

## Results from the Survey on the use of the Material and Social Deprivation Index (MSDI)

Wishing to improve the tool for measuring deprivation in Quebec and Canada used during the last 20 years, the Quebec Public Health Institute sent out a survey on the use of the Material and Social Deprivation Index in March 2018. Its goal was to identify the type of index users, the products that were used, the index's advantages and disadvantages as well as the users' needs in regard to documentation and training. This document presents the main results from the survey. We thank all respondents for their helpful collaboration.

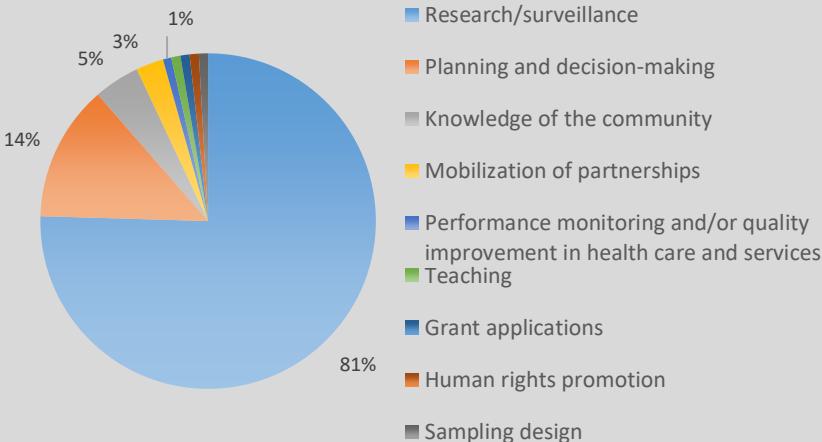
### Who participated in the survey?

The survey was completed by 126 respondents of which 78% filled out the form in French and 22% in English. As the survey was open to all persons knowing about it and redistribution of the access link was encouraged, it is not possible to calculate the participation rate. Respondents from almost all provinces and territories participated with a large majority (77%) working in Quebec, in British-Columbia (7%) and in Ontario (5%). Almost all respondents were aware of the MSDI (88%). They are employed in provincial government (40%), regional or municipal government (33%) and in academia (20%). Some work for not-for-profit organizations (6%).\* Over 80% of the respondents are employed in the health sector but also in social sciences, humanities or education (13%). One third of respondents (30%) accessed the MSDI by communicating directly with the INSPQ. Going through the Santéscope webpage was another frequent option (27%). Some users received the data from their local public health authorities (DSP) or integrated university health and social services centres (CIUSSS) (11%). A few accessed the data at the Infocentre (8%) or used statistics from publications (7%).\*

### Access

The MSDI was most often used for research and surveillance (81%). Planning and decision-making were mentioned by 14% of respondents whereas gaining knowledge about the local community was a use identified by 5%. A few respondents (3%) leveraged and mobilized partnerships with information from the deprivation index.\* 96% of respondents reported that they accomplished their objectives related to the use of the index.

Question 2d. What did you use INSPQ's Material and social deprivation index for?



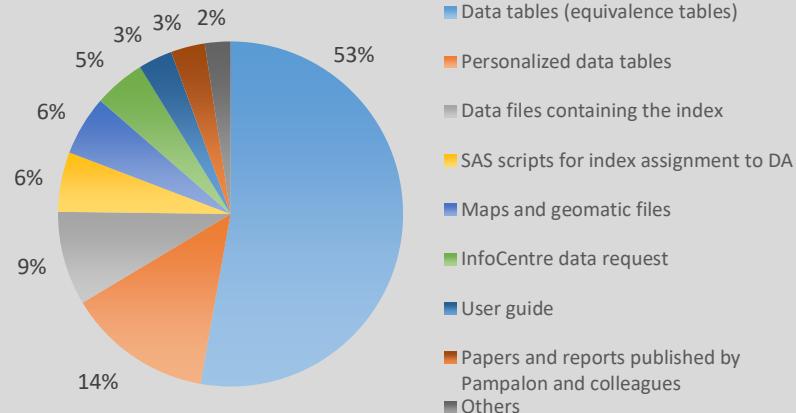
### Aims in using the index

\* Multiple responses possible

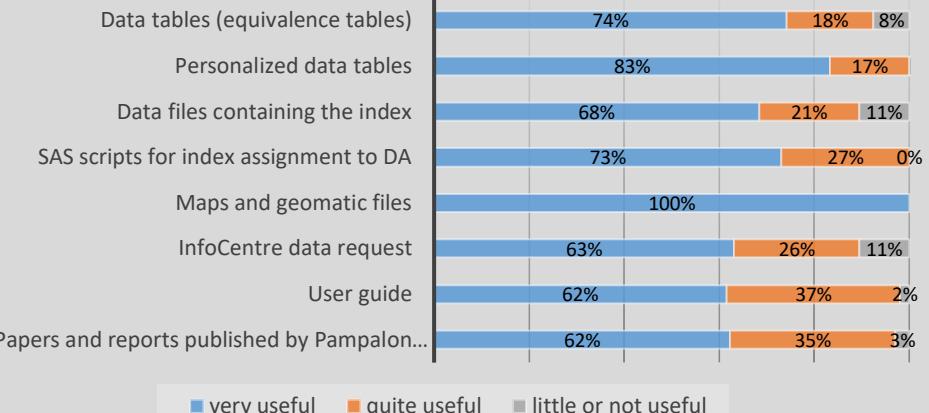
## Products related to the index and their usefulness

Mainly the official data (equivalence tables) (53%) and personalized data tables (9%) as well as the birth and mortality files containing the index values (14%) were used.

Question 3a. Use of products related to the MSDI



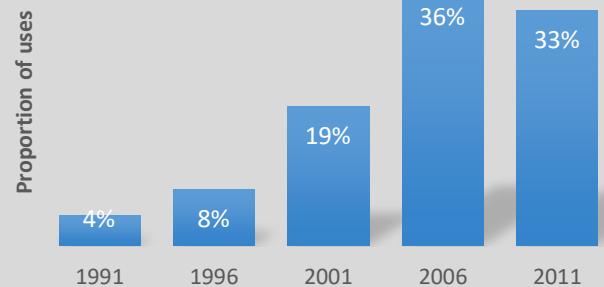
Question 3b. How useful were the products related to the MSDI ?



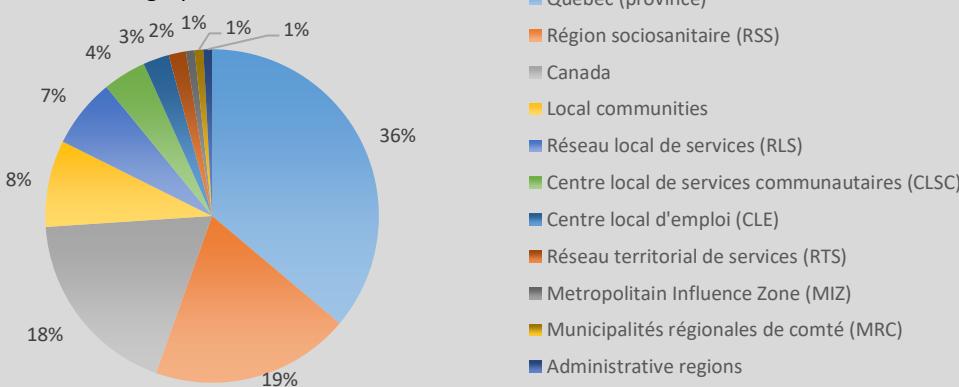
There was a constant increase in the use of the MSDI judging by the version of the index by use of Census year. One third of users downloaded the 2006 equivalence tables file (36%) and almost as much the 2011 version based on the less representative National Household Survey (33%). The province of Quebec was the most frequently used region (36%), as well as the sociosanitary regions (RSS) (19%). Canada as a whole was also used quite often (18%). A non-negligible part of respondents (8%) used the index for local communities, a territorial scale for which on-demand data preparation is needed.

## Years and geographical scale used\*

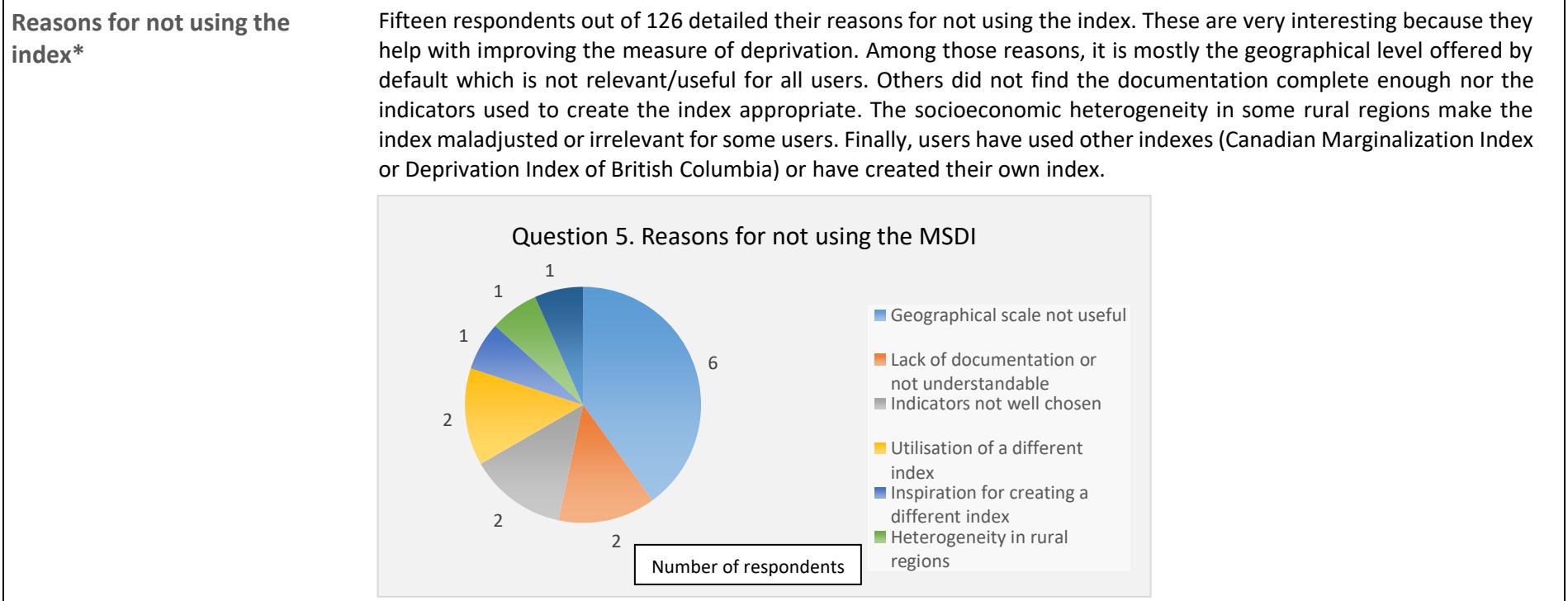
Question 3c. Which Census years did you use?



Question 3d. Geographical scales used



<b>Index's main advantages and disadvantages related to its documentation and accessibility (88 responses)</b>	<b>ADVANTAGES</b> <ul style="list-style-type: none"> <li>• Recognized index (tested and well documented)</li> <li>• Simplicity of use and understanding</li> <li>• Global perspective is gained rapidly</li> <li>• Small area geography for pockets of deprivation</li> <li>• Visual appearance/cartography</li> <li>• Access to raw scores</li> <li>• Helps with decision-making, to mobilize partnerships, to study social inequalities of health and contributes to prioritization</li> <li>• Complements variables at the individual level</li> <li>• Easy comparison</li> <li>• Good accessibility on the website</li> <li>• Other (ex. reproducible with Census data, predictive of social problems in a local territory, good indicator of life conditions)</li> </ul>	<b>DISADVANTAGES</b> <ul style="list-style-type: none"> <li>• Outdated index/ maladjusted</li> <li>• Difficult interpretation and vulgarisation</li> <li>• Different results depending on the index's version that is used</li> <li>• Inflexible/maladjusted geographical boundaries/groupings</li> <li>• Problem with homogeneity in rural regions</li> <li>• Difficult temporal and spatial comparability</li> <li>• No distinction by gender</li> <li>• Not aligned with vulnerable populations targeted by PHAC's children's health promotion programs</li> <li>• Difficult access and availability</li> <li>• Unclear which version of the file is to be used</li> <li>• Not enough publications on work done to address issues related to the national health system</li> <li>• Other (ex. potential stigmatization, ecological rather than individual level data, assumes social homogeneity in dissemination areas)</li> </ul>
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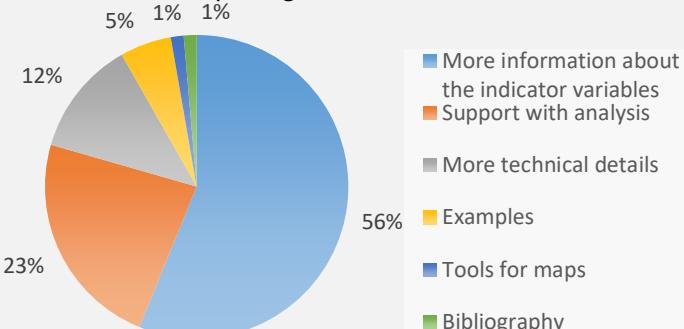


Half of the respondents (56%) wish for more information about the indicators used to create the index and about other technical details (12%). One respondent out of four needs more analytical support (23%) or more examples (5%). Needs related to documentation include examples, cartographic tools and a bibliography.

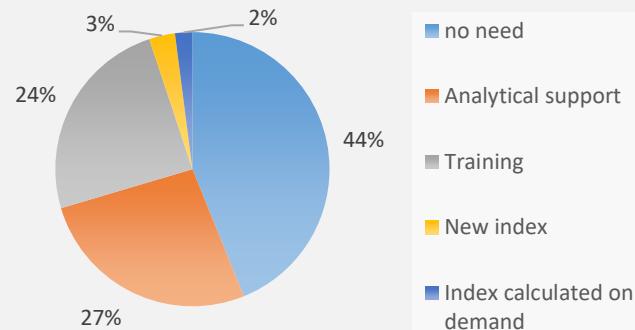
44% of the respondents don't have a specific need for training or consulting. Analytical support is wished for by 27% of the respondents and training by 24%.

#### Needs related to documentation, training and consulting\*

Question 6a. Which type of documentation would help using the MSDI?



Question 6b. Which type of information related to training would help you use the MSDI?



#### Other comments made by participants

- ✓ Take into consideration the particular reality of rural regions
  - Rural (sometimes called 'small' regions) feel left out from the MSDI because it performs considerably less satisfactorily in socially heterogeneous regions.
  - Daily life and poverty appear to diverge between urban and rural regions. The index does not seem to capture adequately the reality of rural regions.
  - The indicators used in the creation of the index should make sense and be representative of deprivation even in very far away regions.
- ✓ Suggestions for the development of a new deprivation index
  - It would be interesting to include food insecurity
  - Separate versions of the index for men and women would facilitate the identification of specific deprivation profiles by sex. Such analyses could answer policy questions or lead to policy.
  - Inclusion of environmental deprivation (housing quality, exposition to pollution, water quality, heat islands, etc.)
  - Rather than using dissemination areas it would be good to group index values by neighbourhoods to increase the number of respondents in the indicator variables
  - Try to use administrative data (social assistance rate, school dropout rate, etc.)
  - Add geographical indices (dispersion of communities, low access to food or services)
  - Just a global index would be sufficient
  - If possible disseminate results or advancements in the development of the new index among support workers in community development

## Annex I – Questionnaire

English ▾

Progress  3%



### Survey on the use of the Material and social deprivation index produced by the Quebec Public Health Institute (INSPQ)

You are invited to participate in this survey because you have shown interest in the **Material and social deprivation index** produced by Institut national de santé publique du Québec (INSPQ), or because we think it could be of interest to you.

Your responses will enable us to better acknowledge and address your needs with regards to index-related data and methodological support. They will also inform us about your satisfaction with the currently available products related to the index.

We thank you for your participation before **April 14, 2018 if possible**. Please also forward the link to this survey to anyone who might be interested. All responses will be treated anonymously and in a confidential manner.

For further information please contact Christine Blaser: [christine.blaser@inspq.qc.ca](mailto:christine.blaser@inspq.qc.ca)

You can change the survey's language (English or French) in the little box on the upper and lower right-hand side.

Quit

Next

English ▾

Progress  16%

#### 1a. Which is your province of work?

- Newfoundland and Labrador
- Prince Edward Island
- Nova Scotia
  - New-Brunswick
  - Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia
- Yukon
- Northwest Territories
- Nunavut
- Other (*please specify*)

#### 1b. Which is your sector and political level of work?

*Please select all answers that apply.*

- Academia
- Government, federal level
- Government, provincial level
- Government, local level
- Not-for-profit organization
- Private sector
- Other (*please specify*)

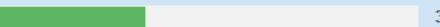
#### 1c. In which field is your work?

Select an answer... ▾

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Quit

Next

Progress  36%

2a. Do you (or someone else in your organisation) know the [Material and social deprivation index](#) created by INSPQ and based on work by Pampalon and colleagues?

- Yes
- No
- I don't know

**Back****Quit****Next**

2b. Have you (or somebody else in your organization) used INSPQ's [Material and social deprivation index](#)?

- Yes
- No
- I don't know

2c. How did you (or somebody else in your organisation) access the information regarding INSPQ's [Material and social deprivation index](#)?

*Please select all answers that apply.*

- [Santéscope](#) webpage
- By communicating directly with somebody at the Institut national de santé publique du Québec (INSPQ)
- Through the [Information request form](#)
- Other (*please specify*)
- I don't remember

2d. What did you (or somebody else in your organization) use INSPQ's [Material and social deprivation index](#) for?

*Please select all answers that apply.*

- For research / surveillance purposes
- To inform planning and decision-making
- For performance monitoring and/or quality improvement in health care and services
- To report data for accountability purposes
- Other (*please specify*)
- I don't know

2e. Has the [Material and social deprivation index](#) allowed you (or others in your organization) to accomplish your desired objectives?

- Yes
- More or less
- No
- I don't know

**Back****Quit****Next**

3a. Which products related to the **Material and social deprivation index** have you (or somebody else in your organisation) used?  
*Please select all answers that apply.*

- Data tables (equivalence tables)
- Personalized data tables created on demand by INSPQ
- SAS scripts for the assignment of the deprivation index
- User guide
- Data file containing the index (e.g. birth file) (*please specify*)
- InfoCentre data request
- Papers and reports published by INSPQ or Pampalon and colleagues
- Other (*please specify*)
- I don't remember

3b. Which products related to the **Material and social deprivation index** have you (or somebody else in your organisation) used?  
*Please select all answers that apply.*

	Very useful	Quite useful	Not very or not useful	Does not apply
Data tables (equivalence tables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personalized data tables created on demand by INSPQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAS scripts for the assignment of the deprivation index	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
User guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data file containing the index (ex. birth file)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
InfoCentre data request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Papers and reports published by INSPQ or Pampalon and colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autre (veuillez préciser)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3c. Which Census years did you (or somebody else in your organization) use?  
*Please select all answers that apply.*

- 1991
- 1996
- 2001
- 2006
- 2011
- I don't know

3d. Which geographical level did you (or somebody else in your organization) use?  
*Please select all answers that apply.*

- Quebec (province)
- Région sociosanitaire (RSS)
- Réseau territorial de services (RTS)
- Réseau local de services (RLS)
- Centre local de services communautaires (CLSC)
- Canada (*please specify the province*)
- Other (*please specify*)
- I don't know

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English ▾

Progress  63%

4a. After having used the **Material and social deprivation index**, which are the index's main advantages and those of the related documents and its accessibility?

4b. After having used the **Material and social deprivation index**, which are the index's main disadvantages and those of the related documents and its accessibility?

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Next

English ▾

Progress  66%

5. For which reason(s) did you (or somebody else in your organization) not use the **Material and social deprivation index**?  
*Please select all answers that apply.*

- Lack of documentation or documentation not understandable
- Format not useful
- Geographical levels not suitable
- Index not relevant or not suitable to our research
- I was looking for inspiration to create a different deprivation measure
- Other (*please specify*)
- I didn't know about the index
- I don't remember

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Next

English ▾

Progress  73%

6a. Among the following, which type of documentation would help you (or somebody else in your organization) in the use of the **Material and social deprivation index**?  
*Please select all answers that apply.*

- More information about the indicator variables used to create the index
- More technical details (examples please)
- Support with analysis
- Nothing that I could get from you (time, funding, etc.)
- Other (*please specify*)
- No need for more documentation
- I don't know

6b. What are your (or someone else's in your organization) needs for training and consultation related to the use of the **Material and social deprivation index**?  
*Please select all answers that apply.*

- Training (*please specify*)
- Analytical support
- Other (*please specify*)
- No needs
- I don't know

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Quit

Next

English ▾

English ▾

Progress  86%

7. Would you agree to share with us the work in which you (or somebody else in your organization) have used the **Material and social deprivation index**?

- Yes  
 No

7a. If published, please enter the reference (authors and title, link, DOI, etc.). You can also send us the text:  
[christine.blaser@inspq.qc.ca](mailto:christine.blaser@inspq.qc.ca).

7b. May we contact you for more details ? (*Enter your name*)

7c. Please enter your email address:

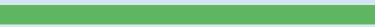
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English ▾

English ▾

Progress  96%

8a. We are developing a new **index of multidimensional deprivation**. Are you (or somebody else in your organization) interested in participating in discussions about the dimensions and indicators used to construct this new index?

- Yes  
 No, but I would like to be informed about further developments in this project.  
 No, not interested

8b. Please enter your name so that we can contact you:

8c. Please enter your email address:

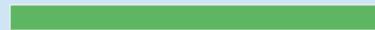
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Quit

Next

English ▾

English ▾

Progress  100%

9. We are greatly interested in your comments, questions and suggestions.

Please don't hesitate to share your thoughts with us in the box below or to send them by email ([christine.blaser@inspq.qc.ca](mailto:christine.blaser@inspq.qc.ca)).  
Thank you very much!

Submit

English ▾

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## Annex II – Additional figures

