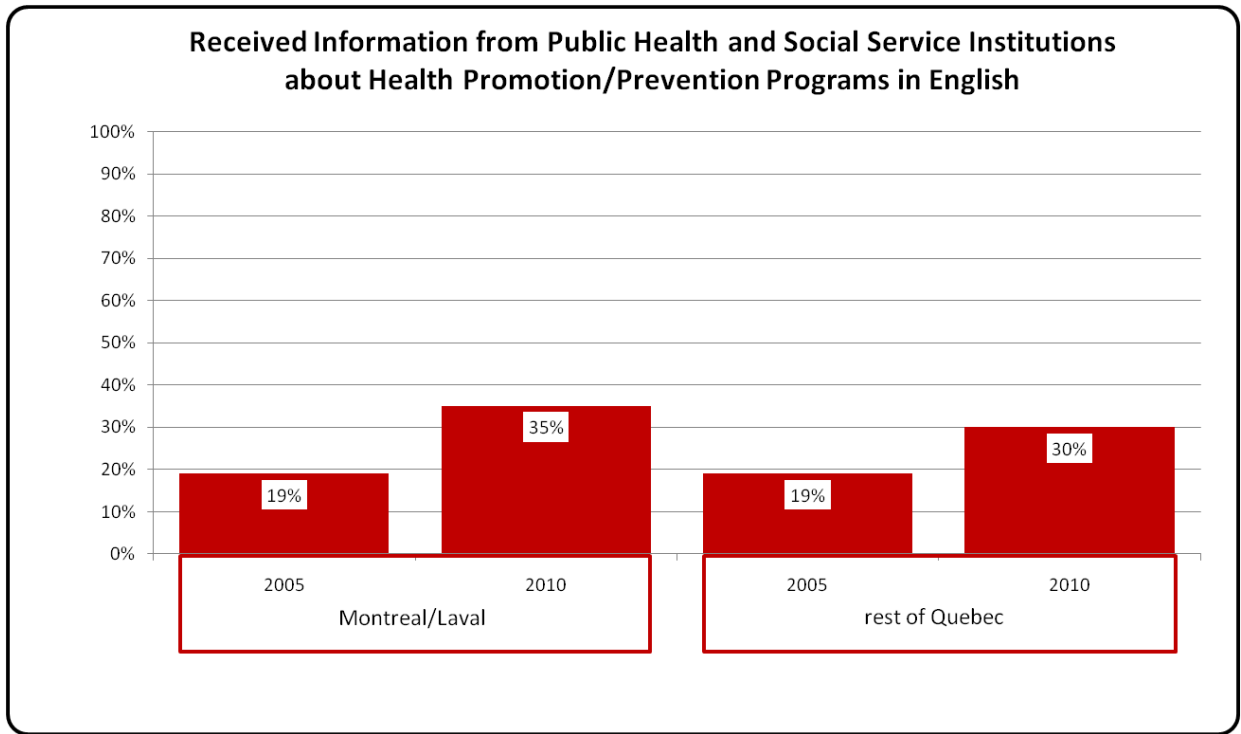
The CHSSN-CROP surveys of 2005 and 2010 asked respondents about whether they had received information about English-language services delivered by public health and social service institutions and about the source of this information.

4.2.1 Received Information about Services in English at a Public Health and Social Services Institution



- Between 2005 and 2010, the proportion of English speakers who received information about services in English at public health and social services institutions increased, both in Montréal/Laval and in the rest of Quebec.
- The proportion of those receiving such information rose from 27% to 38% in Montréal/Laval and from 23% to 28% in the rest of Quebec.

4.2.2 Received Information from Public Health and Social Service Institutions about Health Promotion/Prevention Programs in English

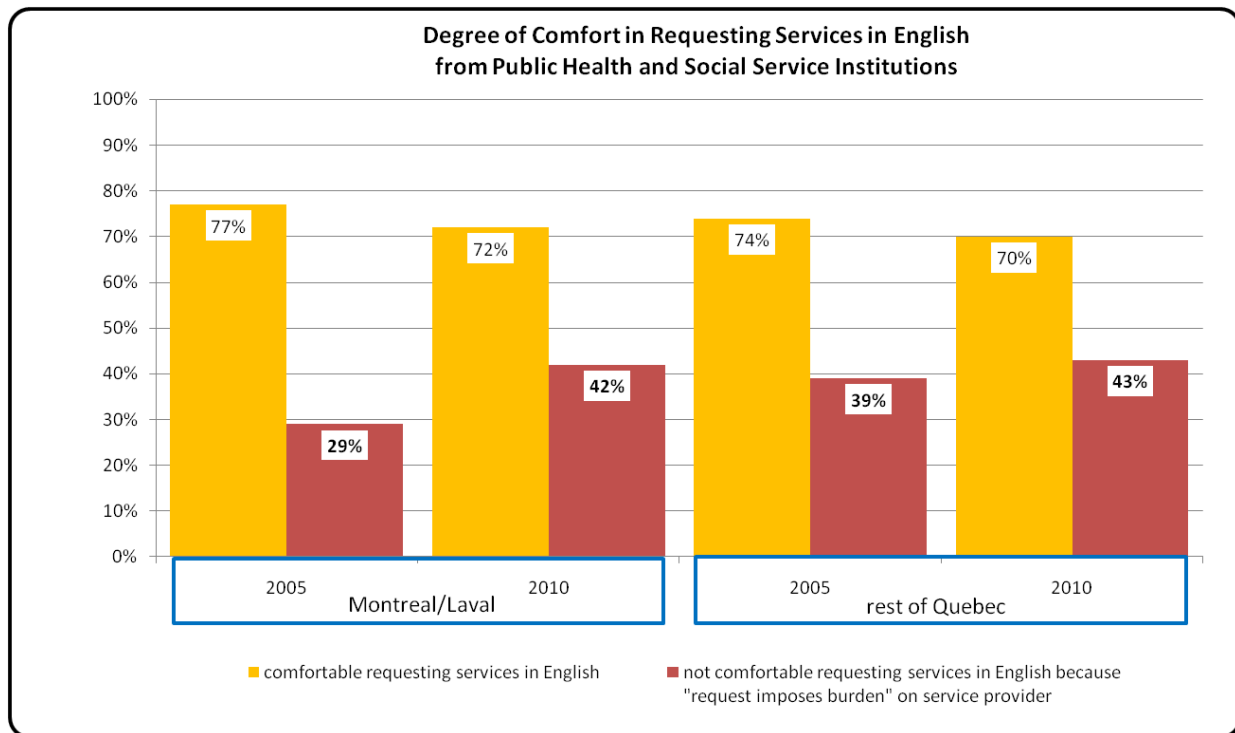


- Between 2005 and 2010, the proportion of English speakers who received information from public health and social services institutions about health promotion/prevention programs in English showed an increase, both in Montréal /Laval and also in the rest of Quebec.
- The proportion of those receiving such information rose from 19% to 35% in Montréal /Laval and from 19% to 30% in the rest of Quebec.

4.3 Comfortable Requesting Services in English

The CHSSN-CROP survey asked respondents whether or not they were comfortable asking for English-language services from public health and social service institutions and subsequently asked about reasons why respondents were not comfortable in making such a request.

4.3.1 Degree of Comfort in Requesting Services in English from Public Health and Social Service Institutions

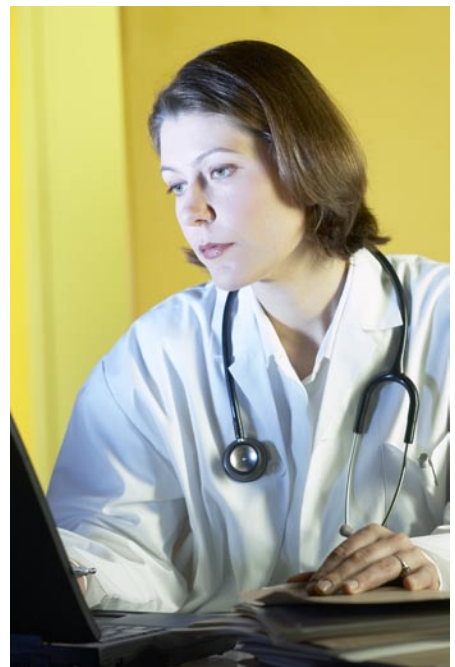


- Between 2005 and 2010, the proportion of English speakers who pronounced themselves “comfortable” in requesting English-language services from a public health and social services institution declined, both in Montréal /Laval and also in the rest of Quebec.
- The proportion of those expressing comfort went from 77% to 72% in Montréal /Laval and from 74% to 70% in the rest of Quebec.
- Among those who expressed a lack of comfort in requesting English-language services from a public health and social service institution, the perception that such a request “imposes a burden” took on increasing importance, going from 29% to 42% in Montréal /Laval and from 39% to 43% in the rest of Quebec.

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6 Bibliography

- Bowen, S. (2001). *Language Barriers in Access to Health Care*. Ottawa: Health Canada.
- Carter, J. (2003). *A Community Guide to the Population Health Approach*. Community Health and Social Services Network (CHSSN), www.chssn.org
- Consultative Committee for English-speaking Minority Communities: Report to the Minister of Health. Ottawa: Health Canada
- Health Canada (1998). *Taking Action on population health: a position paper for Health Promotion and Programs Branch staff*. Ottawa: Health and Welfare Canada.
- Jacobs, E., and A. Chen, L. Karliner, N. Agger-Gupta & S. Mutha. (2006). "The Need for More Research on Language Barriers in Health Care: A Proposed Research Agenda". *The Millbank Quarterly*, Vol. 84, No.1, pp.111-133.
- Mikkoven, J and Raphael, D. (2010) *Social Determinants of Health: The Canadian Facts*. <http://www.thecanadianfacts.org/>. Pocock, J. (2004). *Baseline Data Report 2003-2004 Profiles of English-speaking Communities in the Regions*. CHSSN: www.chssn.org
- Raphael, D. (Ed.) (2008) *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholar's Press Inc,
- Statistics Canada. (2007). *1996, 2001 and 2006 Census of Canada*. Ottawa. Series of tables delivered to the Community Health and Social Services Network.
- Wooley, Frances. (2001). *The Voluntary Sector*. *Isuma*, Vol.3, No.2., Summer, pp.1-11.
- World Health Organization, Social Determinants of Health website, http://www.who.int/social_determinants/en/