

Examining the Distribution of French Speaking Family Physicians in Ontario's Francophone Communities

According to the 2006 Census, Francophones in Ontario represent a distinct minority at only 4.8% of the total population. An analysis of the 2002 National Population Health Survey found that the Franco-Ontarian population had a significantly higher prevalence of chronic illnesses (63%) compared to the Anglophone and allophone populations combined (57.4%).

The poorer health status of Francophones may be due to a lack of access to French-language primary health care services. A 2001 report by the Fédération des Communautés Francophones et Acadienne du Canada found that only 26% of Franco-Ontarians have access to hospital services in French, yet a 2011 survey found that 75% of Franco-Ontarians find it important to receive such services.

Very little is known about the distribution of French-speaking family physicians in Ontario, a province with the largest number of Francophone residents outside the province of Québec. This study, conducted by researchers at the Centre for Rural and Northern Health Research, had two objectives:

- (1) to determine the number of family physicians in Ontario who can provide services in the French language; and
- (2) to assess the distribution of these family physicians across the province.

Data Sources

Physician data was acquired from the 2007 College of Physicians and Surgeons of Ontario Annual Membership Renewal Survey (CPSO Annual Survey), which had a 98% response rate. Data from 10,968 Family physicians whose primary practice was located in Ontario were compared to the 2006 Census of the population in Ontario.

Key Variables

Language

French-speaking physicians were those who self-identified as being competent enough to conduct practice in French on the CPSO Annual Survey.

Francophones were defined by their first official language spoken, a variable derived by Statistics Canada by combining three census items: mother tongue; knowledge of Canada’s two official languages; and language most often spoken at home. The “French” classification of the first official language spoken identifies Ontarians who are fluent in French and speak it regularly. This classification has the advantage of including people for whom French is a second, but more frequently spoken language, and excluding French-speaking residents who are equally competent in English. This more restrictive definition was chosen to reflect the greater likelihood that those Ontarians who predominantly speak French would both need and desire to receive health services in French.

French Community Categorization

Communities were identified and categorized by the degree of “Francophonie”, based on the proportion of the population who predominantly speak French as defined above (Table 1).

Community Size and Location

Family physicians’ primary practice postal codes were used to determine their geographic locations. Postal codes beginning with a “P” were classified northern, while all remaining postal codes (those beginning with a K, L, M or N) were classified as southern Ontario. This divide stretches from the base of Georgian Bay and runs at a 45° angle toward the Quebec border. These postal codes were also linked to

Canadian census subdivisions (CSDs). CSDs with a minimum population of 10,000 were considered Urban, and the remaining CSDs represented Rural Ontario.

The same definitions were used to divide Ontario’s population into northern/southern and rural/urban groups.

Results

French-Speaking Physicians

Among Ontario family physicians, 15% identified French as a language of competence, whereas only 4% of Ontario residents identified French as their first official language spoken. As a whole, there were 3.4 French-speaking family physicians for every 1,000 predominantly French-speaking Ontarians. This ratio was almost four times greater than that of the general population of 0.9 family physicians for every 1,000 Ontarians; suggesting that predominantly French-speaking Ontarians should have better access to physician services.

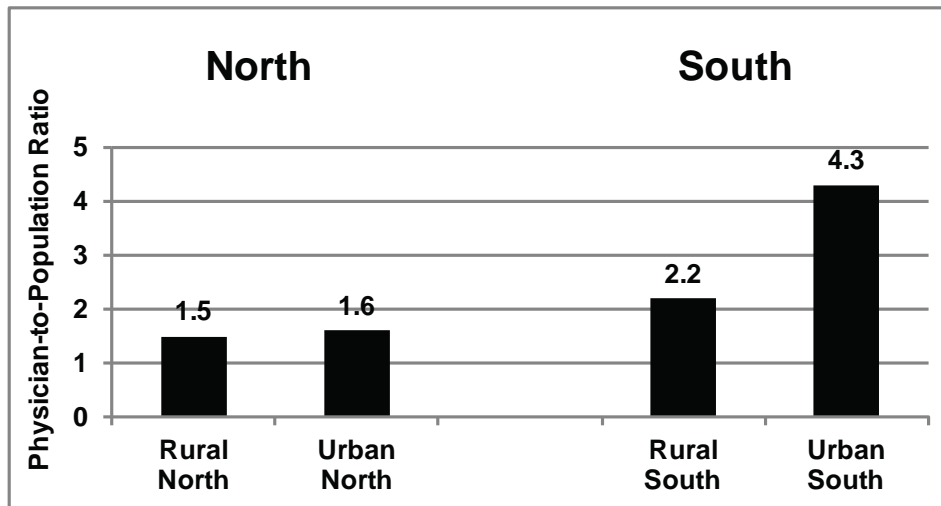
Geographic Distribution

Ratios of French-speaking family physician per 1,000 predominantly French-speaking Ontarians were compared between the northern and southern parts of the province as well as between rural and urban communities. Ratios were larger in southern communities (4.0 in the south vs. 1.5 in the north) and in urban communities (3.8 urban vs. 1.9 rural).

Table 1: Community Categorization by Degree of “Francophonie”

Degree of “Francophonie”	Percentage of the Population that Predominantly Speak French	Number of Communities in Ontario	Percentage of Communities
Strong French	≥ 25%	46	9%
Moderate French	10-24%	34	6%
Weak/No French	< 10%	446	85%

Figure 1: French-Speaking Physician-to-French Population Ratio in Ontario

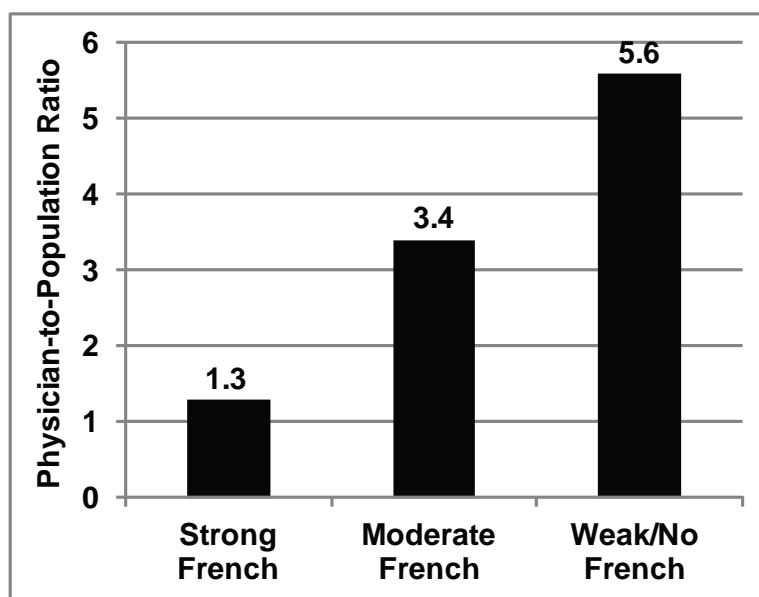


Physicians-to-population ratios were compared in four geographic regions of Ontario, the rural north, the urban north, the rural south and the urban south (Figure 1). A general disproportion was observed across the province with the largest ratios found in the urban south with 4.3 French-speaking family physicians for every 1,000 predominantly French-speaking Ontarians and the smallest ratios in the rural north with 1.5 French-speaking family physicians for every 1,000 predominantly French-speaking Ontarians.

French Communities

The majority of French-speaking family physicians (55%) located their practice in Weak/No French communities. Furthermore, there was an inverse relationship between the degree of “Francophonie” and the availability of French-speaking family physicians (Figure 2) with the largest ratios (5.6) found in the Weak/No French communities and the smallest ratios (1.3) found in the Strong French communities, where the need for such services is presumably greatest.

Figure 2: French-Speaking Physician by Francophone Community



French Communities by Geographic Location and by Community Size

The interactions of French communities by geographic location and by community size show that the greatest availabilities (the largest ratios) of French speaking physicians are in Weak/No French communities of the rural north and urban south. Conversely, the smallest ratios were found in Strong French communities of the rural north and rural south (Table 2).

Table 2: French-Speaking Physician-to-French Population Ratios by French Communities, Geographic Location and Community Size

Geographic Location by Community Size		Degree of “Francophonie”		
		Strong French	Moderate French	Weak/No French
North	Rural	0.9	2.3	5.9
	Urban	1.2	1.9	4.7
South	Rural	0.8	1.0	5.3
	Urban	2.3	3.3	5.6

Conclusion

Paradoxical results were found as reports show that Franco-Ontarians still have poor access to health services in French although the ratio of French-speaking family physicians-to-predominantly French speaking Ontarians was considerably greater than that of the general population. Improving French language health services may not be as simple as increasing the number of family physicians who can practice in French.

Greater efforts are required to ensure that these family physicians locate their practice near French communities and actively provide services in French. Additional research is needed in order to better understand elements related to the recruitment and retention of French-speaking family physicians in Ontario’s strong French-speaking communities. Furthermore, additional inquiry into the quality of services received by Francophones in Ontario is warranted.

13-A1e

Research in **FOCUS** on Research is published by the Centre for Rural and Northern Health Research (CRaNHR), Laurentian University. Each issue is a summary of a study conducted by CRaNHR researchers. As a form of knowledge dissemination and transfer, it is intended to make research accessible to a wider audience.

For further information, please contact:
Centre for Rural and Northern Health Research

Laurentian University
Ramsey Lake Road
Sudbury, Ontario, Canada P3E 2C6

phone: 705-675-1151 ext. 4347
fax: 705-671-3876
e-mail: cranhr@laurentian.ca
URL: www.cranhr.ca