REALITIES AND MYTHS OF LINGUISTIC BARRIERS IN HEALTH CARE

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Population health surveillance research recently undertaken by our team shows that there are widespread linguistic inequalities in Quebec between Anglophones and Francophone. For example, the life expectancy of Francophones is lower than Anglophones, but Francophones are rapidly catching up. In some subgroups of the population (e.g., women living in socioeconomic disadvantage in Montreal), the life expectancy of Francophones recently surpassed Anglophones. Similarly, rates of poor fetal growth are now higher for Anglophones than for Francophones in Montreal (in the past, Francophones had higher rates). Preliminary mapping research by our team suggests that inequalities in fetal growth are heavily concentrated in Anglophone parts of Montreal. Inequalities in preterm birth, stillbirth, and sex at birth are also present between other linguistic groups of Quebec, including people who speak Creole, Aboriginal, and Asian languages.

Public health efforts to date suggest that inequalities in many of these health outcomes are more strongly determined by social determinants of health than by the health care system itself. Social determinants such as unemployment, smoking, food quality, discrimination, and poverty (to name a few) are often the underlying cause of population inequalities, with evidence going so far as to suggest that health care access plays a much smaller role in determining health. As such, it is not clear that improving linguistic barriers in health care would alone be sufficient to improve inequality in health between Anglophones and Francophones in Quebec. Rather, a more balanced approach addressing multiple determinants of health in addition to linguistic barriers may be more effective in the long term.