



## THE HEALTH OF FRANCO-ONTARIAN WOMEN<sup>1</sup>

Ontario's French community has long rallied around the issue of education. In fact, for many years now, almost all community energy has been focused here. However, the 1976 report, *No Problem*, prepared by Jacques Dubois, M.D., in cooperation with the French-Language Health Services Task Force, brought out a new area of interest. This document was the first to discuss the health of Franco-Ontarians. Even with this, it took a certain amount of time before other studies were conducted on the topic.

It was really only during the 1990s that "health" became a very popular topic. Given that this area of research is relatively new, it is a little studied field where much remains to be done, even more so if we look at a sub-group in this community, namely women. With the exception of the analyses of the situation presented by the *Table féministe francophone de concertation provinciale de l'Ontario* (TFFCPO) in Andrew, C. et al. (1997),<sup>2</sup> Boudreau and Farmer (1997)<sup>3</sup> and Femmes pour la santé (2000),<sup>4</sup> very little work has been specifically done on issues affecting women. According to the bibliography published by M'Bala, J. et al., between 1990 and 1999 and since 2000, the work of the TFFCPO appears to be the most important research in this area. Only a few other studies, including those from the *Centre de santé communautaire de l'Estrie* (1996)<sup>5</sup> and from St-Pierre and Rail (1993),<sup>6</sup> look at specific women's issues or mention this group as a sub-group of the community. Since the TFFCPO's study goes back to 1997, we cannot completely disregard other studies conducted since this time, which include women even if they are not looked at in their specificity. The specificities of ethnic and racial minorities, young people, seniors and other sub-groups are also not studied in depth.

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<sup>2</sup> C. ANDREW, L. CARDINAL, M. KERISIT, H. DALLAIRE, F. BOUDREAU, D. FARMER, L. BOUCHARD, D. LEMIRE, D. ADAM, D. CULLIGAN, A. ROCHON-FORD, INSTITUTE FOR CLINICAL EVALUATIVE STUDIES, *Les Conditions de possibilité des services de santé et des services sociaux en français en Ontario : un enjeu pour les femmes*, Ottawa, Table féministe francophone de concertation provinciale de l'Ontario, 2000, 190.

<sup>3</sup> F. BOUDREAU, D. FARMER, *Profil épidémiologique des francophones de l'Ontario*, Toronto, Table féministe francophone de concertation provinciale de l'Ontario, 1997, 93.

<sup>4</sup> Femmes pour la santé, *On veut savoir et agir*, Ottawa, Table féministe francophone de concertation provinciale de l'Ontario, 2000, 54.

<sup>5</sup> N. BELAND, *Étude des besoins en santé de la population francophone des comtés de Stormont, Dundas et Glengarry*, Cornwall, Centre de santé communautaire de l'Estrie, 1996, 165.

<sup>6</sup> S. ST-PIERRE, G. RAIL, *Dialogue Santé 1993 : Dialogue sur les facteurs déterminants en matière de santé au sein des collectivités francophones de l'Ontario*, Ottawa, Action Éducation Femmes Ontario, 1993, 89.





A few attempts have been made to draw up a profile of the health of Franco-Ontarians, but on many levels this information is still vague, especially in terms of the various community sub-groups (young people, seniors, rural versus urban, ethnic communities and immigrants, etc.). As well, M'Bala, J. et al., pointed out in their document that the status of Francophone health appears to differ depending on the author: "Authors differently perceive the status of health for minority Francophone communities. On the one hand, some say that the level of health is as good as that for the English majority; on the other hand, it is claimed that Francophones have poorer overall health."<sup>7</sup>

All the same, certain common threads come out of these studies:

- Very few healthcare services are available in French.<sup>8</sup>
- There is a shortage of French-speaking healthcare professionals.<sup>9</sup>
- Mental health services for drug addicts and specialized care are sorely lacking.<sup>10</sup>
- Francophones have specific issues that set them apart from the English majority, such as higher rates of certain diseases.<sup>11</sup>
- Services are almost completely lacking for "new" Franco-Ontarians.<sup>12</sup>
- As well, existing services are not clearly identified, with the result that many people who need these services do not have access to them.<sup>13</sup>

In this same way, the French-Language Health Services Task Force confirmed in October 2005 that "members of the Franco-Ontarian community have had less access to healthcare services in their language over the past 30 years."<sup>14</sup> The health issue must therefore become a priority for the community as a whole, and women, represented by women's groups, must definitely be part of the solutions implemented.

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<sup>7</sup> J. M'BALA, L. BOUCHARD, C. DALLAIRE, A. GILBERT, *État de recherche sur la santé des communautés francophones en situation minoritaire*, préparé pour le compte du Consortium national de formation en santé (CNFS), 2005, 77.

<sup>8</sup> Ibid, 24.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid, 23.

<sup>12</sup> Ibid, 33.

<sup>13</sup> Ibid, 33 and 39.

<sup>14</sup> Groupe de travail sur les services de santé en français, *Services de santé pour la communauté franco-ontarienne : Feuille de route pour une meilleure accessibilité et une plus grande responsabilisation, octobre 2005, p. 11.*





For its part, the study *Préparer le terrain – soins de santé primaire en français en Ontario* (2006)<sup>15</sup> reports on this situation from the perspective of primary healthcare. Some common traits with other studies are however seen, in particular “the importance of the link between linguistic and cultural barriers and access to quality healthcare.”<sup>16</sup>

Regarding the health profile of Franco-Ontarians, *Préparer le terrain* states that:

In all regions, major variations are seen in the availability of healthcare services in French, the lack of bilingual healthcare professionals, problems in recruiting and retaining bilingual professionals, a lack of coordination and referral to maximize the use of these services for Francophones and a lack of adequate follow-up. In all regions, there is also an acute lack of services to promote health or disease prevention in French, especially in the regions, we deplore the fact that French service organization by the various government agencies occurs without the participation of the Francophone community.<sup>17</sup>

This assessment of the situation has led the four Francophone Health Networks in Ontario<sup>18</sup> to identify “four strategic areas as key to the development and implementation of quality primary healthcare in French in Ontario, namely, access, human resources, promotion and prevention, and service organization.”<sup>19</sup> These four areas are perfectly in line with the common threads identified in other studies conducted by M’Bala, J. et al.

Therefore, there appears to be a consensus in the studies regarding health issues for Franco-Ontarians. The almost complete absence of women in this overall profile clearly shows the greatest challenge that women are facing is recognition of their specific issues, first as women, and then in terms of their cultural, ethnic, religious, sexual and other issues. This is undeniably the primary challenge facing them. Along the same lines, many researchers have recognized in different ways the importance of involving the community in demanding, developing, providing, etc. healthcare services. If the principle that women have problems, associations and perspectives that are different from men for healthcare is not recognized, the importance that

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<sup>15</sup> RESEAU FRANCOPHONE DE SANTE DU NORD DE L’ONTARIO, RESEAU DE SANTE EN FRANÇAIS DU MOYEN NORD DE L’ONTARIO, RESEAU FRANCO-SANTE DU SUD DE L’ONTARIO, RESEAU DES SERVICES DE SANTE EN FRANÇAIS DE L’EST DE L’ONTARIO, *Préparer le Terrain : Soins de santé primaires en français en Ontario – Rapport provincial*, 2006, 44.

<sup>16</sup> Ibid, 6.

<sup>17</sup> Ibid.

<sup>18</sup> Réseau francophone de santé du nord de l’Ontario, Réseau de santé en français du moyen nord de l’Ontario, Réseau franco-santé du sud de l’Ontario et Réseau des services de santé en français de l’est de l’Ontario

<sup>19</sup> Ibid, 32.





they be involved in round table and decision-making discussions, and in other ways as a civil organized movement and as healthcare specialists for women is even less likely to be recognized.

Three major priorities came out of the work of the *Table féministe francophone de concertation provinciale de l'Ontario* in their study *Les Conditions de possibilité des services de santé et des services sociaux en français en Ontario : un enjeu pour les femmes*:

- Women have clearly and firmly expressed that they do not simply want services in French, but they want *good and competent* services in French that meet their needs and those of their families, and that these services should be readily available and versatile and provided in their language.<sup>20</sup>
- Women require services that can take into account “both psychological and physical problems.”<sup>21</sup>
- Moreover, they have reiterated the importance of taking diversity in all its forms (age, culture, etc.) into account.<sup>22</sup>

Franco-Ontarian women's groups therefore once again are caught between two priorities that are equally important: working to obtain services in French, and working to obtain services that take into account specific women's issues. Of course, women's groups are invited to support and contribute to the community's fight to obtain services in French. However, their priorities specifically for women are rarely, if ever, recognized, and obtain even less support in the mixed community. Therefore, it would be important that the women's groups, which are represented within structures, such as the Ontario Women's Health Network (ROSF-OWHN) and the *Table féministe francophone de concertation provinciale de l'Ontario* (TFFCPO), create action strategies to maximize the scope of their actions.

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<sup>20</sup> ANDREW ET AL., 103.

<sup>21</sup> Ibid, 110.

<sup>22</sup> Ibid, 134.

