THE LÉA-ROBACK RESEARCH CENTRE ON SOCIAL INEQUALITIES IN HEALTH OF MONTRÉAL
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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 Centre offers an opportunity to share knowledge and ensure that expertise can be developed.

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.

Analysis of Montréal health data leaves no doubt about the existence of social health inequalities 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, more than one year greater the gain for all Montréal over the last 15 years!

A RESEARCH CENTRE

Many researchers in disciplines of the six universities in Montréal are already examining the issue of social disparities among the population and their immediate or anticipated effects on the health of individuals. However, each researcher is working in his or her own setting. Consequently, it is difficult to fully benefit from the wealth of ideas and materials that is circulating in the city. To develop a common research agenda, the Centre will create networks 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.

The Léa-Roback Research Centre brings together 26 researchers from diverse disciplines and with different perspectives. These researchers have access to the Centre's infrastructures where they can collaborate in order to answer four broad questions:

- How do social inequalities become health inequalities?
- How can we reduce social health inequalities?
- How can we diminish the impact of social inequalities on health?
- How can we reduce the impact of health problems in perpetuating social inequalities?

Each researcher associated with the Centre is engaged in a research programme corresponding to one of the Centre's four central axes of research. These axes reflect different research perspectives related to the question of health inequalities. Far from being mutually exclusive, these perspectives will form a more comprehensive vision of research:

AXIS 1   Study of mechanisms by which contextual features of the living environment can influence health;

AXIS 2   Study of interventions designed to modify the contextual features;

AXIS 3   Study of mechanisms through which vulnerabilities accumulate throughout life's cycles;

AXIS 4   Study of interventions designed to modify individual vulnerabilities during specific periods of life.

The Léa-Roback Research Centre will reach its objectives by providing infrastructures to researchers which can be matched 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 health inequalities, 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 investigation 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 health inequalities and develop research projects that correspond to the analytical requirements for effective policy or intervention development.

RESEARCHERS ASSOCIATED WITH THE LÉA-ROBACK RESEARCH CENTRE

Marie-France Raynault (Public health) – Université de Montréal
director general
Louise Potvin (Public health) – Université de Montréal
Scientific director
Paul Bernard (Sociology), Université de Montréal
Head, Axis 1
Gilles Sénécal (Urban studies) - INRS – Urbanisation culture et société
Head, Axis 2
Mark Daniel (Epidemiology) - Université de Montréal
Head, Axis 3
Louise Fournier (Public mental health) - Université de Montréal
Head, Axis 4

Philippe Apparicio (Geography) - INRS-Urbanisation, culture et société, **Nicole F. Bernier** (Political science) - Université de Montréal, **Angèle Bilodeau** (Sociology) - Direction de santé publique de Montréal, **Jean Caron** (Psychology) – McGill University, **Robert Choinière** (Demography) - Direction de santé publique de Montréal, **Clément Dassa** (Biostatistics) - Université de Montréal, **Katherine Frohlich** (Public health) - Université de Montréal, **Lise Gauvin** (Kinesiology) - Université de Montréal, **Sylvie Gendron** (Public health) - Université de Montréal, **Pierre J. Hamel** (Sociology) - INRS-Urbanisation, culture et société, **Tom Kosatsky** (Epidemiology) - McGill University, **Gilles Paradis** (Public health) - McGill University, **Lise Renaud** (Education) - Université de Montréal, **Lucie Richard** (Public health) - Université de Montréal, **Élise Roy** (Epidemiology)- McGill University, **Jean-Pierre Roy** (Neurobiology) - McGill University, **Louise Séguin** (Public health) - Université de Montréal, **Jack Siemiatycki** (Epidemiology) - Université de Montréal, **Audrey Smargiassi** (Environmental health) - Université du Québec à Montréal, **Maria Victoria Zunzunegui** (Epidemiology) - Université de Montréal