

# A new Montreal centre for studying social inequalities in health



Photo : Julie Millette

Research clearly shows that the health status of individuals is related to their position in the social hierarchy. People in higher socioeconomic groups are in better health than those in the group one step below, and so on down the scale to the most vulnerable individuals. To have a significant impact on improving population health and to target our interventions more accurately, it is important to have a better understanding of the links between social inequalities and health inequalities. The Léa-Roback Research Centre offers an opportunity to share knowledge and ensure that expertise can be developed.

## A research centre

Many researchers, working in various disciplines and belonging to different universities in Montréal, were already examining the issue of social disparities among the population and their immediate or anticipated effects on the health of individuals. However, each researcher was working in his or her own setting. Consequently, it was difficult to fully benefit from the wealth of ideas and materials that is circulating in the city.

Therefore, the Léa-Roback Research Centre was created to develop a common research agenda and to encourage the development of joint projects. By setting up research infrastructures to meet the needs of researchers, the Centre will encourage the realisation of projects and the development of a critical mass of researchers interested in issues related to social health inequalities.

Moreover, the Centre will ensure that knowledge and experiences will be passed on more quickly among individuals involved in different research, decision-making and intervention environments so that informed actions can be proposed.

## Research program

The Léa-Roback Research Centre brings together 26 researchers from diverse disciplines and with different perspectives. Each researcher is engaged in a research programme corresponding to one of the Centre's four broad questions :

- How do social inequalities become health inequalities?
- How can we reduce social inequalities in health?
- How can we diminish the impact of social inequalities on health?
- How can we minimize the contribution of health problems to widening social inequalities?

These questions reflect different research perspectives. Far from being mutually exclusive, these perspectives will form a more comprehensive vision of research.

## Léa Roback: 1903-2000

The Centre is named after Léa Roback, an inspiring Montreal militant who fought for many causes: unionisation in the textile factories, the condition of women, and access to housing. She was of Jewish origin, grew up in Beauport, and was perfectly trilingual; she serves as a good symbol for a centre studying social inequalities in health.

## Research infrastructures

The Léa-Roback Research Centre will reach its objectives by providing the researchers with infrastructures that can match to their needs.

### **An infrastructure for exchange and knowledge development**

... to document what is accomplished in our own environments and elsewhere in the field of social inequalities in health, and to provide a solid base for new collaborations that will be implemented to better answer research questions.

### **An infrastructure for population-based data**

... to facilitate access to databases which include characteristics of individuals, their families and the contexts in which they live. We expect that new databases will be created, including the establishment of a longitudinal survey that will study the effects of Montréal's contextual features on health status.

### **An infrastructure for knowledge transfer**

... to encourage exchange among all partners involved in the reduction of social inequalities in health and develop research projects that correspond to the analytical requirements for effective policy or intervention development.

## Montréal, an important setting for learning

Montréal is the second largest city in Canada. It has all the characteristics of a big metropolis: high population density, high rate of immigration, focal point for health and social service provision. Further, the city is not a homogeneous entity but is divided into smaller sections called boroughs that share distinctive socio-historical characteristics. These elements make Montréal a unique site in which to analyse the effects of social determinants and physical environment on health inequalities, and the health impact of interventions designed to reduce these inequalities.

The analysis of Montréal health data leaves no doubt about the existence of social inequalities in health in this area and significant disparities in the health status of the population. For example, there is a 10.7 year gap in life expectancy between the population base of the CLSC Lac St-Louis and the CLSC Des Faubourgs. If all Montréalers benefited from a life expectancy equivalent to that of richer suburb dwellers, there would be a net gain of 3.8 years, which is one year greater than the gain for all Montréal over the last 15 years!

## Researchers of the Léa-Roback Research Centre

### **Université de Montréal**

Paul Bernard (Sociology)  
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Angèle Bilodeau (Sociology)\*  
Robert Choinière (Demography)\*\*  
Mark Daniel (Epidemiology)  
Katherine Frohlich (Public health)  
Lise Gauvin (Kinesiology)  
Sylvie Gendron (Public health)  
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### **INRS-Urbanisation, culture et société**

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Gilles Sénécal (Urban studies)

### **McGill University**

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Tom Kosatsky (Epidemiology)\*  
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### **Université du Québec à Montréal**

Audrey Smargiassi (Environmental health)\*\*

### **Montreal Public Health Department**

Lise Bertrand (Food access)\*

### **Postdoctoral trainees**

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Rana Charafeddine (Social Epidemiology)  
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