Why social capital matters to policies to reduce health inequities

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Overview

- Focus on social capital and emerging evidence linking it to health
- Arguments at individual and society level for why social capital can be good for health
- Points of debate
- Linking social capital
- Case study of impact of social capital
- Consideration of policy questions in relation to health inequity
Unequal Health outcomes

Health behaviours

Below the surface the economic and social relations that drive the observable outcomes
Growing Literature on health and social capital

Number of references using both keywords “social capital & health”

<table>
<thead>
<tr>
<th></th>
<th>Medline</th>
<th>Sociological Abstracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre – 1995</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1995-1998</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>1999-2002</td>
<td>102</td>
<td>99</td>
</tr>
<tr>
<td>2003-2006</td>
<td>172</td>
<td>93</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>286</strong></td>
<td><strong>213</strong></td>
</tr>
</tbody>
</table>
## Components/measures of social capital

<table>
<thead>
<tr>
<th>Trust</th>
<th>Scaled response to surveys</th>
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</thead>
</table>
| Networks (bonded/bridged/linked) | Frequency of seeing friends/relatives  
Diversity of network – including across power |
| Civic participation | Group membership  
Voting  
Civic actions – march, protest |
| Reciprocity | People available to help, give help to  
Perceptions of helpfulness of neighbours |
Summary of key findings on link between health and SC

- Most studies find relationship between SC & health (self rated) also mortality and a variety of diseases – but not all studies – significant number that found very weak or no relationship.

- Strongest associations seem to emerge where measures are simple.

- Link with mental health stronger.

- Some studies suggest voluntary group involvement may pose health risks.
## Social capital: individual view

<table>
<thead>
<tr>
<th>Action</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Feel safer, more likely to be involved in co-operative relationships</td>
</tr>
<tr>
<td>Social Participation</td>
<td>Increase support</td>
</tr>
<tr>
<td></td>
<td>Knowledge gains</td>
</tr>
<tr>
<td></td>
<td>Higher levels of social inclusion</td>
</tr>
<tr>
<td>Civic Participation</td>
<td>Empowerment</td>
</tr>
<tr>
<td></td>
<td>Able to take action for health</td>
</tr>
<tr>
<td>Reciprocity</td>
<td>Help available</td>
</tr>
</tbody>
</table>
# Social Capital: community/social

<table>
<thead>
<tr>
<th>Feature</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher trust</td>
<td>More co-operative and so better economy and cohesion</td>
</tr>
<tr>
<td></td>
<td>Less crime</td>
</tr>
<tr>
<td>Socially well connected population</td>
<td>Well functioning</td>
</tr>
<tr>
<td></td>
<td>Strong community</td>
</tr>
<tr>
<td>High civic participation</td>
<td>Supports democracy</td>
</tr>
<tr>
<td></td>
<td>Promotes health of active groups</td>
</tr>
<tr>
<td>Higher reciprocity</td>
<td>Self sufficiency</td>
</tr>
</tbody>
</table>
Points of debate

- Bonding SC may have adverse outcomes e.g. gangs, ethnically define groups e.g Cronulla
- SC is part of means by which advantage is reproduced – “old boy’s network”
- Gender is invisible on much of the literature
- Linking SC as a sign of healthy and well-functioning society
Linking social capital

Szreter & Woolcock (2004, p.655) define linking social capital as “norms of respect and networks of trusting relationships between people who are interacting across explicit, formal or institutionalised power or authority gradients in society”.

They further argue that consideration of the relationship of the state in terms of the initiation and sustaining of networks, trust and social structures is crucial.

Suggest societies with higher linking SC are more equal and inclusive.
Society with low linking Social Capital? Indifference to social justice, unequal and exclusive
Can the State play a role in fostering social capital?

- Nationally/State – e.g. reconciliation under Fraser, Hawke and Keating governments; inclusive social policy
- Local community – social planning & community development
Case study of possible impact of social planning and community development

We conducted an empirical study of four suburbs that contrast along the socio-economic gradient.

The 3rd ranking area often equaled or scored better on social capital and mental health variables than the 2nd ranking area, and sometimes equaled or scored better than the top ranking area.

Why is this so??

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Case study areas

- Four social-economically contrasting postcode areas within four LGAs – selected from stage 1 scoping
  - Sidehigh
  - Rosphigh
  - Paringalow
  - Fordlow
SES, independent measures and health status across the four areas
### Socio-economic status by location

<table>
<thead>
<tr>
<th>Location/Socio-economic indicators</th>
<th>Median age (year)</th>
<th>Spoke English at home (%)</th>
<th>Residents with degrees (%)</th>
<th>Unemployment rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidehigh</td>
<td>42</td>
<td>83.3</td>
<td>31.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Rosphigh</td>
<td>36</td>
<td>75.4</td>
<td>21.0</td>
<td>6.9</td>
</tr>
<tr>
<td>Fordlow</td>
<td>33</td>
<td>90.2</td>
<td>2.0</td>
<td>23.1</td>
</tr>
<tr>
<td>Paringalow</td>
<td>34</td>
<td>93.6</td>
<td>6.0</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Sources: ABS 2001 Census for Population and Housing.
Locational differences in general health

Proportion of residents reporting their general health as good or above

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidehigh</td>
<td>90</td>
</tr>
<tr>
<td>Rosphigh</td>
<td>90</td>
</tr>
<tr>
<td>Fordlow</td>
<td>70</td>
</tr>
<tr>
<td>Paringalow</td>
<td>80</td>
</tr>
</tbody>
</table>
## Health – SF-12

<table>
<thead>
<tr>
<th>Location</th>
<th>Physical health *</th>
<th>Mental health*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidehigh</td>
<td>51.26</td>
<td>49.86</td>
</tr>
<tr>
<td>Rosphigh</td>
<td>51.57</td>
<td>48.20</td>
</tr>
<tr>
<td>Paringalow</td>
<td>49.41</td>
<td>48.92</td>
</tr>
<tr>
<td>Fordlow</td>
<td>46.59</td>
<td>47.24</td>
</tr>
</tbody>
</table>
Examples of how the Paringalow area did not follow the SES gradient on measures of social capital
Perceptions of neighbourhood safety

How did residents rate safety in their neighbourhood?

Note: Neighbourhood safety rated on a 7-point scale, the higher the score, the safer they felt.
Perceptions of neighbourhood as close knit

Proportion perceiving their neighbourhood as close-knit

- Sidehigh
- Rosphigh
- Fordlow
- Paringalow
### Elements of social capital: social life, civic activities, norm of reciprocity

<table>
<thead>
<tr>
<th>Location\Activities</th>
<th>Happy with social life (%)</th>
<th>Times participating in civic activities last year (0-9)</th>
<th>Proportion agreeing with reciprocity behaviour (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidehigh</td>
<td>64.6</td>
<td>2.2</td>
<td>89.0</td>
</tr>
<tr>
<td>Roshigh</td>
<td>62.6</td>
<td>2.0</td>
<td>85.7</td>
</tr>
<tr>
<td>Fordlow</td>
<td>48.9</td>
<td>1.6</td>
<td>76.3</td>
</tr>
<tr>
<td>Paringalow</td>
<td>59.0</td>
<td>2.0</td>
<td>84.9</td>
</tr>
</tbody>
</table>
Number of people available to talk about personal problems or important decisions
Explaining the pattern

- 2006: Policy consultations in each case study local government area & with State agencies
- Produced idea that social planning of late 1980s accounts for Paringalow’s relative good rankings on some social capital variables & mental health
- 2007: further investigation of this hypothesis via interviews with people active in 1980s social planning and documents relating to it –8 interviews completed with key informants from State & local government & ecumenical planner and analysis of the documents
Social capital – inclusion, development and capacity

- Document analysis and interviews are suggesting a range of factors that supported the particular approach to social planning in Paringalow in the late 1980s supported by the broader political environment.
Wider political environment

Federal
- Period from 1970s to 1980s was a period of intense social reform – Labor governments after many years of conservative rule

State (SA)
- 1970s state Labor Government in South Australia after even longer conservative rule resonated with Federal in unprecedented era of reform in education, housing, job creation, programs for women and Aborigines, welfare, ethnic affairs etc.

Local government
- Increasing role in social planning, community services and facilities
- Social movements grasped opportunity to open up democratic involvement in decision-making
Changing ideas...health

- Broadening definition of health and what makes for a healthy community; roles of professionals and public (WHO Alma Ata 1978 & Ottawa Charter 1986)
- Community health movement with emphasis on prevention and promotion and integrated services for people in defined regions or localities (Australian Community Health program (1973); ACHA established (1983)
- Community health approaches well supported in SA (Social Health Office established 1986: a ‘redistribution of power’ (John Cornwall, Minister for Health)
- Local Community Health Service established 1985 – preceded hospital (1991) with local Board of Management & 30% budget directed to health promotion and illness prevention
Changing ideas...urban development

- Recognition of need for more orderly planning in development on city fringes
- Integrated provision of services and programs in new housing developments
- Shift from low density to diversity/mixed housing & medium density
- Community involvement in planning processes

Eg Joint public and private ventures - Adelaide model based on ‘light hand’ of government (Stretton 1989)
SA Urban Land Trust set up in 1970s to purchase large tracts of land for controlled release; conditional upon contribution to community facilities and planning; Paringalow proposed for development in mid-1980s.
A particular approach to local social planning...

- 1988 Southern Social Planning Group (SSPG) with overview of provision of Human Services in specified area undertook Paralingalow Social and Human Services Planning Study

- Resulting ‘Community Plan’ promised
  - Coordinated development and delivery of human services provided (by public, community-based and commercial enterprises)
  - Development of multi-purpose community centre housing key agencies
  - Community Trust Fund with contributions from sales to establish facilities and services

- Physical Infrastructure and Human Services Indenture (1990) signed (between state & local govt and private developers)
  - *agreed that joint venturers would fund ‘Human Services Coordinator’ to oversee the coordination and integration of all human services in Development area.*
Key factors reported by policy makers…

- Good urban planning from early stages of housing development
- Mix of public, community and private housing development
- Required contribution from sales to community facilities and services
- Attention to social as well as economic and physical development
- Strong local government as broker for services
- Amalgamation of small councils into single local government area
- Clear and coordinated policies across a range of sectors
- Community members involved in decision making
- Timing to take advantage of wider policy opportunities
“...back in the mid-80s, Cabinet actually had approved a process of preparing community plans for all major growth areas.... So that irrespective of whether there was a joint venture in place, which of course there was for Paraingalow... the State Government agreed that the social planning, that is particularly planning for Human Services, needed to be brought in line with the land use planning process initially, so that representatives of Human Service agencies could collaboratively contribute to the allocation of land for different purposes in a manner that would optimise the ‘whole of government’ way in which services at that time were being delivered, such as, for example, collocation of some services”.
Key informant – Local Government

‘Well, there was a real attempt to inform the local community about what was happening, and sometimes there was a bit of sticking the neck out involved in some of that. There was a fair bit of getting away with quite a bit, and it’s quite funny, because as the Director of Environmental Services of the City of Port Adelaide and Enfield now, I probably wouldn’t be too keen on some of the things that I went out and did, if I had my staff chap running off and doing that, do you know what I mean?’
Key informant - NGO

'[in other areas] it spreads out like a cancerous growth, but in Paringalow it was a systematic, healthier, more organic kind of growth. The ecumenical mission and the health services were at the centre with other facilities like schools and libraries, so social capital was placed at the centre of things.
Summary of preliminary findings in relation to Paringalow

- This ‘natural experiment’ supports the view that there are long term (social capital) benefits to be gained from social planning.
- The ‘time lag’ suggests that greatest benefit is obtained from integrated service provision rather than short-term projects.
- Initiatives comprising networks of ‘top down’ policy development as well as ‘bottom up’ community level actions appear effective.
- Universal not targeted intervention.
- Depends on supportive policies in a number of sectors – a ‘perfect storm’ in this case.
Conclusions: States and social capital

Social Exclusion Knowledge Network of the Commission on the Social Determinants of Health (WHO) concluded:

- The primary responsibility for addressing social exclusion is the ‘state’ (in all its manifestations) through:
  - ensuring basic human rights are met and protected;
  - establishing conditions that require and support other actors, particularly the private sector and civil society, to address exclusionary processes;
  - promoting and supporting community action/empowerment.
Conclusions: States and social capital

- How can benefits of networks and trust be extended to all groups?
- What creates trust and good will – especially operating across power differentials?
- How important is the role of social capital in creating more inclusive and equal societies?
- What is the role of different levels of government?
- How can knowledge on social capital and health be used to reduce health inequities and increase social inclusion?
Crucial that policies to promote population health in a way that reduces inequity tackle the issues below the surface which includes social capital