Access to Health and Social Services

A comparison of French & English-language CROP-CHSSN survey samples

**Companion Report to the
Baseline Data Report
2010-2011**

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CHSSN

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1.   Introduction

1.1. 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.

Baseline Data Report

The Baseline Data Report (BDR) is a report developed to serve as a resource that will allow NPI 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. There is now a series of inter-related Baseline Data Reports (see below) which may be accessed through the CHSSN website (www.chssn.org).

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
2010-2011	*Access to Health and Social Services:* Comparison of French- and English-Language CROP-CHSSN Survey Samples *Companion Report to the 2010-2011 Baseline Data Report*	2010 CHSSN-CROP Survey on Community Vitality

About the Companion Report to BDR 2010-2011

The companion report relays health and social service findings from the 2010 CHSSN-CROP Survey on Community Vitality Survey and compares the findings from English-speaking and French-speaking survey respondents. The commonalities and distinct features of both language communities within the provincial population are delineated as well as sub-groups defined by gender, age, household income, and health status.

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. The results of this sample in the area of health and social services are presented in this report.

1.1.1. Methodology

For the 2010 English study, a total of 3,195 English-speaking Quebeckers 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.

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 – Data in this report is presented for the province of Quebec, for the Montreal-Laval region and for the rest of Quebec. A regional level analysis was done for the English-speaking sample and made available in the 2010-2011 BDR. Given the smaller sample size for the survey of Francophones, a more detailed regional analysis was not possible. Where appropriate, observations are made with respect to the sub-regional differences reported by English speakers living in the Montreal-Laval and rest of Quebec regions.

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

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[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.

1.2. Size and Proportion of the English-speaking and French-speaking populations of Quebec, 1996, 2001 and 2006

The tables below present the size and proportion of the English-speaking and French-speaking populations in 2006 for the geographic territories included in this report. The first table presents data for the aggregated Montreal-Laval and rest-of-Quebec regions while the second presents data for Quebec's administrative regions.

Table 1 - English-speaking and French-speaking populations of selected regions, 1996, 2001 and 2006

region	English-speakers			French-speakers		
	1996	2001	2006	1996	2001	2006
Montreal-Laval	611,525	617,330	664,380	1,408,250	1,459,965	1,473,250
Rest of Quebec	314,315	301,665	330,278	4,639,160	4,689,455	4,899,918
Quebec (province)	925,840	918,995	994,658	6,047,410	6,149,420	6,373,168
regional share of total	English-speakers			French-speakers		
	1996	2001	2006	1996	2001	2006
Montreal-Laval	66.1%	67.2%	66.8%	23.3%	23.7%	23.1%
Rest of Quebec	33.9%	32.8%	33.2%	76.7%	76.3%	76.9%
Quebec (province)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Source: Statistics Canada, 1996, 2001 and 2006 Census. Linguistic concept is first official language spoken with multiple responses distributed equally.						

Table 2 - English-speaking and French-speaking populations, by administrative regions, 1996, 2001 and 2006

region	English-speakers			French-speakers		
	1996	2001	2006	1996	2001	2006
Quebec (province)	925,830	918,995	994,723	6,047,405	6,149,420	6,373,228
Gaspésie - Iles-de-la-Madeleine	10,580	9,740	9,508	93,565	85,730	83,638
Bas-Saint-Laurent	933	830	1,290	201,118	194,715	194,615
Capitale-Nationale	12,745	11,053	11,838	611,125	616,808	636,523
Chaudière - Appalaches	3,340	2,693	3,705	371,445	373,918	383,480
Estrie	24,770	23,393	23,583	248,190	255,738	269,733
Centre-du-Québec	2,650	2,130	2,415	207,430	211,105	216,620
Montérégie	135,653	129,120	143,630	1,103,108	1,127,905	1,190,625
Montréal	560,813	563,940	595,920	1,136,728	1,178,360	1,182,485
Laval	50,713	53,390	68,460	271,523	281,605	290,765
Lanaudière	8,850	8,218	10,110	361,565	374,563	414,110
Laurentides	31,213	30,573	33,170	394,353	423,358	471,935
Outaouais	53,863	53,938	58,713	250,198	257,723	278,293
Abitibi - Témiscamingue	6,363	5,318	5,353	146,053	138,933	136,358
Mauricie	3,383	2,760	2,575	252,673	246,270	249,740
Saguenay - Lac-Saint-Jean	1,795	1,773	1,823	281,515	272,473	267,283
Côte-Nord	6,100	5,745	5,623	95,440	90,450	88,438
Nord-du-Québec	12,080	14,385	16,945	21,385	19,770	18,530
region	English-speakers			French-speakers		
	1996	2001	2006	1996	2001	2006
Quebec (province)	13.1%	12.9%	13.4%	85.8%	86.3%	87.2%
Gaspésie - Iles-de-la-Madeleine	10.2%	10.2%	10.2%	89.8%	89.8%	90.0%
Bas-Saint-Laurent	0.5%	0.4%	0.7%	99.5%	99.6%	99.3%
Capitale-Nationale	2.0%	1.8%	1.8%	97.8%	98.1%	98.2%

region	English-speakers			French-speakers		
	1996	2001	2006	1996	2001	2006
Chaudière - Appalaches	0.9%	0.7%	1.0%	99.1%	99.3%	99.1%
Estrie	9.1%	8.4%	8.0%	90.8%	91.4%	92.2%
Centre-du-Québec	1.3%	1.0%	1.1%	98.7%	99.0%	98.7%
Montérégie	10.9%	10.2%	10.7%	88.7%	89.5%	89.7%
Montréal	32.1%	31.6%	32.7%	65.0%	66.1%	68.8%
Laval	15.5%	15.7%	18.8%	83.1%	83.1%	83.1%
Lanaudière	2.4%	2.1%	2.4%	97.4%	97.7%	97.6%
Laurentides	7.3%	6.7%	6.6%	92.5%	93.1%	93.6%
Outaouais	17.6%	17.2%	17.4%	81.9%	82.4%	83.2%
Abitibi - Témiscamingue	4.2%	3.7%	3.8%	95.7%	96.2%	96.3%
Mauricie	1.3%	1.1%	1.0%	98.4%	98.6%	98.9%
Saguenay - Lac-Saint-Jean	0.6%	0.6%	0.7%	99.3%	99.3%	99.4%
Côte-Nord	6.0%	5.9%	5.9%	93.2%	93.3%	93.6%
Nord-du-Québec	31.5%	37.4%	42.8%	55.8%	51.4%	51.8%

Source: Statistics Canada, 1996, 2001 and 2006 Census. Linguistic concept is first official language spoken with multiple responses distributed equally.

1.3. 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 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 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 language 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

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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.

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/.

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.

1.4. General State of Health

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 language, region, gender, age, and household income. For the tables on use of services and information about health services, health status is treated as an independent variable which permits the reader to observe similarities and differences with respect to self-assessed health status.

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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

Table 3 - general health status

variable	characteristic	English speakers			
		excellent	very good	good	poor or average
Region	**Montreal-Laval**	**26.4%**	**37.9%**	**19.7%**	**16.0%**
	Rest of Quebec	**25.2%**	**37.1%**	**20.3%**	**17.4%**
	Total	**25.7%**	**37.5%**	**20.0%**	**16.8%**
Gender	**male**	**26.3%**	**36.1%**	**20.7%**	**16.8%**
	female	**25.2%**	**38.5%**	**19.6%**	**16.7%**
Age groups	**18-29**	**34.4%**	**35.9%**	**21.9%**	**7.8%**
	30-59	**27.3%**	**38.0%**	**19.6%**	**15.2%**
	60 plus	**21.6%**	**37.0%**	**20.6%**	**20.8%**
Household income	**less than $30k**	**16.3%**	**32.5%**	**23.9%**	**27.3%**
	$30-50k	**25.6%**	**36.4%**	**20.7%**	**17.3%**
	$50-70k	**26.8%**	**40.7%**	**19.6%**	**12.9%**
	$70-100k	**29.6%**	**42.2%**	**15.5%**	**12.6%**
	$100k and over	**36.3%**	**38.3%**	**15.3%**	**10.2%**
variable	characteristic	French speakers			
		excellent	very good	good	poor or average
Region	**Montreal-Laval**	**28.3%**	**39.7%**	**20.5%**	**11.5%**
	Rest of Quebec	**33.3%**	**34.5%**	**22.7%**	**9.5%**
	Total	**32.2%**	**35.7%**	**22.2%**	**9.9%**
Gender	**male**	**32.0%**	**37.2%**	**22.7%**	**8.1%**
	female	**32.3%**	**34.2%**	**21.7%**	**11.7%**
Age groups	**18-29**	**42.4%**	**28.9%**	**23.0%**	**5.7%**
	30-59	**32.7%**	**37.7%**	**21.0%**	**8.6%**
	60 plus	**24.5%**	**34.8%**	**24.7%**	**16.0%**
Household income	**less than $30k**	**23.1%**	**28.6%**	**30.1%**	**18.3%**
	$30-50k	**28.0%**	**36.9%**	**23.7%**	**11.4%**
	$50-70k	**39.2%**	**34.3%**	**18.5%**	**8.0%**
	$70-100k	**29.5%**	**43.6%**	**21.9%**	**5.0%**
	$100k and over	**44.1%**	**36.3%**	**15.5%**	**4.1%**
Source: CHSSN/CROP Survey on Community Vitality, 2010.	*Q26. How would you describe your general state of health at this time, compared to other people of your age?*				

Region

- English-speaking respondents across Quebec were less likely (63.2%) than French speakers (67.9%) to assess their health as very good or excellent when compared to other persons their age.
- About 16.8% of English-speaking respondents and 9.9% of French speakers judge their health to be only average or bad when compared to their age peers.
- English speakers living outside of Montreal-Laval were much more likely to report poor health (17.4%) when compared to French speakers (9.5%) from the same regions. Specifically, 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.

Gender

- Among English-speaking respondents to the CROP-CHSSN survey, females were slightly more likely than males to describe their state of health as either very good or excellent. Among French speakers, males were more likely than females to report a very good or excellent status.

Age

- Both French-speaking and English-speaking seniors showed less confidence in their health status 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 when compared to younger age groups.

Household Income

- Household income status revealed a notable variation in self-assessed health for both language groups. Those with household incomes under $30k annually were much more likely to describe themselves to be 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.

Health Status

- While there is evidence of a link between income and health status for both language groups, it is important to note the sizable gap between the proportion of low income English speakers who report a poor health status (27.3%) and the proportion of low-income French speakers (18.3%) who do so. The likelihood of respondents from high income households ($70-100k and $100k plus) to report poor or average health is much greater among Anglophones (22.8%) than among Francophones (9.1%).

2.   Use of Services

2.1. Use of Services

 In order to evaluate the level of access to health and social services experienced by each language 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 region, gender, age and health status.

- When five health situations are ranked from highest to lowest rate of use among French-speaking respondents in the last twelve months, we find: (1) a doctor in a private office or clinic, (2) hospital emergency room or out-patient clinic, (3) CLSC, (4) Info-Santé or info health line, (5) and overnight hospital stay.
- 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.
- Generally, the variation in the frequency of use of services between the language communities located outside of the Montreal-Laval regions is more pronounced than between English-speakers and French-speakers in the Montreal-Laval region.
- The greatest variation between Francophone and Anglophone respondents with respect to the rate of use among five types of services is observed in the use of Info-Santé or Info health line. The respondents who reported using Info-Santé in the last twelve months ranked from highest rate of use to lowest are as follows: (1) 37.2% of ROQ French speakers, (2)35.2% of Montreal-Laval French speakers,(3) 27% of Montreal-Laval English speakers and (4) 22.8% of ROQ English speakers.
- Overall, English-speaking respondents report a greater use of CLSC services when compared to French-speaking respondents. The variation between language groups is greatest among the population living outside of the urban Montreal-Laval regions. Among ROQ English speakers 54.6% reported using CLSC services in the last twelve months compared to 47.4% of ROQ French speakers.
- French-speaking respondents aged 18-29 were more likely than English-speaking respondents of the same age to report using hospital services. Among French speakers 18-29, 26.1% reported an overnight hospital stay compared to 14.6% of English speakers. With respect to hospital emergency or out-patent services, 51.9% of young French speakers used these compared to 46.1% of young English speakers.

2.2. Used the services of a doctor in a private office or clinic within the past 12 months

Table 4 - used services of a doctor in private office/clinic

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	75.1%	75.3%
	Rest of Quebec	71.5%	68.9%
	Total	73.0%	70.3%
Gender	male	71.4%	66.7%
	female	74.0%	73.8%

	Total	72.9%	70.3%
Age groups	18-29	58.5%	60.7%
	30-59	72.0%	71.1%
	60 plus	77.0%	74.2%
	Total	72.9%	70.3%
Household income	less than $30k	71.2%	66.2%
	$30-50k	71.3%	67.0%
	$50-70k	76.9%	67.8%
	$70-100k	74.6%	72.0%
	$100k and over	75.4%	80.3%
	Total	73.7%	70.3%
General state of health	excellent	68.9%	69.4%
	very good	75.0%	70.8%
	good	74.1%	68.5%
	average or poor	73.1%	75.4%
	Total	72.9%	70.3%
Source: CHSSN/CROP Survey on Community Vitality, 2010.		*Q16A. Within the last twelve months, in your region, have you used either for yourself or to help another person …* *Q16a. Au cours des 12 derniers mois, avez-vous eu recours aux services suivants, que ce soit pour vous-même ou pour aider quelqu'un d'autre a) les services d'un médecin dans un bureau privé ou une clinique*	

Region

- Among French-speaking respondents, 70.3% reported having used the services of a doctor in a private office or clinic in the previous 12 months compared to 73% of English speakers who reported doing so.
- Respondents living in the urban Montreal-Laval regions were somewhat more likely to report using the services of a doctor in a private office or clinic when compared with those living in the rest of Quebec.

Gender

- Females are generally more likely than males to have used the services of a doctor in a private office or clinic in the previous 12 months. The gender variation is greater between French-speaking women (73.8%) and French-speaking men (66.7%) than between English-speaking women and men.

Age

- Older adults (60 plus) were more likely to report using the services of a doctor in a private office or clinic when compared to other age groups.
- Among respondents 18-29 years of age, French speakers are somewhat more likely than English speakers to have used the services of a doctor while among those 60 years and over English-speakers tend to exhibit a greater rate of use.

Household income

- When income groups are compared, persons with household income less than $30k tend to show the lowest tendency to use the services of a doctor in a private office or clinic.

- Among French-speaking respondents, the variation between income groups in their use of a doctor in a private office or clinic ranges from 66.2% among those whose household income is less than $30k to 80.5% among those with a household income of $100k and over.

Health Status

- Those who assess their health status as excellent show the lowest likelihood of having used the services of a doctor in a private office or clinic in the previous twelve months.
- French speakers who used this type of service were more likely to assess their health status as average or poor and less likely to report a very good or good health status compared to English speakers.

2.3. Use of the Services of a CLSC (other than Info-Santé)

Table 5 - used services of a CLSC (other than Info-Santé)

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	50.4%	53.9%
	Rest of Quebec	54.6%	47.4%
	Total	52.9%	48.9%
Gender	male	50.6%	44.9%
	female	54.4%	52.7%
	Total	52.8%	48.9%
Age groups	18-29	50.8%	48.5%
	30-59	51.4%	50.7%
	60 plus	55.5%	44.5%
	Total	52.8%	48.9%
Household income	less than $30k	56.9%	52.1%
	$30-50k	55.2%	42.2%
	$50-70k	52.2%	48.9%
	$70-100k	54.0%	57.5%
	$100k and over	46.2%	43.7%
	Total	53.0%	48.2%
General state of health	excellent	48.9%	44.1%
	very good	52.0%	50.2%
	good	54.9%	52.9%
	average or poor	58.2%	50.7%
	Total	52.8%	48.9%
Source: CHSSN/CROP Survey on Community Vitality, 2010.		*Q16B. Within the last twelve months, in your region, have you used either for yourself or to help another person …* *Q16b. Au cours des 12 derniers mois, avez-vous eu recours aux services suivants, que ce soit pour vous-même ou pour aider quelqu'un d'autre : / b) les services d'un CLSC, autre qu'Info-Santé*	

Region

- French-speaking respondents (48.9%) were somewhat less likely to report using CLSC services in the previous 12 months when compared to English speakers (52.9%).
- French speakers living outside the urban Montreal-Laval regions show the lowest tendency to use CLSC services (47.4%) while English speakers sharing the same territory show the highest tendency (54.6%).

Gender

- Women exhibit a greater tendency to use CLSC services when compared to men.

Age

- English-speaking seniors (60 plus) are much more likely (55.5%) than French speakers of the same age (44.5%) to report using CLSC services in the previous year.

Household income

- The most frequent English-speaking users of CLSC services have a household income of less than $30k and the most frequent French-speaking users of CLSC services have a household income of $70-100k.
- The greatest variation in patterns of use of CLSC services by Francophones and Anglophones in the previous year is among those earning less than $30k. More low-income English speakers use CLSC services than low-income French speakers.

Health Status

- English-speaking users of CLSC services are much more likely to report average or poor health status (58.2%) compared to French-speaking users (50.7%).

2.4. Info-Santé

Table 6 - used services of Info-Santé

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	27.0%	35.2%
	Rest of Quebec	22.8%	37.2%
	Total	24.5%	36.7%
Gender	male	20.0%	33.4%
	female	27.6%	39.8%
	Total	24.4%	36.7%
Age groups	18-29	31.3%	43.3%
	30-59	28.3%	38.1%
	60 plus	16.9%	29.1%
	Total	24.4%	36.7%
Household income	less than $30k	20.9%	30.6%
	$30-50k	25.4%	32.3%
	$50-70k	25.4%	40.4%
	$70-100k	28.6%	45.1%
	$100k and over	25.8%	38.5%
	Total	25.1%	36.9%
General state of health	excellent	23.2%	34.0%
	very good	25.4%	37.1%
	good	22.9%	35.2%
	average or poor	25.8%	47.5%
	Total	24.4%	36.7%
Source: CHSSN/CROP Survey on Community Vitality, 2010.	*Q16C. Within the last twelve months, in your region, have you used either for yourself or to help another person …* *Q16c. Au cours des 12 derniers mois, avez-vous eu recours aux services suivants, que ce soit pour vous-même ou pour aider quelqu'un d'autre c) les services d'Info-Santé*		

- The greatest variation between Francophone and Anglophone respondents with respect to the rate of use among five types of services is observed in the use of Info-Santé or Info health line. Only 24.5% of English speakers used Info-Santé in the previous 12 months compared to 36.7% of French speakers.
- Adults aged 18-29, those with self-assessed bad health and women were the most likely to have used the services of Info-Santé within the previous year.
- Seniors, males and persons with a low household income (under $30k) were the least likely to have used Info-Santé in the previous year.

Region

- English-speaking respondents living outside of the Montreal-Laval regions were much less likely (22.8%) to use Info-Santé than French-speaking respondents (37.2%) sharing the same territory.

Gender

- Women are more frequent users of Info-Santé than men and French-speaking women are much more likely (39.8%) than English-speaking women (27.6%) to use this health service.

Age

- Seniors (60 plus) are the least likely age group to use Info-Santé and English-speaking seniors are much less likely(16.9%) than French-speaking seniors (29.1%) to use this service.

Household income

- Respondents from low-income households (less than $30k) are less likely to use Info-Santé when compared to other income groups.

Health Status

- The largest proportion of those using Info-Santé report a poor or average health status. French-speaking respondents who used Info-Santé in the previous year (47.5%) were much more likely than English speakers (25.8%) to claim average or poor health.

2.5. Hospital Emergency Room or Out-patient Clinic

Table 7 - used hospital emergency room or out-patient clinic

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	52.1%	48.1%
	Rest of Quebec	51.6%	53.9%
	Total	51.8%	52.6%
Gender	male	47.5%	49.7%
	female	54.7%	55.3%
	Total	51.8%	52.6%
Age groups	18-29	46.1%	51.9%
	30-59	54.6%	54.5%
	60 plus	48.1%	48.3%
	Total	51.8%	52.6%
Household income	less than $30k	50.7%	49.9%
	$30-50k	51.6%	48.9%
	$50-70k	55.2%	52.0%
	$70-100k	56.0%	60.0%
	$100k and over	51.0%	58.1%
	Total	52.7%	53.3%
General state of health	excellent	48.3%	48.4%
	very good	49.3%	50.1%
	good	52.2%	57.8%
	average or poor	61.8%	63.6%
	Total	51.7%	52.6%
Source: CHSSN/CROP Survey on Community Vitality, 2010.	*Q16D. Within the last twelve months, in your region, have you used either for yourself or to help another person …* *Q16d. Au cours des 12 derniers mois, avez-vous eu recours aux services suivants, que ce soit pour vous-même ou pour aider quelqu'un d'autre) les services de l'urgence ou d'une clinique externe d'un hôpital*		

Region

- English and French –speaking respondents were about equally likely to have used a hospital emergency room or out-patient clinic in the previous year.
- French speakers living in the Montreal-Laval regions were somewhat less likely to use a hospital emergency room or out- patient clinic (48.1%) compared to English speakers in the same territory (52.1%) and compared to respondents living in the rest of Quebec.
- Francophones living outside of the urban Montreal-Laval regions were the group most likely to use these health services (53.9%) in the previous year.

Gender

- Women are more likely than men to have used a hospital emergency room or out-patient clinic in the previous 12 months.

Age

- Francophones aged 18-29 (46.1%) were more likely than Anglophones of the same age (51.9%) to use the services of a hospital emergency room or out-patent clinic in the previous year.

- Compared to other age groups, survey respondents aged 30-59 are the most frequent users of these services.

Household income

- Among English speakers, those with household incomes of $50k-$70k and $70k -$100k were the most frequent users of hospital emergency room services or out-patient clinics.
- Among French speakers, those with household incomes of $70k and over were the most frequent users of hospital emergency room services or out-patient clinics.

Health Status

- The highest rate of use of hospital emergency room services or out-patient clinics is among respondents who assess their health status as average or poor.

2.6. Hospital for Overnight Stay

Table 8- used services of a hospital for overnight stay

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	24.0%	23.7%
	Rest of Quebec	20.8%	24.5%
	Total	22.1%	24.3%
Gender	male	19.9%	21.9%
	female	23.6%	26.7%
	Total	22.1%	24.3%
Age groups	18-29	14.6%	26.1%
	30-59	22.0%	24.4%
	60 plus	23.4%	23.0%
	Total	22.1%	24.3%
Household income	less than $30k	21.5%	19.1%
	$30-50k	23.8%	29.1%
	$50-70k	22.4%	27.8%
	$70-100k	22.5%	19.9%
	$100k and over	19.3%	23.4%
	Total	21.9%	24.3%
General state of health	excellent	18.4%	21.9%
	very good	19.9%	22.5%
	good	21.2%	23.8%
	average or poor	33.2%	39.5%
	Total	22.0%	24.3%
Source: CHSSN/CROP Survey on Community Vitality, 2010.		*Q16E. Within the last twelve months, in your region, have you used either for yourself or to help another person …* *Q16e. Au cours des 12 derniers mois, avez-vous eu recours aux services suivants, que ce soit pour vous-même ou pour aider quelqu'un d'autre e) les services d'un hôpital exigeant une hospitalisation d'une durée d'au moins une nuit*	

Region

- Those with self-assessed average or poor health status, women and persons living in the Montreal-Laval regions are among the respondents most likely to have used hospital overnight services.
- French-speaking respondents were somewhat more likely (24.3%) than English speakers (22.1%) to have used hospital overnight services in the previous 12 months.
- ROQ English speakers exhibit the lowest rate of use of hospital overnight services (20.8%) and ROQ French speakers exhibit the highest rate of use of these services (24.5%).

Gender

- Women report more frequent use of hospital overnight services than men.

Age

- Francophone youth (18-29) are much more likely (26.7%) than Anglophone youth (14.6%) to use hospital overnight services.

- Francophone (23%) and Anglophone (23.4%) seniors (60 plus) are about equally likely to use hospital overnight services.

Household income

- Among English speakers, users of hospital overnight services are about equally distributed across income categories. The lowest use (19.3%) is exhibited by Anglophones with a household income of $100k and over.
- Among French speakers, the most frequent use of hospital overnight services is exhibited by those with household incomes of $30-50k (29.1%) and $50 -70k (27.8%). The lowest rate of use (19.1%) is exhibited by Francophones whose household income is less than $30k.

Health Status

- Respondents reporting an average or poor health status are the most frequent users of hospital overnight services.

3.   Information on Services and Health Promotion

Access to health and social services depends upon the availability of information regarding these services. Use of services in English or French implies knowing what programs are offered, for whom and through what health agencies. The CROP-CHSSN survey asked English-speaking 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"). French-speaking respondents were asked the same questions without the specification of "services in English". The exact survey question posed for each language group is included at the bottom of each table.

3.1. Information about Services Provided by Public Health & Social Service Institutions

Table 9 - received information about public health & social services

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	43.7%	62.4%
	Rest of Quebec	34.8%	55.0%
	Total	38.4%	56.7%
Gender	male	37.5%	53.1%
	female	39.1%	60.0%
	Total	38.4%	56.7%
Age groups	18-29	24.3%	51.3%
	30-59	34.2%	58.7%
	60 plus	47.7%	55.1%
	Total	38.4%	56.7%
Household income	less than $30k	38.7%	49.2%
	$30-50k	41.1%	53.6%
	$50-70k	40.7%	62.2%
	$70-100k	36.1%	57.6%
	$100k and over	37.9%	67.2%
	Total	39.1%	57.7%
General state of health	excellent	39.6%	57.6%
	very good	39.0%	55.0%
	good	37.1%	57.8%
	average or poor	36.6%	57.7%
	Total	38.4%	56.7%
Source: CHSSN/CROP Survey on Community Vitality, 2010.		*Q19A. In the last two years, have you received information about services in English that are provided by the public health and social service institutions in your region?* *Q17. Au cours des deux dernières années, avez-vous reçu de l'information concernant les services offerts par les organismes et institutions de santé et services sociaux de votre région?*	

Region

- In the prior two years, 56.7% of French-speaking respondents had received information about services provided by public health and social service institutions in their region.
- French-speaking respondents living in the Montreal-Laval regions were much more likely (62.4%) to have received information about services in their region compared to Francophones living in the rest of Quebec (55%).
- In the prior two years, only 38.4% of English-speaking respondents had received information about services in English provided by public health and social services institutions in their region.
- English-speaking respondents living in the combined Montreal-Laval regions were much more likely (43.7%) to have received information about services in English in their region compared to Anglophones living in the rest of Quebec (34.8%).

Gender

- Female survey respondents are more likely than males to have received information about services provided by public health and social service institutions in their region in the last two years.
- A notable 60% of French-speaking female respondents reported receiving information about public health services compared to 39.1% of English-speaking female respondents who reported receiving information about public health services in English.

Age

- Among French-speaking respondents, younger adults (18-29) are the least likely (51.3%) to have received information about services provided by public health and social service institutions. Those aged 30-59 years of age are the most likely (58.7%) to have received information.
- Among English-speaking respondents, younger adults (18-29) were the least likely(24.3%) to have received information about services in English and adults 60 years and over were more likely(47.7%) than other age groups to have received information in the last two years.

Household income

- Low-income Francophones were less likely to have received information about services offered by public health and social service institutions in the last two years when compared to Francophones with a higher household income.

Health Status

- French-speaking respondents who received information about services from public health and social service institutions range fairly evenly from poor to excellent health status.
- When health status is compared, English speakers who received information about services in English from public health institutions are somewhat more likely to claim excellent and very good health.

3.2. Source of information regarding public health and social services in English

Table 10 - source of information about services from public h&ss institutions

variable	characteristic	English speakers		
		public health & social service institution	community organization	newspaper
Region	Montreal-Laval	41.9%	30.3%	31.8%
	Rest of Quebec	31.9%	34.8%	29.9%
	Total	35.9%	33.0%	30.7%
Gender	male	36.2%	32.8%	29.7%
	female	35.8%	33.0%	31.2%
Age groups	18-29	25.3%	28.6%	43.7%
	30-59	35.2%	31.3%	39.0%
	60 plus	39.1%	36.4%	14.3%
Household income	less than $30k	31.7%	31.0%	23.5%
	$30-50k	37.5%	35.2%	29.0%
	$50-70k	39.1%	34.2%	31.6%
	$70-100k	36.4%	34.4%	37.2%
	$100k and over	42.6%	37.7%	40.9%
General state of health	excellent	39.6%	36.0%	34.1%
	very good	36.1%	33.8%	31.3%
	good	35.4%	28.3%	30.0%
	average or poor	31.5%	31.7%	25.0%
variable	characteristic	French speakers		
		public health & social service institution	community organization	newspaper
Region	Montreal-Laval	51.8%	30.7%	25.5%
	Rest of Quebec	54.5%	39.5%	39.6%
	Total	53.9%	37.5%	36.4%
Gender	male	51.7%	36.5%	37.5%
	female	55.9%	38.4%	35.2%
Age groups	18-29	49.9%	33.2%	44.0%
	30-59	58.5%	39.6%	43.6%
	60 plus	44.7%	34.7%	13.5%
Household income	less than $30k	43.4%	36.3%	24.5%
	$30-50k	49.1%	34.7%	30.6%
	$50-70k	54.8%	37.7%	40.0%
	$70-100k	60.7%	40.5%	45.2%
	$100k and over	68.9%	38.1%	46.6%
General state of health	excellent	52.6%	39.0%	39.3%
	very good	54.9%	34.2%	36.3%
	good	58.2%	40.2%	35.6%
	average or poor	43.8%	37.6%	29.1%

Source: CHSSN/CROP Survey on Community Vitality, 2010.

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 ...

Q18. Avez-vous obtenu votre information concernant ces services offerts par l'un ou l'autre des moyens suivants:

- Overall, public health and social service institutions were the most frequent source of information about public services for both French-speaking (53.9%) and English-speaking (35.9%) respondents followed by community-based organizations and newspapers.
- Unlike English-speaking respondents, French speakers showed a much greater likelihood to receive information about services from public institutions than from community organizations and newspapers. When all three sources are compared, English speakers were only somewhat more likely to receive information about services in English from public institutions than from other sources.

Region

- All three sources of information (public institutions, community organizations and newspapers) were accessed at a higher rate by ROQ Francophones when compared to Francophones living in the Montreal-Laval regions.
- ROQ English speakers were more likely to receive information about services n English from community organizations (34.8%) than from public institutions (31.9%) or newspapers (29.9%).
- Among French-speaking respondents, the single most frequently reported source of information is public institutions by those living in the rest of Quebec (54.5%). The source least likely to be reported as a source of information is the newspaper by Francophones living in the Montreal-Laval regions (25.5%).
- Among English-speaking respondents, the single most frequently reported source of information regarding services in English is public institutions by those living in the Montreal-Laval regions (41.9%). The least likely source of information is the newspaper by ROQ English speakers (29.9%).

Gender

- French-speaking women (55.9%) are more likely than men (51.7%) to access information about services from public health and social service institutions. French-speaking men (37.5%) are more likely than women (35.2%) to access information about services from the newspaper.
- English-speaking women and men are similar in their pattern of access to information about services in English from among these sources.

Age

- Among both language groups, young adults (18-29) show a strong tendency to access information about services from newspapers.
- French-speaking youth (18-29) are much more likely at 51.7% to have received information about services from public institutions when compared to English-speaking youth at 25.3% with respect to information about services in English from this source.
- Adults 60 years of age and over relied primarily on public institutions and community-based organizations for their information about services in the previous two years. The proportion of this age group who receive information about services from newspapers is comparatively small for both language groups.
- Francophones aged 30-59 years outweighed other age groups in their likelihood to access information about services from public institutions (58.5%) and community-based organizations (39.6%). Anglophones aged 60 plus outweighed other age groups in their likelihood to access information about services in English from public health and social service institutions (39.1%) and community-based organizations (36.4%).

Household income

- Among French-speaking respondents, high-income households are more likely than low-income households to receive information about services whether public institutions, community organizations or newspapers.
- English speakers living in low-income households are the least likely to receive information about services in English when all three sources are compared.

Health Status

- Among English-speaking respondents, the likelihood to receive information about services in English is associated with superior health status whether from public institutions, community organizations or newspapers. Poor health status is associated with a lower likelihood to receive information about services in English.
- Among French-speakers, the likelihood to receive information about services from public institutions and community organizations is associated with a good self-assessed health status. The highest rate of access to information about services from newspapers is among respondents in excellent health.

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3.3. Means of delivering information about public health and social services

Table 11 - means of receiving information about public h&ss

variable	characteristic	English speakers				
		telephone or visit	information meeting	flyers in public location	website	other
Region	Montreal-Laval	17.5%	6.8%	68.1%	17.2%	15.8%
	Rest of Quebec	25.7%	14.2%	67.9%	12.6%	9.0%
	Total	22.1%	10.9%	68.0%	14.7%	12.0%
Gender	male	20.1%	11.1%	70.9%	17.6%	10.5%
	female	23.1%	10.8%	66.1%	12.9%	13.3%
Age groups	18-29	25.9%	14.8%	63.0%	18.5%	14.8%
	30-59	18.7%	10.4%	72.1%	20.1%	10.6%
	60 plus	25.4%	11.3%	63.6%	8.2%	13.8%
Household income	less than $30k	25.2%	8.7%	68.5%	3.1%	10.2%
	$30-50k	31.9%	13.1%	63.1%	14.4%	10.0%
	$50-70k	13.3%	11.1%	77.0%	12.6%	11.1%
	$70-100k	20.4%	11.8%	71.0%	30.1%	8.6%
	$100k and over	16.7%	9.2%	75.0%	21.7%	9.2%
General state of health	excellent	19.9%	14.8%	74.1%	16.2%	10.2%
	very good	20.9%	8.8%	66.6%	15.9%	12.8%
	good	22.0%	9.4%	66.7%	10.1%	13.8%
	average or poor	27.7%	11.5%	62.3%	15.4%	12.3%
variable	characteristic	French speakers				
		telephone or visit	information meeting	flyers in public location	website	other
Region	Montreal-Laval	41.7%	13.1%	61.3%	37.0%	13.3%
	Rest of Quebec	46.3%	17.1%	61.1%	27.9%	13.2%
	Total	45.0%	16.0%	61.2%	30.4%	13.3%
Gender	male	45.9%	18.0%	63.1%	33.5%	11.3%
	female	44.4%	14.5%	59.8%	28.1%	14.7%
Age groups	18-29	46.4%	21.4%	67.6%	37.5%	3.0%
	30-59	45.0%	13.9%	62.7%	33.9%	12.7%
	60 plus	44.3%	18.5%	53.7%	17.0%	20.4%
Household income	less than $30k	42.0%	19.6%	48.5%	20.8%	12.5%
	$30-50k	45.3%	20.5%	64.2%	25.9%	11.7%
	$50-70k	61.6%	16.1%	62.2%	35.0%	10.6%
	$70-100k	36.2%	14.5%	58.7%	30.6%	13.2%
	$100k and over	45.3%	14.0%	68.3%	38.1%	14.1%
General state of health	excellent	45.4%	17.4%	65.9%	36.1%	14.6%
	very good	36.1%	13.5%	62.8%	27.5%	15.9%
	good	55.6%	16.4%	53.9%	31.4%	9.4%
	average or poor	51.6%	18.3%	54.5%	18.5%	7.9%

Source: CHSSN/CROP Survey on Community Vitality, 2010.

Q19C. Did you obtain this information regarding access to services in English that are provided by the public health and social services institution via …

Q19. Avez-vous obtenu cette information…

- For English speakers, the most common mode of communication about services in English from public health and social service institutions was through flyers placed in public spaces (68.0%), followed by a telephone call or visit (21.1%), website (14.7%) and information meetings (10.9%).
- For French speakers, the most common mode of communication about services from public health and social service institutions was through flyers in public locations (61.2%), followed by a telephone call or visit (45%), website (30.4%) and information meetings (16%).
- When Francophones and Anglophones are compared, there are substantial disparities in the type of communication used for information about services from public health institutions. The greatest difference between language groups is evident in the use of websites and telephone calls or visits. English speakers are much less likely to receive information about services in English through these modes of communication compared to the likelihood of French speakers to receive service information this way.

Region

- French speakers living in Montreal-Laval and ROQ are equally likely to receive information from public health and social service institutions through flyers in public locations. When compared to Francophones living in Montreal-Laval, ROQ Francophones are more likely to receive information about services through a telephone or visit and information meeting and much less likely to receive information through a website.
- English speakers living in Montreal-Laval and ROQ are about equally likely to receive information from public health and social service institutions through flyers in a public location. When compared to Montreal-Laval residents, ROQ Anglophones are much more likely to receive information about services in English through telephone or a visit and information meetings and less likely than Montreal-Laval Anglophones to receive information through a website.

Gender

- Men are more likely than women to access public service information through flyers and websites.

Age

- A much greater proportion (37.5%) of French speaking youth (18-29) receive service information provided by public health and social service agencies through a website than English-speaking youth (18.5%). Francophone youth (46.4%) are also more likely than Anglophone youth (25.9%) to receive information through a telephone or visit.
- French-speaking seniors (60 plus) are less likely (53.7%) to receive information from flyers than English-speaking seniors (63.6%) and much more likely to receive information from telephone or visit (44.3%), information meeting (18.5%) or website (17%).

Household income

- French speakers with a household income of less than $30k tend to receive information about services from a telephone call or visit (42%) at a much greater rate than low-income English speakers (25.2%). Low-income French speakers are also much more likely to receive information from a website (20.8%) than low-income English speakers (3.1%).
- When compared, low-income French speakers (48.5%) rely much less on flyers for information than low-income English speakers (68.5%).

- Compared to other income groups, both high-income Francophones ($70k and over) and high-income Anglophones tend to rely more on flyers and websites for their service information from public health and social service institutions.

Health Status

- French-speaking respondents with an average or poor health status tend to receive information about services from public health institutions through flyers (54.5%) and telephone or a visit (51.6%).
- English-speaking respondents with an average or poor health status tend to receive information about services in English from flyers in public locations (62.3%) and telephone or a visit (27.7%). Relatively speaking, they are much less likely than Francophones to receive information about services from telephone or a visit.

3.4. Aware of a community organization working in the area of health and social services

Table 12 - awareness of a community organization working in the area of h&ss

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	15.4%	38.0%
	Rest of Quebec	31.9%	39.7%
	Total	25.2%	39.3%
Gender	male	22.0%	34.7%
	female	27.3%	43.8%
	Total	25.1%	39.3%
Age groups	18-29	14.9%	28.2%
	30-59	21.6%	40.6%
	60 plus	32.9%	43.0%
	Total	25.1%	39.3%
Household income	less than $30k	29.1%	37.3%
	$30-50k	28.8%	36.6%
	$50-70k	26.9%	33.3%
	$70-100k	21.3%	45.5%
	$100k and over	22.9%	47.2%
	Total	26.0%	39.6%
General state of health	excellent	25.6%	37.8%
	very good	25.4%	41.7%
	good	25.6%	36.9%
	average or poor	23.0%	41.2%
	Total	25.1%	39.3%
Source: CHSSN/CROP Survey on Community Vitality, 2010.	*Q38a. Do you know about the activities of a community organization in your region promoting the interests of the English-speaking community in areas such as: a) health and social services* *Q36. Êtes-vous au courant des activités d'un organisme communautaire de votre région faisant la promotion de services de santé ou de services sociaux?*		

It is important to note that the questions included in Table 12 are not identical. Q38a to English-speaking respondents concerns awareness of activities of a community organization in their region promoting the interests of *the English-speaking community* in the area of health and social services. Q36 to French-speaking respondents concerns awareness of activities of a community organization in the region promoting health and social services.

Region

- Among French speakers, 39.3% are aware of the activities of a community organization in their region promoting health and social services. Those from the Montreal-Laval regions and ROQ Francophones are about equally likely to be aware of the activities a community organization promoting health and social services in their region.
- Among English speakers, 25.2% are aware of the activities of a community organization in their region promoting the interests of the English-speaking community in health and social services. ROQ English speakers are about twice as likely to be aware of such activities when compared to Montreal-Laval English speakers.

Gender

- In general, women are more likely to be aware of the activities of a community organization in the area of health and social services than men.
- Among female respondents, French-speaking women display the highest rate of awareness of the activities of a community organization in the area of health and social services at 43.8%. Only 27.3% of English-speaking women report awareness of the activities of a community organization in their region promoting the interests of the English-speaking community in health and social services.

Age

- For both language groups, respondents 60 plus were more aware of the activities of a community organization in their region promoting health and social services when compared to other age groups.
- The greatest variation between language groups is located in the 30-59 age group. While 40.6% of Francophones in this age group were aware of the activities of a community organization promoting health and social services only 21.6% Anglophones reported an awareness of activities promoting the English-speaking community in same sector.

Household income

- Among English speakers, low-income is associated with greater awareness of activities promoting the interests of English-speaking community in health and social services. Among French speakers, high income is associated with greater awareness of community-based activities promoting health and social services.

Health Status

- French-speaking respondents with a self-assessed poor health status are much more likely than English speakers in poor health to be aware of the activities of a community organization in the region in health and social services.

4. Voluntary Action and Source of Support

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 learn from the CROP-CHSSN survey that a high percentage of Quebecers turn to an informal network of family and friends in the event of illness. This increased responsibility can be a source of strain both financially and emotionally for family caregivers to the point of being considered a health risk. The survey reveals that English speakers are engaged in high levels of volunteering and analysis of census data reveals that English-speakers tend to be more highly implicated in unpaid care to seniors than Francophones.[6] In light of this situation, it is important to probe patterns of behaviour in the arena of volunteering and unpaid care as a measure of the impact the state of public services.

4.1. Member or participant in social clubs or organizations

Table 13 - member/participant in social club or organization

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	29.8%	19.3%
	Rest of Quebec	35.3%	24.0%
	Total	33.1%	22.9%
Gender	male	31.5%	20.4%
	female	34.3%	25.3%
	Total	33.2%	22.9%
Age groups	18-29	26.0%	18.8%
	30-59	29.7%	20.3%
	60 plus	40.1%	32.1%
	Total	33.2%	22.9%
Household income	less than $30k	27.5%	19.9%
	$30-50k	34.4%	21.0%
	$50-70k	34.0%	25.0%
	$70-100k	33.8%	25.3%
	$100k and over	37.8%	24.8%
	Total	33.4%	23.0%
General state of health	excellent	37.8%	26.5%
	very good	34.1%	20.5%
	good	32.0%	19.8%
	average or poor	25.9%	27.4%
	Total	33.2%	23.0%
Source: CHSSN/CROP Survey on Community Vitality, 2010.		*Q34A. In the past 12 months, were you a member or participant in a social club or organization?* *Q31. Au cours des 12 derniers mois, avez-vous été membre ou participant d'un groupe ou organisation sociale ?*	

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, 2004.

Region

- Generally, English-speaking survey respondents are participants in a club or social organization at a greater rate (33.1%) than French-speaking respondents (22.9%).
- English speakers living in the Montreal-Laval regions are less likely (29.8%) to be a member/participant in a club/social organization than English speakers living in the rest of Quebec (35.3%).
- ROQ French speakers are more likely (24%) than Montreal-Laval French speakers (19.3%) to be members/participants in a social organization.
- Gender
- Women are more likely than men to be a member/participant in a club or social organization.

Age

- Seniors (60 plus) are members of a club or social organization at a higher rate than other age groups.

Household income

- Generally, high income is associated with a greater rate of participation in a club or social organization compared to low income households. The disparity between high and low income groups in this regard is greater among Anglophones (range from low of 27.5%to high of 37.8%) than Francophones (range from low of 19.9% to high of 25.3%).

Health Status

- Among English speakers, the greatest percentage of members/participants in a social organization is found among those who report an excellent health status (37.8%).
- Among French speakers, the greatest percentage of members/participants in a social organization is found among those who report an average or poor health status (27.4%)followed closely by those who report an excellent health status (26.5%).

4.2. Performed unpaid volunteer work

Table 14 - performed unpaid volunteer work

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	43.4%	34.0%
	Rest of Quebec	52.0%	43.3%
	Total	48.5%	41.2%
Gender	male	44.7%	39.6%
	female	51.2%	42.7%
	Total	48.5%	41.2%
Age groups	18-29	44.3%	40.5%
	30-59	49.1%	40.0%
	60 plus	48.2%	44.6%
	Total	48.5%	41.2%
Household income	less than $30k	40.9%	36.7%
	$30-50k	45.6%	37.9%
	$50-70k	54.1%	42.4%
	$70-100k	54.1%	46.5%
	$100k and over	58.9%	44.6%
	Total	50.3%	41.2%
General state of health	excellent	55.7%	43.8%
	very good	50.7%	43.7%
	good	42.3%	37.7%
	average or poor	40.2%	32.1%
	Total	48.5%	41.2%
Source: CHSSN/CROP Survey on Community Vitality, 2010.	*Q35A. In the past 12 months, did you do any unpaid volunteer work?* *Q32. Au cours des 12 derniers mois, avez-vous effectué du travail bénévole?*		

Region

- A greater percentage of English-speaking respondents (48.5%) performed unpaid volunteer work in the previous 12 months when compared to French speakers (41.2%).
- Both ROQ English speakers (52.0%) and ROQ French speakers (43.3%) performed unpaid volunteer work at a greater rate than their urban counterpart living in Montreal-Laval.

Gender

- A greater percentage of female respondents performed unpaid volunteer work in the prior year than male respondents.
- English-speaking women perform unpaid volunteer work at a greater rate (51.2%) than French-speaking women (42.7%).

Age

- The highest rate of unpaid volunteering among Anglophones (49.1%) is found among those aged 30-59 followed closely by the 60 plus age group (48.2%).
- The highest rate of unpaid volunteering among Francophones (44.6%) is found among those aged 60 plus.

Household income

- For both language groups, the tendency to volunteer is greatest among higher income households.
- The lowest rate of volunteering is found among those who have a household income that is less than $30k (40.9% English speakers and 36.7% French speakers).
- The disparity between low and high income English speakers is greater with respect to this characteristic than between low and high income French speakers.

Health Status

- Those who report an average or poor health status are less likely to perform unpaid volunteer work than those in better health.

4.3. Performed 15 or more volunteers hours per month

Table 15 - performed 15 or more volunteer hours monthly

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	31.0%	34.8%
	Rest of Quebec	31.4%	23.2%
	Total	31.2%	25.3%
Gender	male	31.2%	23.6%
	female	31.1%	26.8%
	Total	31.1%	25.3%
Age groups	18-29	38.3%	22.0%
	30-59	25.5%	19.5%
	60 plus	39.5%	40.6%
	Total	31.1%	25.3%
Household income	less than $30k	32.3%	32.4%
	$30-50k	32.7%	32.0%
	$50-70k	34.7%	20.4%
	$70-100k	26.5%	23.2%
	$100k and over	26.7%	13.1%
	Total	30.5%	24.3%
General state of health	excellent	31.0%	26.6%
	very good	31.9%	21.0%
	good	26.1%	28.9%
	average or poor	34.3%	31.7%
	Total	30.9%	25.3%
Source: CHSSN/CROP Survey on Community Vitality, 2010.		*Q35C. In average, about how many hours per month do you volunteer?* *Q33. En moyenne, environ combien d'heures avez-vous consacrées par mois à faire du bénévolat ?*	

Region

- English speakers are more likely to be volunteering 15 or more hours monthly (31.2%) than French speakers (25.3%).
- French speakers living in the Montreal-Laval regions volunteer 15 or more hours monthly at a greater rate (34.8%) than ROQ French speakers (25.3%).
- Montreal-Laval and ROQ English speakers are equally likely to volunteer 15 or more hours monthly.

Gender

- French-speaking women are somewhat more likely (26.8%) than French-speaking men (23.6%) to volunteer 15 or more hours monthly.
- English-speaking men (31.2%) and women (31.1%) are equally likely to volunteer 15 or more hours monthly.

Age

- Among French-speaking respondents, adults aged 60 years and over are much more likely (40.6%) than other age groups to volunteer 15 hours or more monthly. They are about twice as likely to do so when compared to those 30-59 years (19.5%) and those 18-29 years (22%).

- Among English-speaking respondents, adults aged 60 years and over (39.5%) and youth 18-29 years (38.3%) are about equally likely to volunteer 15 hours or more monthly. The percentage of those aged 30-59 doing so is 25.5%.

Household income

- Disparities between language groups with respect to the tendency to volunteer 15 or more hours is greatest among high income households. Low income English-speaking and French-speaking households are similar in their likelihood to volunteer 15 or more hours monthly.

Health Status

- Survey respondents with an average or poor health status show the greatest tendency to volunteer 15 hours or more monthly when compared to those in better health.

4.4. Volunteer work was done for an organization

Table 16 - volunteer work was done for an organization

variable	characteristic	English speakers	French speakers
Region	Montreal-Laval	78.0%	83.2%
	Rest of Quebec	84.8%	84.5%
	Total	82.3%	84.3%
Gender	male	82.4%	86.2%
	female	82.4%	82.6%
	Total	82.4%	84.3%
Age groups	18-29	76.2%	83.7%
	30-59	83.7%	85.1%
	60 plus	81.1%	82.6%
	Total	82.4%	84.3%
Household income	less than $30k	76.9%	90.2%
	$30-50k	79.6%	78.4%
	$50-70k	86.7%	78.1%
	$70-100k	87.3%	88.9%
	$100k and over	85.5%	87.0%
	Total	83.4%	84.0%
General state of health	excellent	82.3%	86.4%
	very good	85.3%	82.0%
	good	83.5%	84.2%
	average or poor	73.3%	85.7%
	Total	82.4%	84.3%
Source: CHSSN/CROP Survey on Community Vitality, 2010.	*Q35D. Was your volunteer work done as part of a group or organization?* *Q34. Votre travail bénévole était-il effectué au sein d'un groupe ou organisation ?*		

Region

- Among survey respondents who perform volunteer work, French speakers are more likely (84.3%) than English-speaking respondents (82.3%) to do so for a group or organization than on an individual basis.
- The percentage of Montreal-Laval Francophones whose volunteer work as part of a group or organization (83.2%) is about the same as ROQ Francophones (84.5%).
- ROQ English speaking volunteers are more likely (84.8%) than Montreal-Laval English speaking volunteers (78%) to perform work as part of a group or organization.

Gender

- Among French-speaking respondents, male volunteers are more likely (86.2%) than female (82.6%) to have performed work as part of a group or organization.
- Among English speakers, male and female volunteers are equally likely to perform work as part of a group or organization.

Age

- Comparing age groups, French-speaking volunteers are similar in their likelihood to volunteer as part of a group or organization. Those aged 30-59 (85.1%) are somewhat more likely than those aged 18-29 (83.7%) and over 60 (82.6%) to volunteer in this manner.
- English-speaking volunteers aged 18-29 are the least likely age group (76.2%) to volunteer as part of a group or organization compared to English speakers aged 30-59 years (83.7%) and seniors 60 plus (81.1%).

Household income

- Among Francophone volunteers, those with a household income between $30k and $70k are the least likely to volunteer as part of a group or organization.
- Among Anglophone volunteers, those with a household income of $50k and over are more likely to volunteer as part of a group or organization than those with a lower income.

Health Status

- Among English speaking volunteers, those who report an average or poor health status are less likely than those in better health to volunteer as part of a group or organization.
- Among French-speaking volunteers, those who report excellent health are the most likely to volunteer in this manner.

4.5. Source of Support in the Case of Illness

Table 17 - source of support in case of illness

| variable | characteristic | English speakers | | | | | |
		relatives	friends	community resource	public hss institutions	nobody	other
Region	Montreal-Laval	70.4%	11.5%	2.9%	11.3%	3.0%	1.0%
	Rest of Quebec	69.9%	11.4%	2.8%	12.7%	2.5%	0.7%
	Total	70.1%	11.4%	2.8%	12.2%	2.7%	0.8%
Gender	male	65.2%	11.5%	3.1%	15.3%	3.6%	1.3%
	female	73.3%	11.4%	2.7%	10.1%	2.1%	0.4%
Age groups	18-29	89.3%	7.1%	0.0%	3.6%	0.0%	0.0%
	30-59	72.2%	12.1%	2.6%	9.4%	3.2%	0.5%
	60 plus	65.9%	10.7%	3.3%	16.8%	2.0%	1.3%
Household income	less than $30k	66.1%	10.2%	1.8%	17.5%	3.4%	1.0%
	$30-50k	70.5%	11.9%	3.3%	11.5%	1.9%	0.9%
	$50-70k	72.1%	10.7%	2.0%	12.5%	2.5%	0.2%
	$70-100k	72.0%	9.9%	2.7%	10.7%	3.6%	1.1%
	$100k and over	69.6%	15.0%	4.2%	9.3%	1.5%	0.4%
General state of health	excellent	70.7%	12.2%	3.8%	9.9%	2.4%	1.1%
	very good	70.4%	11.8%	2.6%	11.7%	2.6%	0.8%
	good	70.0%	11.2%	3.0%	12.3%	2.8%	0.6%
	average or poor	68.1%	9.9%	1.7%	16.7%	2.9%	0.7%
variable	characteristic	French speakers					
		relatives	friends	community resource	public hss institutions	nobody	other
Region	Montreal-Laval	68.8%	15.9%	0.4%	8.1%	5.7%	1.1%
	Rest of Quebec	64.9%	13.8%	2.8%	13.6%	2.0%	2.9%
	Total	65.7%	14.2%	2.3%	12.4%	2.9%	2.5%
Gender	male	62.6%	15.8%	2.5%	14.4%	2.9%	1.8%
	female	68.7%	12.7%	2.1%	10.5%	2.8%	3.1%
Age groups	18-29	70.3%	15.8%	0.0%	13.0%	0.9%	0.0%
	30-59	68.0%	15.2%	2.2%	9.8%	2.3%	2.5%
	60 plus	58.0%	11.1%	3.3%	18.7%	5.1%	3.7%
Household income	less than $30k	62.1%	13.7%	1.4%	15.3%	4.7%	2.8%
	$30-50k	65.2%	16.6%	0.9%	12.3%	3.6%	1.3%
	$50-70k	61.3%	11.8%	5.1%	16.6%	1.0%	4.3%
	$70-100k	68.9%	13.0%	3.4%	10.8%	1.7%	2.2%
	$100k and over	68.9%	17.8%	1.2%	8.9%	1.7%	1.5%
General state of health	excellent	66.2%	16.2%	1.2%	11.4%	2.3%	2.7%
	very good	66.2%	14.6%	1.6%	12.5%	2.5%	2.7%
	good	65.4%	11.4%	3.4%	14.6%	3.0%	2.1%
	average or poor	64.0%	13.0%	5.2%	10.5%	5.0%	2.2%

Source: CHSSN/CROP Survey on Community Vitality, 2010.

Q40. If you became ill, who other than your spouse would you likely turn to for support?

Q37. Si vous tombiez malade, sur qui d'autre que votre conjoint(e) pourriez-vous compter pour avoir de l'aide? Serait-ce...

Region

- Québec English speakers responding to the survey were highly likely (81.5%) to turn to friends and family if they became ill, followed by public health and social services (12.2%), community resources (2.8%) and finally, nobody (2.7%).
- Quebec French speakers responding to the survey were highly likely (79.9%) to turn to and friends and family if they became ill, followed by public health and social services (12.4%), community resources (2.3%) and finally, nobody (2.9%).
- When compared, French speakers living in the urban regions of Montreal-Laval are more likely to turn to relatives (68.8%) and friends (15.9%) and less likely to turn to public health and social service institutions (8.1%) than French speakers in the rest of Quebec. ROQ French speakers are about equally likely to rely on friends (13.8%) as upon public health and social services (13.6%) as a source of support in the case of illness.
- Montreal-Laval Anglophones are more likely to turn to community resources and public health and social services as a source of support in the case of illness than Montreal-Laval Francophones.
- 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 health and social services. Those living in the Côte-Nord, Montréal (east) and the Estrie regions are the least likely to rely on public services in this health situation.

Gender

- When the patterns of social support are considered in terms of gender, we find that women are more likely to turn to relatives than their male counterparts. Men are more likely to use public health and social service institutions than women in the event of illness.

Age

- None of the survey respondents aged 18-29 reported using a community resource as a source of support in the event of illness.
- When English-speaking age groups are compared, young people aged 18-29 are the most likely to turn to relatives (89.3%) and the least likely to use the other sources of support.
- English-speaking young adults 18-29 are much less likely (3.6%) than French speakers the same age (13.0%) to use public health and social services as a source of support.
- Seniors (60 plus) are much more likely to turn to public health and social services and community resources than are the other age groups. They are the age group with the least likelihood of turning to relatives.

Household income

- English speakers in the lower household income category (less that $30k) are more likely to draw on public health and social service institutions when compared with other income groups. Those at the upper end of the household income spectrum ($100k+) are more likely to turn to friends or community resources.
- French speakers at the upper end of the household income spectrum are more likely to turn to family and friends and less likely to turn to public services than low income respondents.

Health Status

- Francophone respondents with poor or average self-assessed health are more likely to use a community resource (5.2%) as a source of support, or to have nobody to turn to (5.0%), compared to those with a better health status.

- Among English-speaking respondents, those with poor or average health are more likely to rely on family (68.1%) and public services (16.7%) and less likely to rely on friends (9.9%) or a community resource (1.7%) in case of illness when compared to those in better health.

5.   List of Tables

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). *2003-2004 Baseline Data Report - Profiles of English-speaking Communities in the Regions.* Community Health and Social Services Network: www.chssn.org

Pocock, J. (2011). *2010-2011 Baseline Data Report - English-Language Health and Social Services Access in Québec,* Community Health and Social Services Network: 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/