



HOW HEALTHY ARE MANITOBA'S FRANCOPHONES?

A summary of the report, *Health and Healthcare Utilization of Francophones in Manitoba / La santé et l'utilisation des services de santé des francophones du Manitoba* by Mariette Chartier, Greg Finlayson, Heather Prior, Kari-Lynne McGowan, Hui Chen, Janelle de Rocquigny, Randy Walld, Michael Gousseau

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Health and healthcare utilization of Francophones in Manitoba

Parlez-vous français? If you are a Francophone living outside of Québec, you may not always be perfectly understood by others in your community. While it's a frustration at the grocery store, it's a much bigger concern at the doctor's office.

The Manitoba Act of 1870 recognized English and French as the two official languages of the legislative assembly and provincial

courts. It wasn't until the 1960s that the province began to offer some services in French to the public. In 1989, the government tabled the French Language Services Policy and reviewed it again in 1998 to make sure French services were working well in all areas.

As a result, 18 of Manitoba's 202 municipalities, along with Winnipeg's largest Francophone areas, were set up as bilingual zones (Fig. 1). All government services offered in these zones

are provided in both official languages. The Francophone community continues to work with the government to improve healthcare services in French in these bilingual zones.

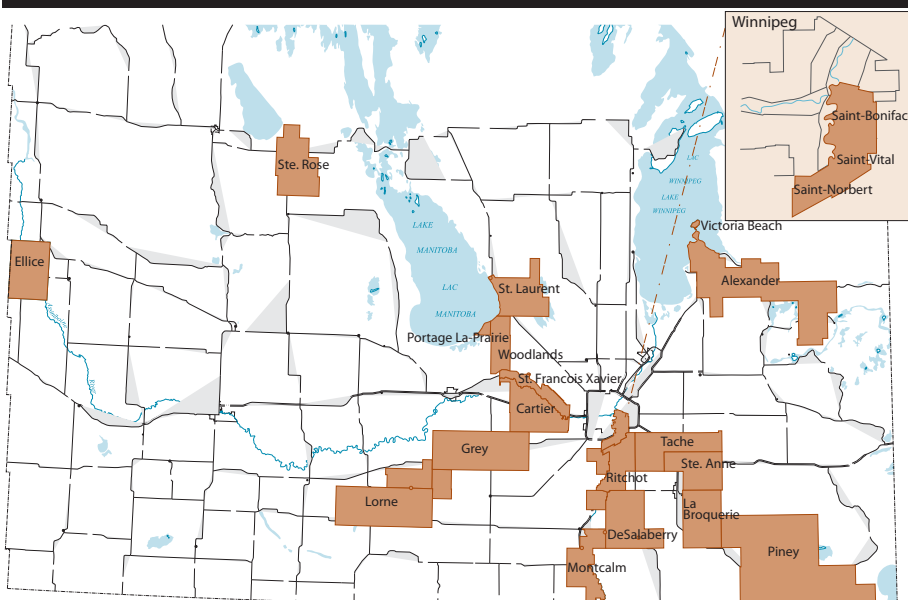
The Repository of databases at MCHP: a wealth of information

Past studies have shown that Francophones were in poorer overall health than non-Francophone people. We were asked to study the health and health services use of Francophones in the province to see if there were differences between Francophones and other Manitobans.

To do that, we had to sort out who was a Francophone from others whose main language was not French. We used past survey data, family



Figure 1: French Language Services in Manitoba/Services en français au Manitoba



information and anonymous data stored at the Manitoba Centre for Health Policy (MCHP). With this data, we found a group of 40,000 Manitobans who were either Francophones or closely related to Francophones. Each Francophone in this group was matched to three non-Francophones of the same age, sex and community. With these groups clearly described, we could look at the health and health service use for Francophones in each healthcare region. We could also compare those results to other similar Manitobans.

With each generation, the health of Francophones appears to be improving, possibly because of the language policies in effect when these people were born.

We were asked to find out

- How do the rates of health indicators such as mortality, screening tests or illnesses of Francophone Manitobans compare to other Manitobans? What about risk behaviors and service usage rates? Do these rates vary by region?
- Do these results change if we take location, socio-economic status, marital status, and health behaviors into account?
- Has the health of Francophones changed over the generations?

This MCHP report will give planners and policy-makers a greater understanding of the health status and healthcare use of Francophones in Manitoba. By knowing these results healthcare planners can focus on certain health issues and in certain regions, if necessary.

Good news, for the most part

By matching data and comparing the two groups, we got a more detailed look at Francophone health and found some interesting results at a provincial and regional level. It was a pleasant surprise to discover that for the most part, Manitoba's Francophones are doing well (Table 1). We looked at 76 health indicators and discovered that Francophones have better results in 15 indicators, worse results in nine and similar results in 52 indicators compared to other Manitobans. Results for individual regional health authorities (RHAs) are available in the full report.

The generational effect

This MCHP study was able to show differences in Francophone health happens at a generational level. Over the years, the social and political landscape has changed for Manitoba Francophones. French language laws and policies have evolved, both at a federal and provincial level. Being a Francophone in 1950 was a very different experience than being a Francophone in 2008 (Fig. 2). The report separates Manitoba Francophones into three generational categories: Those born before 1958 (when there were basically no French language laws on the books), those born between 1958 and 1982 (when Manitoba

Table 1: Health Differences Between Francophones and Other Manitobans

Where Francophones fare **BETTER** than other Manitobans:

- Women at the birth of their child were much more likely to have graduated from high school.
- Pass rates for teens were moderately higher for Language Arts and for Maths.
- Graduation rates for teens were moderately higher.
- Rates of seeing a physician at least once in the last year were slightly higher.
- Screening rates were moderately higher for breast cancer and for cervical cancer.
- Adult flu immunization rates were slightly higher.
- Lower rates of diagnosis for mental health problems: substances abuse was moderately lower, personality disorder and schizophrenia were much lower.
- Mortality rates and rates of suicide attempts or deaths were much lower.
- Rates of diagnosis for hypertension and diabetes were moderately lower.

Where Francophones fare **WORSE** than other Manitobans:

- Alcohol use during pregnancy was moderately higher.
- Rates of depression and anxiety for women at the birth of their child were moderately higher.
- Rates of not being ready for school in Kindergarten were moderately higher.
- Rates of diagnosis for attention-deficit hyperactive disorder (ADHD) in children were much higher.
- On average seniors have longer wait times for being admitted into a personal care home (13.2 weeks versus 8.0 weeks).
- Rates of inappropriate prescription sedative use among seniors were much higher.
- Less likely to rate their mental health as excellent or very good (65.5% versus 74.2%).
- Higher coronary interventions: Coronary artery bypass was moderately higher and percutaneous coronary intervention was much higher. While it is bad that people need these procedures it was good that they have access to them.

Figure 2: Key Historical Events by Generation

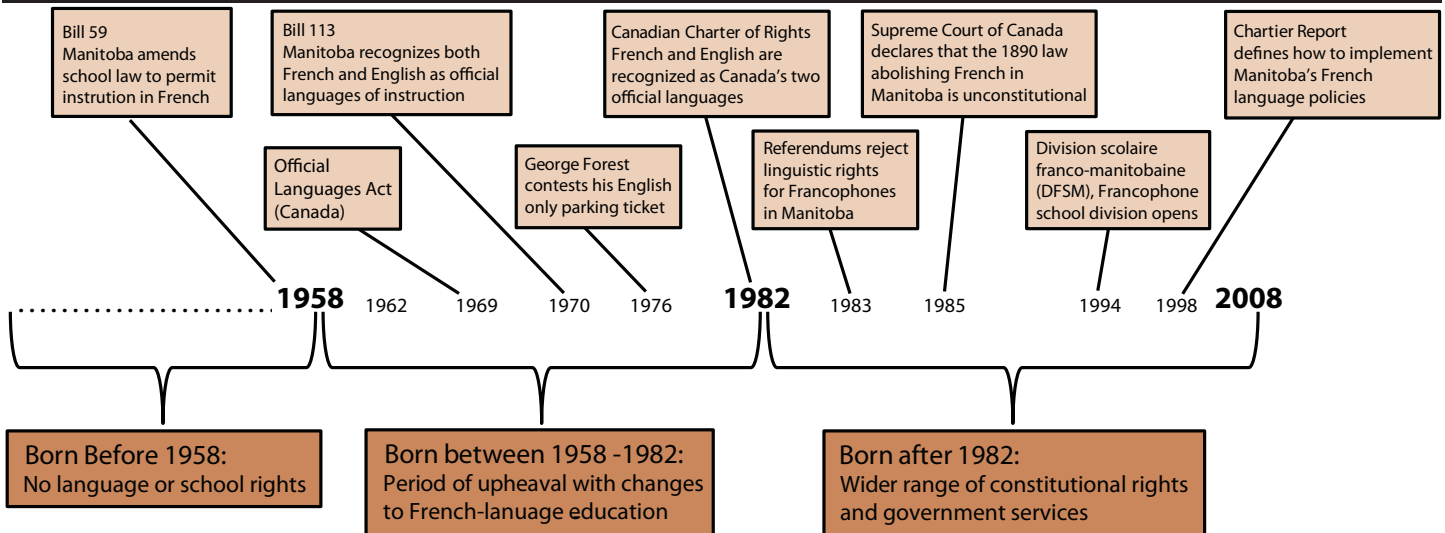


Table 2: Comparisons Between Francophone and Non-Francophones for Various Health Indicators

Indicators	Born before 1958	Born between 1958-1982	Born after 1982
Suicides	Same	Lower for Francophones	Much lower for Francophones
Diabetes	Same	Lower for Francophones	Much lower for Francophones
# of different prescription drugs	Higher for Francophones	Lower for Francophones	Lower for Francophones
Hospitalizations	Higher for Francophones	No difference	Lower for Francophones
Mortality rate	Same	Lower for Francophones	Lower for Francophones

was starting to include French services in education), and those born after 1982 (when the province offered a wider range of government services in French).

These generational results showed something interesting

Older Francophones seemed to be less healthy than their non-Francophone counterparts, while younger Francophones were more healthy than their non-Francophone counterparts. With each generation, Francophones appear to be healthier (Table 2).

Regional differences

Just as there are differences in health findings between generations of Francophones, there are also differences depending on the region where they live. The full report shows results for Francophones with a number of health indicators for Manitoba's regional health authorities and Winnipeg's

community areas including, heart disease, diabetes, arthritis, hospitalization rates, and mental health issues.

The life expectancy is the same between Francophones and other Manitobans, except in the southwest regional health authorities, (Assiniboine, Brandon and Central) where Francophones live longer than their non-Francophone counterparts. In rural RHAs, immunization rates for children are higher for Francophones than other Manitoban children, but in the Winnipeg RHA, immunization rates are lower. Smoking during pregnancy is higher for Francophone women compared to other Manitobans in some rural regions, but lower in Winnipeg.

By pinpointing areas where there were important differences between Francophones and non-Francophones in a specific region, health planners and policy-makers can create new programs or refine existing ones to improve services or make the most of successful ones.

School and Beyond

While the bulk of the report is about the health of Francophones in Manitoba, it also looks at other aspects of life, including education.

Overall, Francophone children were more likely to be evaluated by their kindergarten teacher as “not ready for school” than non-Francophone children. On average, young Francophone children scored lower for emotional maturity, language and cognitive development, communication and general knowledge. Yet the high school graduation rate was higher for Francophone teens, with more passing the grade 12 standardized mathematics and language arts tests. This suggests that either the Francophone children catch up from Kindergarten to Grade 12 through great school experiences, or that families with pre-school children may need additional programs.

Survey information also yielded interesting results about Francophone women. Provincially, this group reported a moderately higher rate of alcohol use during pregnancy than their non-Francophones counterparts. They also had moderately higher rates of maternal depression and anxiety. But it’s not all bad news: Francophone women were much more likely to have completed high school than did non-Francophone women.

What happens next?

We found Francophones are doing well compared to other Manitobans in terms of many health indicators. We also discovered that with each generation, the health of Francophones appears to be improving, possibly because of the language policies that were in effect when these people were born. And finally, we found that there were regional differences for various health indicators within the Francophone population.

Now that this report is finished, health planners and policy-makers will be able to use the regional and generational results to improve services such as early childhood development programs or mental health programs for women with

newborns for Francophones in each regional health authority. The report showed that older Francophones are less healthy than other older Manitobans, so programs could be created to, for example, increase awareness of inappropriate prescription drug use.

It would also be interesting to further explore the possible link between language policies and health outcomes, as this would help us understand how to support the health of linguistic and cultural minority groups.

Francophone children were more likely to be evaluated by their kindergarten teacher as “not ready for school” than non-Francophone children yet the high school graduation rate was higher for Francophone teens.

Finally, existing programs should be continued so the Francophone community can continue to have good health in the future.

It is important to remember that while there have been good inroads into offering French services in designated areas, not all Francophones have access to health services in French. Efforts at recruiting and training French speaking physicians and other professionals should be continued. This report will also serve as a baseline for further study into the health of Manitoba’s Francophone community in the future.

Programs and policies that can be developed in the future with an eye to improving the health and access to health services of Manitoba’s Francophone population will ensure the continuing *bonne santé* of this flourishing and important population.



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