

# Health Indicators 2013: Socio-Economic Status Impact

## Highlights on Self-Injury Hospitalizations

- More than 18,400 Canadians—or about 67 per 100,000 people—were hospitalized for self-injury in 2011–2012.
- The national hospitalization rate for self-injury—a result of suicidal and/or self-harming behaviour—would be 27% lower if all neighbourhoods had the same hospitalization rate as the most affluent ones.
  - Neighbourhood income quintiles are used to group people by socio-economic status because there is a correlation between where a person lives and social determinants of health such as income, education, crime rate and quality of community services
- Self-injury hospitalization rates vary across the provinces.
  - Rates were highest in Newfoundland and Labrador, and New Brunswick (86 and 85 per 100,000 people respectively). They were lowest in Ontario, Alberta and Quebec (63, 59 and 59 per 100,000, people respectively).
  - While rates in Ontario, Alberta and Quebec were all below the national average, analysis shows that each province could potentially reduce its rate further: if all residents experienced the same hospitalization rates as those living in the most-affluent neighbourhoods in each province, the rates could be at least 25% lower.

## Socio-economic status has greater impact on some conditions than others

- Hospitalization rates for chronic conditions such as diabetes, asthma and heart failure showed the greatest potential for improvement based on socio-economic status. In 2011–2012, a total of 290 per 100,000 Canadians were hospitalized for these conditions.
  - If all Canadians with chronic conditions had the same hospitalization rates as those who live in the most-affluent neighbourhoods, the overall rate could be reduced by 32%.

Sources:

Health Indicators 2013, Canadian Institute for Health Information (CIHI).