

# Social Exclusion as a determinant of health inequalities

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## Background

Despite decades of universal health insurance coverage, most developed countries are still faced with glaring health inequalities that reflect, but are not reducible to, lifestyle and health behaviours, and that bear a strong relationship with many social determinants (Buckley, Denton et al. 2006; Trovato and Heyen 2006; Trovato and Lalu 2007). This situation has been deemed of such concern to researchers and policymakers alike that limiting these inequalities has been put at the forefront of the agenda of many governing bodies. Social inequalities in health are generated by the accumulation of vulnerabilities and risks that begin at conception and that may be compounded or mitigated by the intervening life experiences (Robine, Caselli et al. 2006). These inequalities are also thought to be the product of multigenerational processes that combine genetic and social risks (Quesnel-Vallee 2004; Wu, Penning et al. 2005; Quesnel-Vallee and Taylor 2006). Research in a life course framework can inform social policies that would mitigate the downward spiral of these processes of cumulative disadvantage (Bourque and Quesnel-Vallée 2006).

In this context, we decided to take advantage of the Canadian Household Panel Survey (CHPS) – a pilot study conducted in 2008 – to assess and create an index of social exclusion. Seen as a social determinant of health in a life course perspective, social exclusion can indeed be a cause as well as a consequence of illness.

Given the complexity of the definition and the variety of social and economic theories behind the development of social exclusion, there is not a valid measure of social exclusion (Mathieson, Popay et al. 2008). One of the elements that make difficult such definition is the multidimensional characteristic of social exclusion. Actually, this notion “refers not only to the economic hardship or relative economic poverty, but also incorporates the notion of the process of marginalization – how individuals come, through their lives, to be excluded and marginalized from various aspects of social and community life” (Shaw, Dorling et al. 1999). Thus, while poverty increases the risk of social exclusion, not all socially excluded individuals are necessarily poor. It therefore encompasses social dimensions as well as economic ones and emphasizes the many aspects of discrimination, stigmatization and marginalization.

Most of the initiatives to measure social exclusion came from European countries, mainly United Kingdom (Burchardt, Le Grand et al. 1999; Gordon, Adelman et al. 2000; Scharf, Phillipson et al. 2004; Levitas, Pantazis et al. 2007). The number, the type and the dimensions of indicators used to define exclusion varied across different surveys. Some indexes of exclusion include aspects related to poverty, while others include health and quality of life as dimensions of exclusion. For instance, the Poverty and Social Exclusion Britain survey (Gordon, Adelman et al. 2000) used four dimensions: impoverishment, labour market exclusion, service exclusion, and exclusion from social relations; the British Panel Survey used four dimensions: consumption, production, political engagement and social interaction (Burchardt, Le Grand et al. 1999); and the Bristol Exclusion Matrix used three dimensions: resources, participation and quality of life (Levitas, Pantazis et al. 2007).

The other element that makes difficult the definition of social exclusion is that it involves a dynamic process, that is social exclusion is not experienced by social groups in the same manner in different contexts and this experience, even in the same context, may change over time. As such, the specific groups named as “excluded” are likely to vary from society to society. For instance, disabled people could be excluded from the economic dimension or being at risk of poverty, if the context does not favor disability policies (Gannon and Nolan 2007), but will not be the case in contexts with those types of resources; people living with HIV could be excluded from social activities, but still being able to have service access. Exclusion process could also vary by age. Younger people could be less likely to be excluded from social activities, but more from civic or economic activities, while for older people could experience exclusion from the social dimension, but be included economically (e.g. receive a pension). As reviewed by Shaw et al. (1999), some groups are often more vulnerable than others: those living in poverty, the unemployed, refugees, migrants, ethnic and racial minorities, and the homeless. Whether or not these same groups or others are excluded in Canada has yet to be studied.

However, the data allow us to assess very deeply only the economic dimension, which have been more often studied. However, we deemed it important to compare the explanatory power of a complex economic dimension to the classic income variable. The objective of this study is therefore 1/ to develop conceptually and test the statistical properties of an index of social exclusion in its economic dimension and 2/ to assess the association of this index with health status in Canada.

### **Population studied**

The CHPS-pilot is a cross-sectional survey initiated by Statistics Canada to test the first wave of a longitudinal household panel survey. The overall objective of the project was to follow up over time key subject areas that are related to the well-being of Canadians and important for social policies: work, health education and family. It is therefore uniquely positioned to answer some of our research questions, particularly through their assessment of multiple domains of the life course. The pilot study took place in the fall 2008 in Canada. Among the 1627 interviewed households, we considered 2724 individuals aged 25 years or more (on 3927).

### **Construction of a social exclusion index**

To create the complex index of social exclusion in its economic dimension, we will consider the following dimensions:

- 1) Material deprivation: ratio based on 10 items
- 2) Food, housing and financial risk: ratio based on 9 items
- 3) Financial products: Savings accounts (presence=0 /absence=1), Home Assets & Loans (own without mortgage=0, own with mortgage=1, rent=2).

All these dimensions are measured at the household level and are often interviewed in international surveys

Given the cross-sectional nature of the pilot study, we will consider that social exclusion is the consequence of driven social and cultural forces, and the social position of individuals. As such, we will consider that education and income are rather determinants of social exclusion and we will not include them as indicators of social exclusion, but rather compare them to the economic dimension.

Using a ratio of the number of items experienced to the total number of questions (rather than a sum) for the first two dimensions, we will be able to have comparable information even despite survey and country idiosyncrasies. First, this will improve the comparability with other

international panel surveys (where a different number and definition of items is used) and second, this will allow us to keep respondents with missing information. Finally, we will create a global index of economic and material exclusion thanks these three dimensions using factor analysis.

We will then perform multilevel analysis to assess the impact of this economic social exclusion on self-rated health (measured at the individual level) controlling for chronic conditions. We will compare three models to assess 1/ the impact of each of the three economic dimensions, 2/ the global index of economic exclusion and 3/ income. Interaction with age, gender and migration status will be tested and potentially lead to stratified analysis.

### **Highlight excluded groups**

Given the Canadian context, we consider that many characteristics can be important determinants of the social exclusion process. We recognize that the groups that we will find excluded may varied with time and then we will only provide a static picture of social exclusion. However, the longitudinal design of the CHPS will allow us to explore the dynamic evolution in the following years.

In this paper, we will therefore describe the prevalence of social exclusion (in each dimension and in the whole index) by age, sex, migration status and living arrangements. International evidence shows that social exclusion increases with age, and that women are especially vulnerable in this regard across the life course. However, evidence is lacking on the extent to which this is true of the Canadian context. Similarly, recently established immigrants are more likely to be socially excluded across all dimensions, but it is expected that with time, these populations' inclusion in Canadian society will increase. We will therefore test if time since immigration is associated with the prevalence of social exclusion. In the Canadian context, we will also have a special focus on First Nations. Finally, it is well known that single mothers are among the groups most vulnerable to social exclusion, similar to elderly women and men living alone. We will establish if the prevalence of social exclusion is in fact greater in these groups than in those married or living in other types of arrangements.

### **Assess the relation between social exclusion, socioeconomic position and current health status**

We will also describe the prevalence of social exclusion by socioeconomic position and social class. We define socioeconomic position according to levels of education and income, as well as stability of gainful employment. In general people with less than secondary, with longer periods of unemployment and low income suffer from greater exclusion, especially in terms of material and basic services dimensions. We also expect that workers with a manual job may be excluded to a greater extent in some dimensions than those in administrative jobs.

International evidence suggests that those with greater number of chronic conditions, with some degree of disability and with poor mental health are more likely to be socially isolated. This relationship may be mitigated in the Canadian context, where policies tend to favor the inclusion of individuals with disabilities, at least socially or materially. However, we do not know how people with chronic conditions and mental health problems that may lead to disability are included in the Canadian society.

### **Perspectives & Implications**

Given the multifactorial nature of social exclusion, policies cannot be confined to one specific Ministry or Department. Indeed, this social problem must be addressed by intersectorial policies

and involves a concerted effort from many actors in government. The proposed social exclusion index related to socioeconomic position and health status will draw an important picture of social exclusion and define vulnerable groups in the Canadian society. Moreover, the CHPS is a very promising tool to follow households over time in Canada and to assess the pathways of determinants of health inequalities over the life course, thanks to the surveillance of their dynamics and trajectories in the following years. This work will provide key evidence and propose orientations for future public health and social policies.

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