

Material Deprivation and Self-Rated Health

Self-rated Health by category of the Canadian Deprivation Index

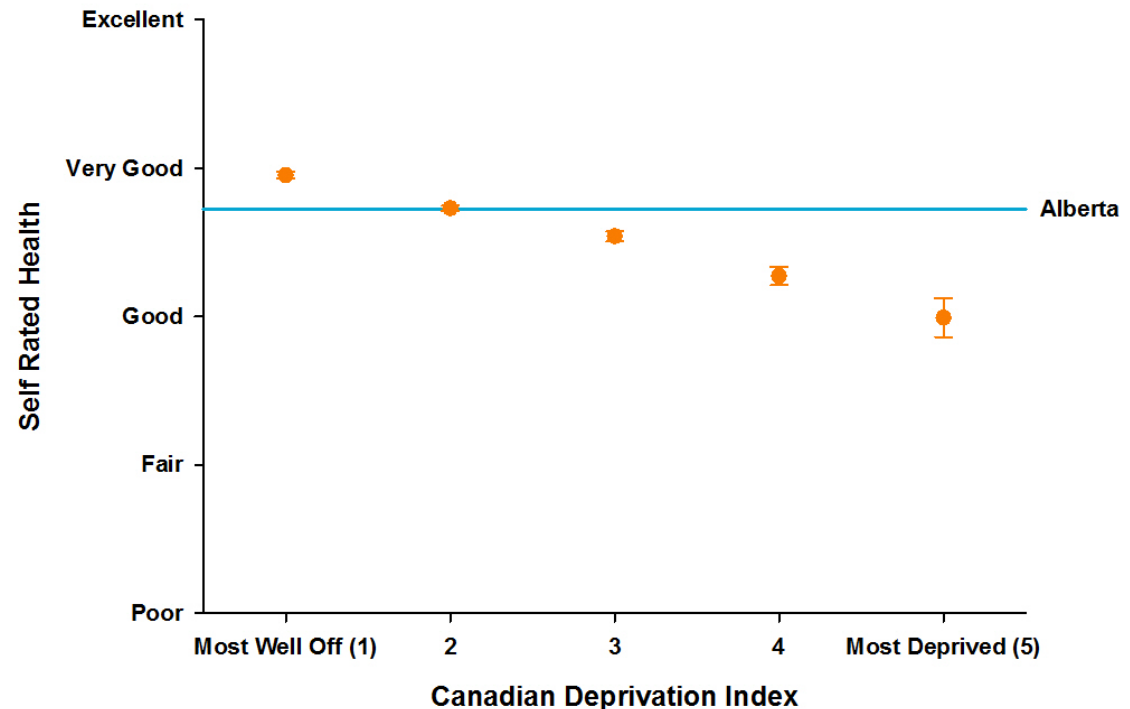
The social determinants of health (SDOH) refer to the “many social conditions that interact to influence our health and the well-being, the circumstances in which people are born, grow up, live, work and age.”¹ SDOH can include income distribution, material deprivation, education, job security, working conditions, early childhood development, food insecurity, housing, social exclusion or discrimination, and access to health services. Individuals experience material deprivation when they do not have the resources or conditions of life to fully participate in society. Material deprivation is known to be one of the most substantial contributors to health, having much more impact on health than health care services.

Today’s issue of *Health Trends Alberta* shows the social gradient in health across levels of the Canadian Deprivation Index (CDI), using the average self-rated health among Albertans aged 12 and older pooled for the years 2001 to 2013.

Lower self-rated health observed in the materially deprived

Self-rated health is a comprehensive marker of health status and is highly correlated with a multitude of health outcomes including life expectancy. The Canadian Community Health Survey measures self-rated health on a 5-point scale ranging from Poor to Excellent. The Alberta average was 3.7.

The Canadian Deprivation Index, based on measures of education, home ownership, and food security, captures a substantial social gradient in health. Average self-rated health varies from 4.0 (Very Good) in the most well off (CDI 1) to 3.0 (Good) in the most deprived (CDI 5). Further analysis accounting for age, sex, and a suite of behavioural risk factors continues to find the persistent gradient across material deprivation categories: self-rated health declines from 4.0 down to 3.5 with increasing material deprivation.



¹<http://nccdh.ca/resources/social-determinants-of-health/>