

Social Capital and Health: Does a Relationship Exist?

Philadelphia Health Management Corporation

Community Health Data Base

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What is Social Capital?

- The term social capital is used to describe structures of community organization that define community norms, trust and reciprocity and shape levels of civic participation. The different components of social capital operate together to determine social networks, cooperation and mutual benefit within a community.
- To begin to explore issues of social capital in Southeastern Pennsylvania, Philadelphia Health Management Corporation (PHMC), through its Community Health Data Base, added questions about social capital into the PHMC 2002 Southeastern Pennsylvania Household Health Survey.
- The social capital questions were drawn and adapted from a Harvard University-based study published by Robert Putnam in 2000- *Bowling Alone: The Collapse and Revival of American Community*. (*Bowling Alone: The Collapse and Revival of American Community*, Robert D. Putnam. 2002 Simon and Schuster, New York.)



Data Source and Methodology

- The data for this presentation were collected through a representative, community-based telephone survey of over 10,000 households in Southeastern Pennsylvania -- including Philadelphia and the four surrounding counties of Bucks, Chester, Delaware, and Montgomery.
- The survey was conducted as part of Philadelphia Health Management Corporation's (PHMC) Community Health Data Base. Through the Community Health Data Base, bi-annual surveys of the population in this region have been conducted since 1983.
- The purpose of the survey is to obtain community-based information on population subgroups and geographic areas on issues related to health status, access and barriers to care, health promotion/disease prevention, and demographic and socioeconomic characteristics of residents.
- The survey includes prevalence information on adults and children in Southeastern Pennsylvania and provides a basis for examining correlates and predictions.
- The percentages in this presentation are based on self-reports and population estimates are based on weighted data to derive population projections. The sample size of adults (ages 18 and older) for this survey is n=10,163; this projects to 2,855,490 adults in Southeastern Pennsylvania.
- The CHDB is funded by The Pew Charitable Trusts, The William Penn Foundation, The Philadelphia Foundation, The United Way of Southeastern Pennsylvania, The Healthcare Resources Foundation and through memberships with area health and social service agencies.



PHMC's Social Capital Questions

1. How many local groups or organizations in your neighborhood do you currently participate in, such as social, political, religious, school-related, or athletic organizations? [including Lions Club, PTA, Young Republicans, or garden clubs]
2. Please rate how likely people in your neighborhood are willing to help their neighbors with routine activities such as picking up their trash cans, or helping to shovel snow. Would you say that most people in your neighborhood are always, often, sometimes, rarely, or never willing to help their neighbors?
3. Have people in your neighborhood ever worked together to improve the neighborhood? For example, through a neighborhood watch, creating a community garden, building a community playground, or participating in a block party.
4. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement: I feel I belong and am part of my neighborhood.
5. Please tell me if you strongly agree, agree, disagree or strongly disagree with the following statement: Most people in my neighborhood can be trusted.

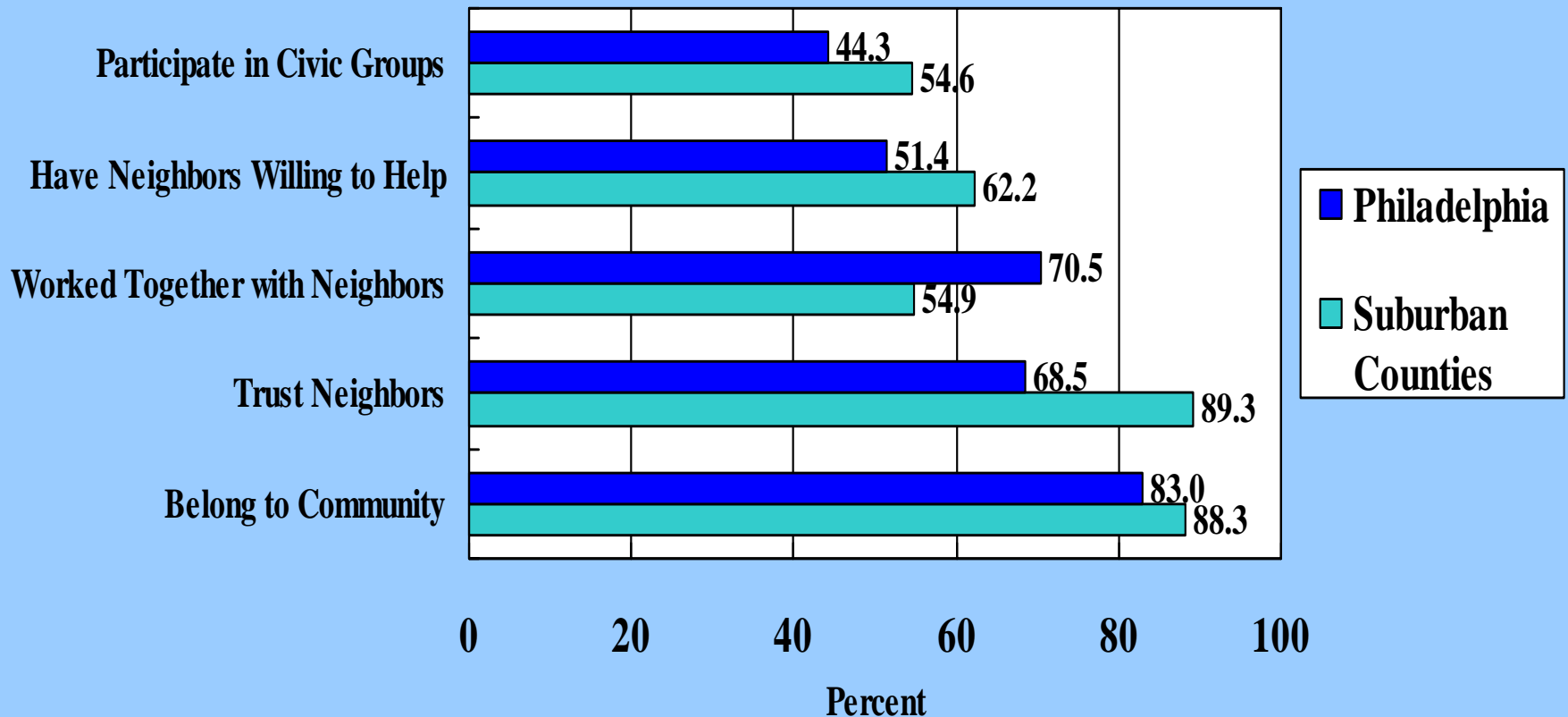


PHMC's Social Capital Scale

- Five social capital questions were used to create a single scale variable to measure social capital. The purpose of the scale was to facilitate analysis and create a single measure with which to compare regions, communities, and demographic groups on social capital and health status indicators.
- The social capital scale was created using the K-means cluster analysis to examine the responses of all respondents to the five social capital questions. The analysis yielded a composite social capital variable with three categories; 'low social capital,' 'medium social capital,' and 'high social capital.' For example, adults who scored high on most or all of the indicator questions were placed in the high social capital cluster, while those who scored low on most or all of the questions were placed in the low social capital cluster.



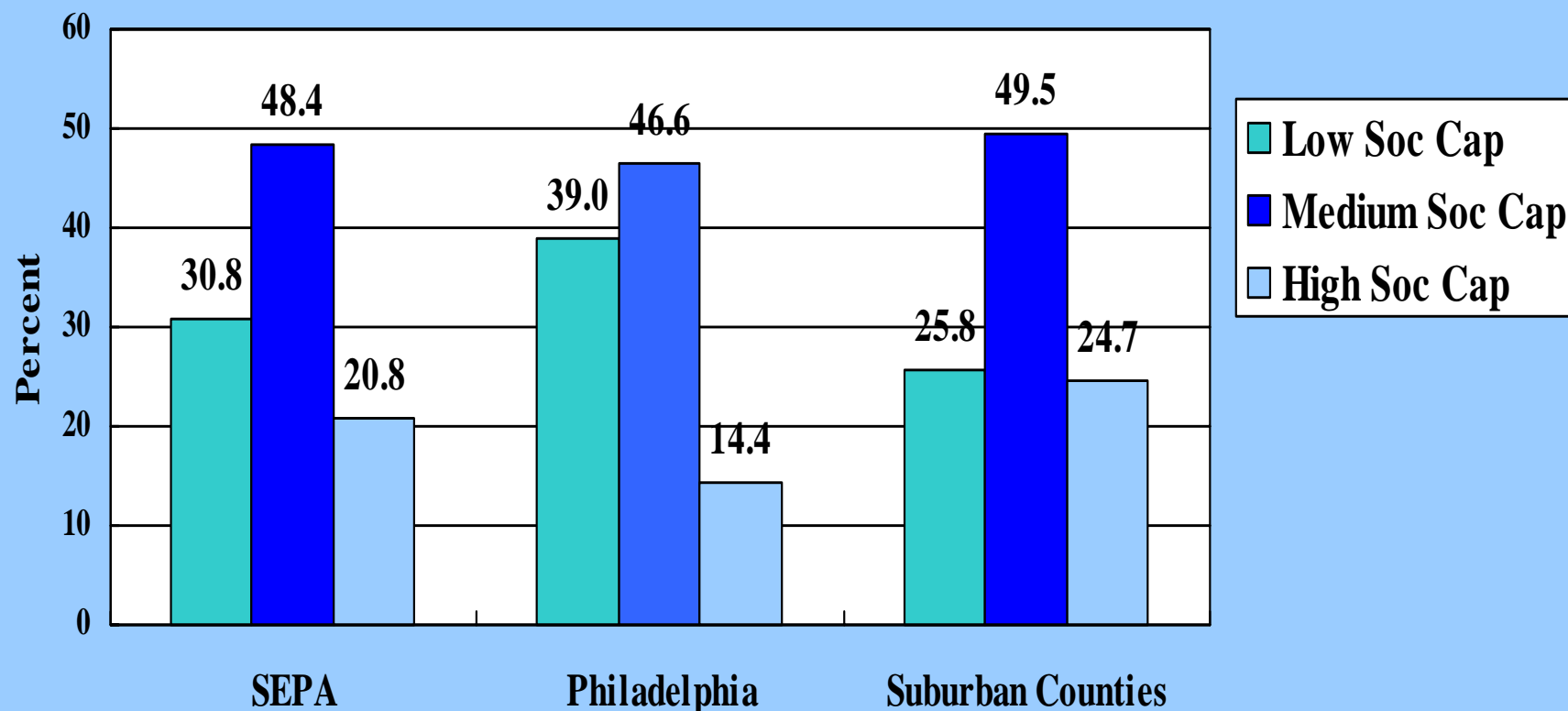
Figure 1: Social Capital Indicators: Philadelphia vs. Suburban Counties¹, 2002.



¹ Suburban counties include Bucks, Chester, Delaware and Montgomery counties. These counties surround Philadelphia, and as a whole, comprise Southeastern Pennsylvania.



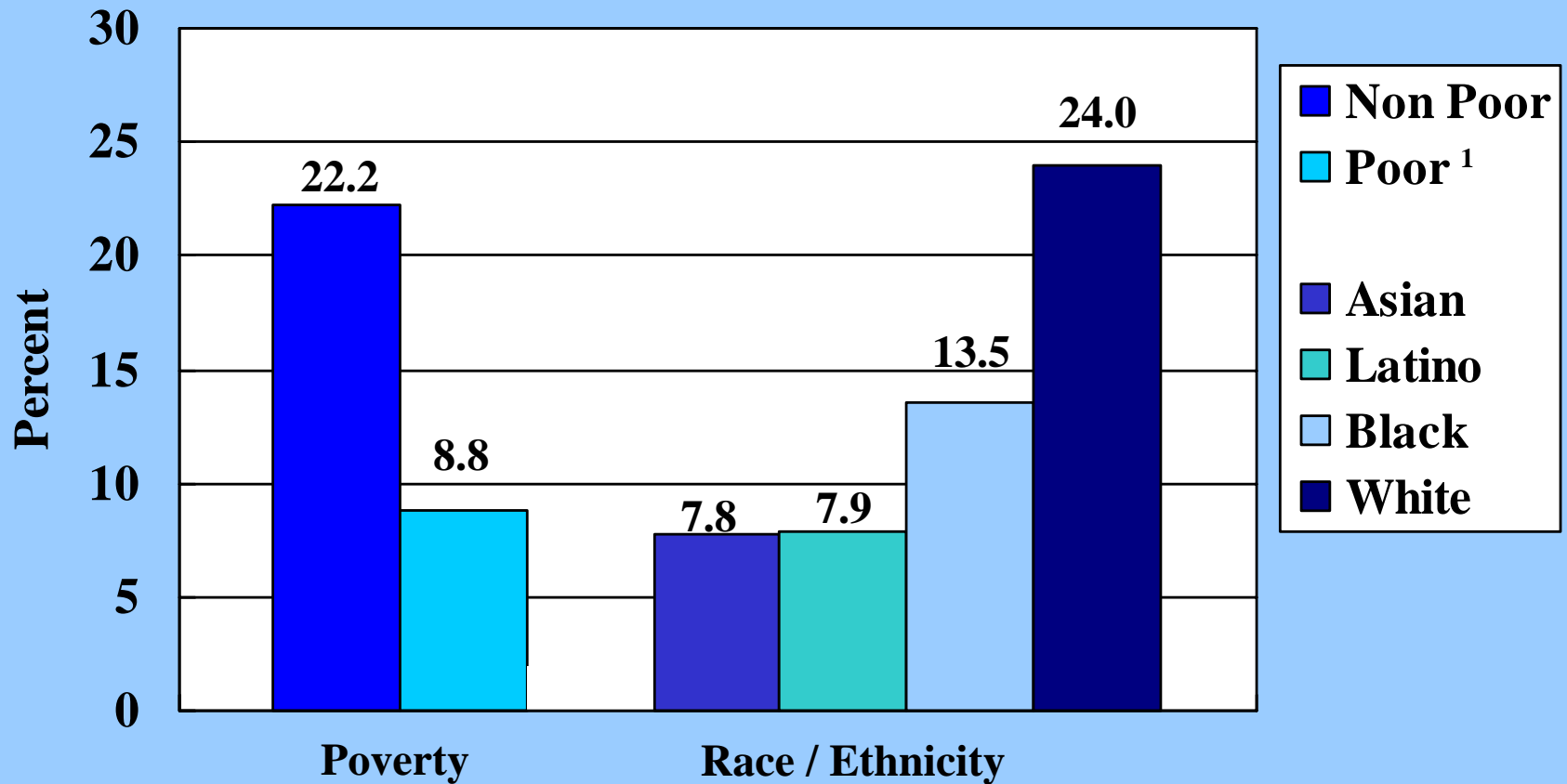
Figure 2: Social Capital of Adults in SEPA, Philadelphia and Suburban Counties¹, 2002.



¹ Suburban counties include Bucks, Chester, Delaware and Montgomery counties. These counties surround Philadelphia, and as a whole, comprise Southeastern Pennsylvania.



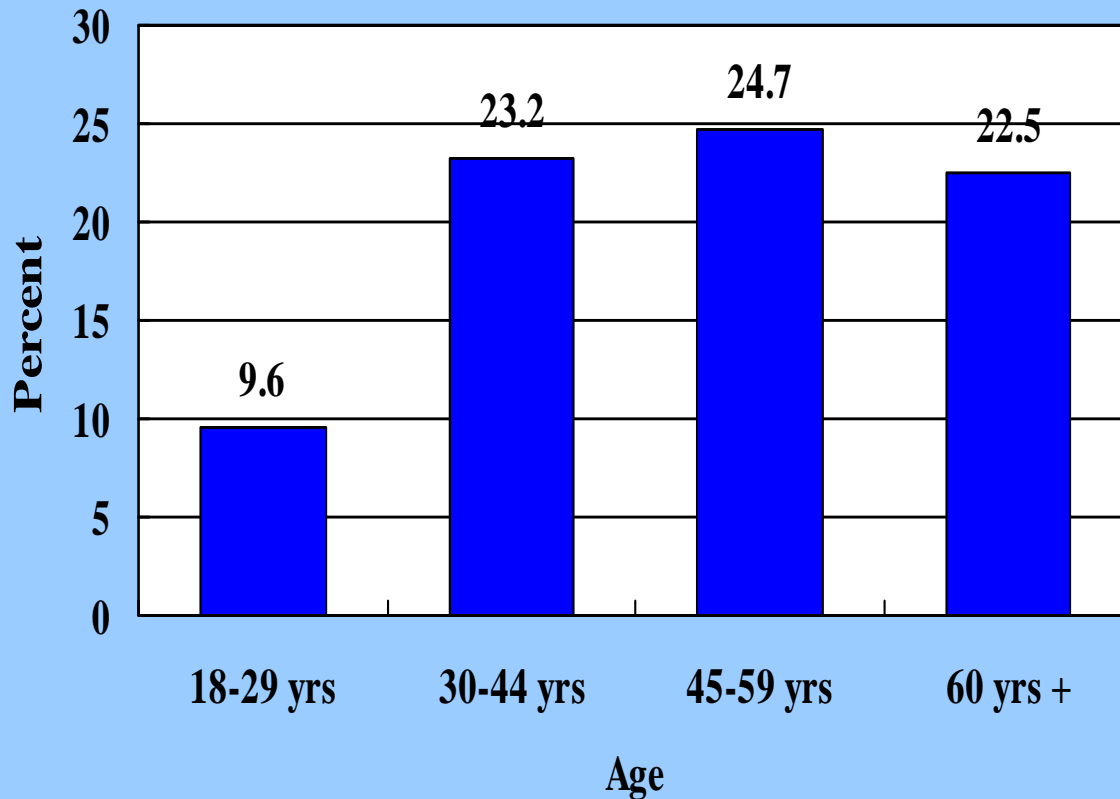
Figure 3: Percentage of Adults in SEPA with High Social Capital by Poverty and Race, 2002.



¹ Poor is defined as 100% of the Federal Poverty Level.

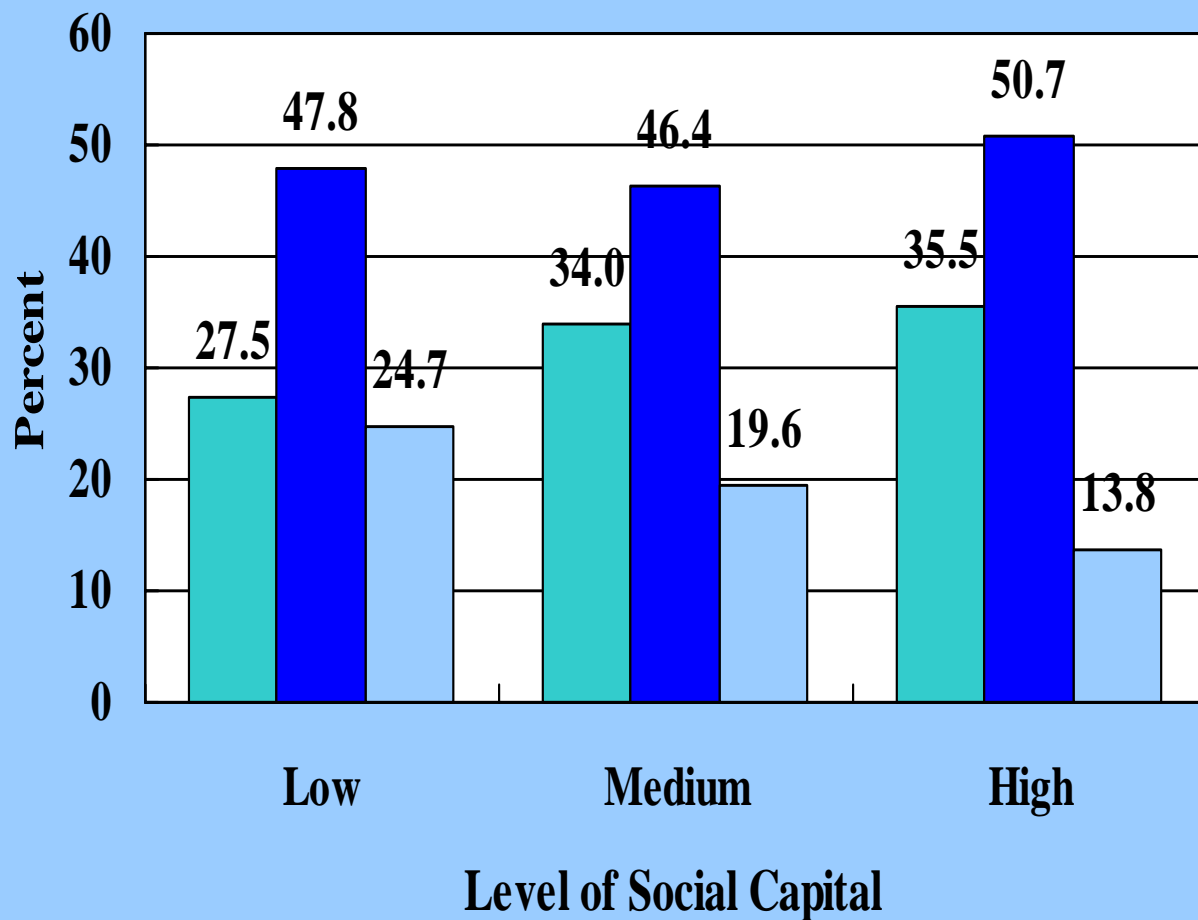


Figure 4: Percentage of Adults in SEPA with High Social Capital by Age, 2002.



In Southeastern Pennsylvania, one in ten adults ages 18-29 years (9.6%) report high social capital, as compared to 23.2% of adults ages 30-44 years, 24.7% of adults ages 45-59 years, and 22.5% of adults ages 60 years and older.

Figure 5: Self-Reported Level of Stress of Adults in SEPA by Level of Social Capital, 2002.



In SEPA, one-quarter of adults with low social capital (24.7%) are under extreme stress as compared to 19.6% of adults with medium social capital and 13.8% of adults with high social capital. Adults with high social capital are more likely to experience only minimal levels of stress (35.5%) than adults with medium or low social capital (34.0% and 27.5%, respectively).

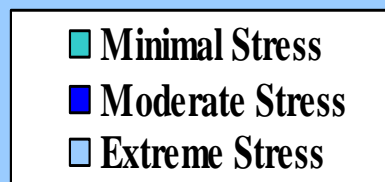


Figure 6: Diagnosed Mental Health Conditions of Adults in SEPA by Level of Social Capital, 2002.

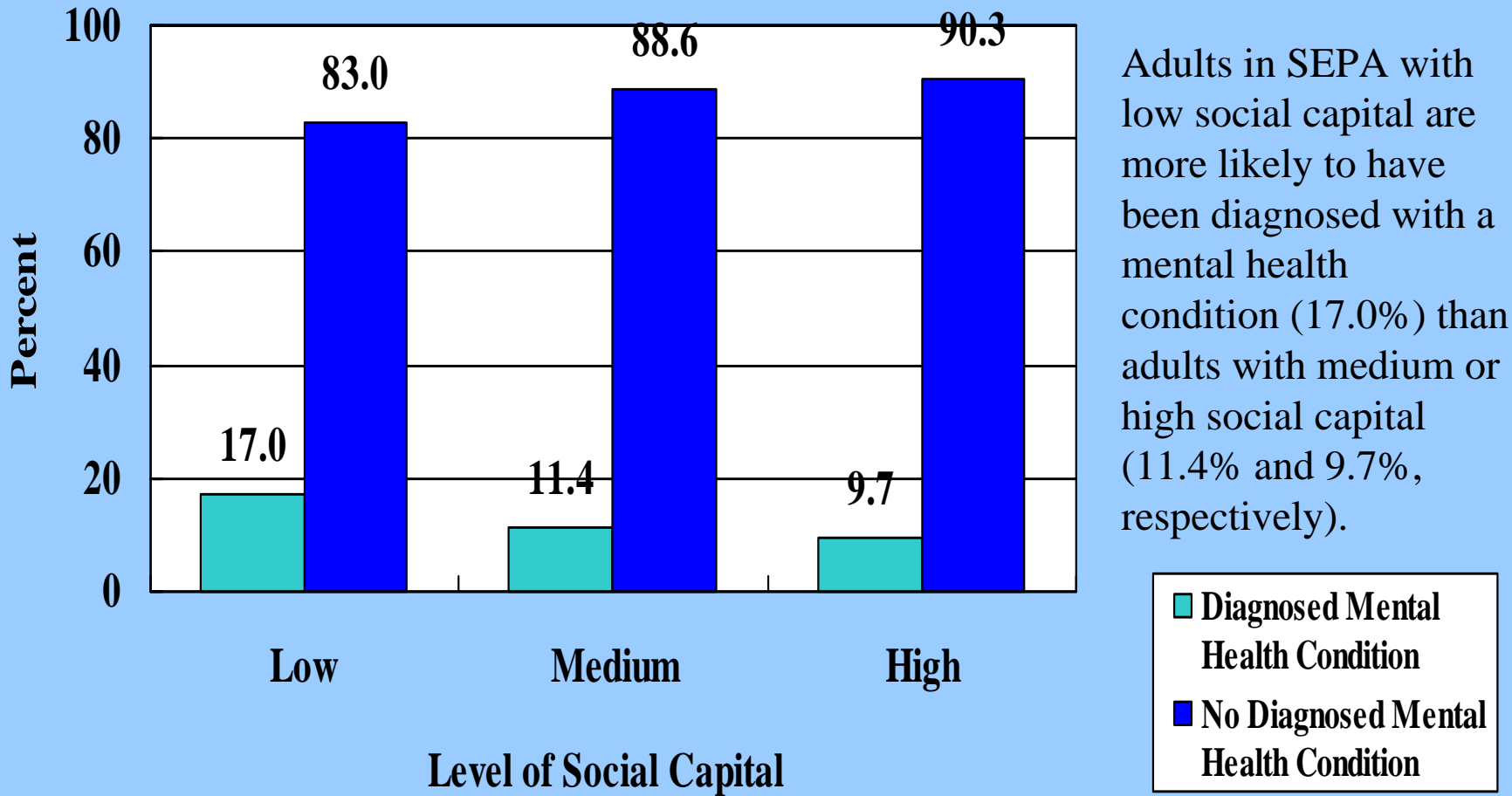
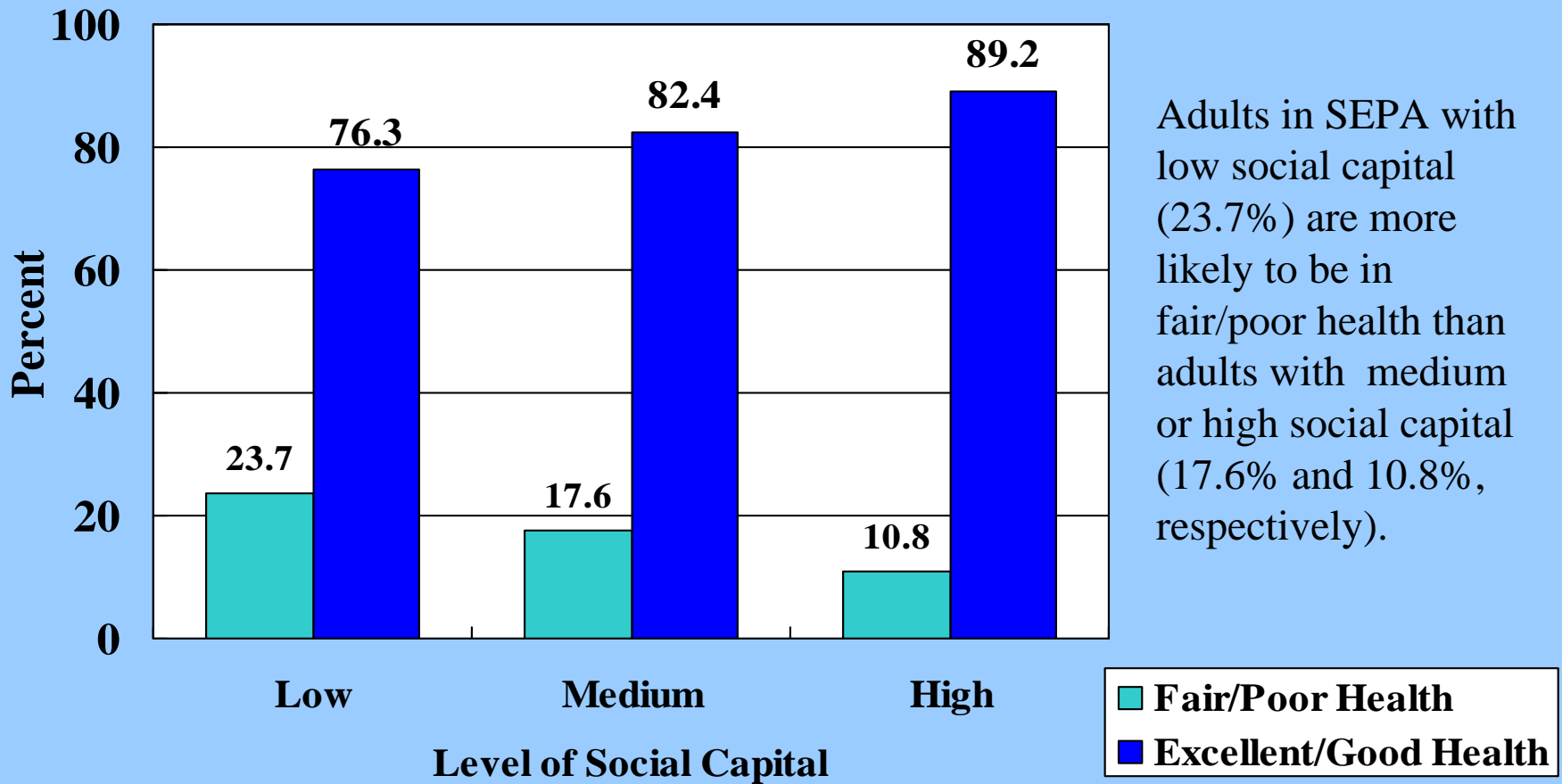
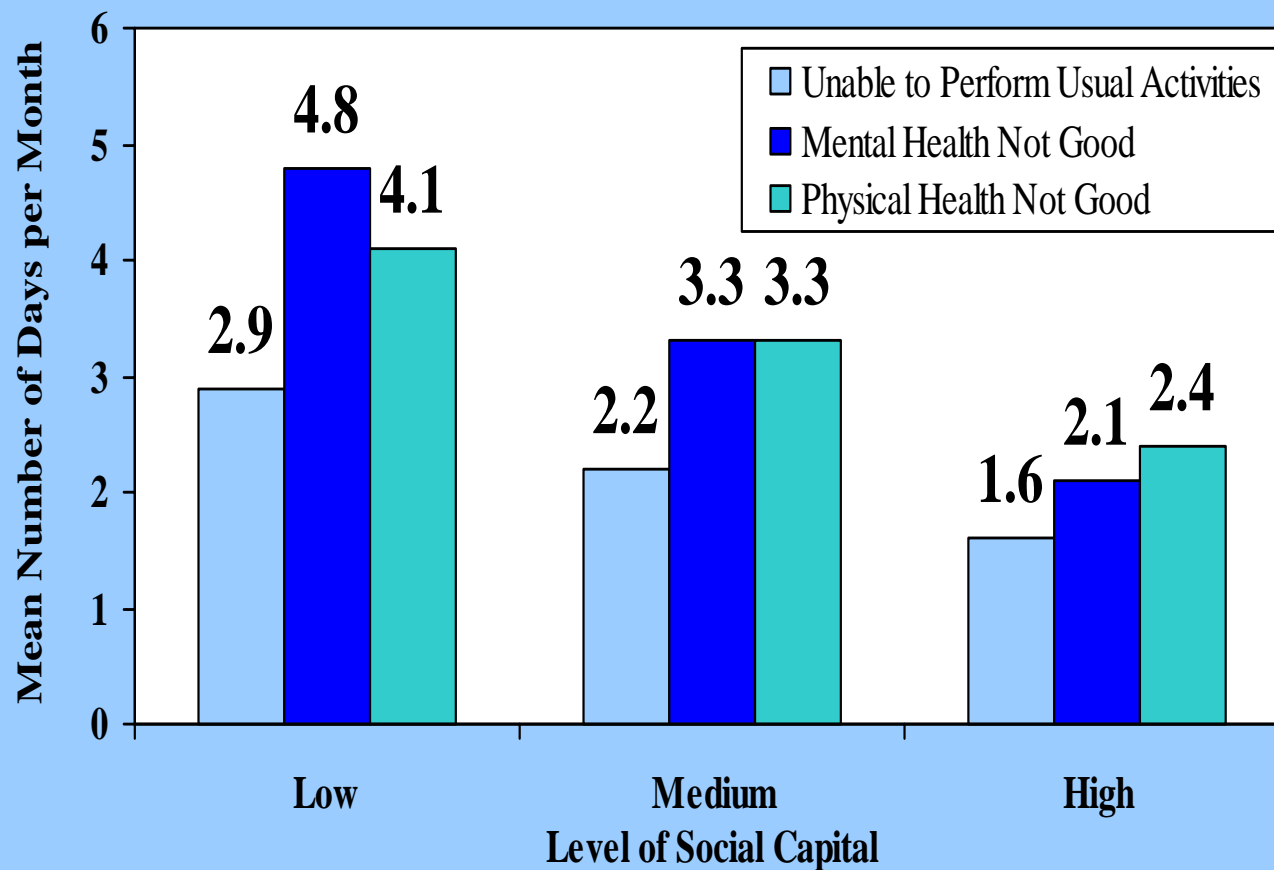


Figure 7: Health Status of Adults in SEPA by Level of Social Capital, 2002.



Adults in SEPA with low social capital (23.7%) are more likely to be in fair/poor health than adults with medium or high social capital (17.6% and 10.8%, respectively).

Figure 8: Quality of Life Indicators of Adults in SEPA by Level of Social Capital, 2002.



- Health Status can be measured by indicators of quality of life. These indicators measure the number of days per month that one's physical and mental health impacts daily life.
- Adults with high social capital average fewer days of poor health per month compared to adults with medium or low social capital.



Conclusions

- Reported measures of social capital varies among socioeconomic and demographic populations in Southeastern Pennsylvania as well as across the five urban/suburban counties.
- Distinct patterns emerge across population subgroups based on age and race. Latino and Asian adults are more likely to have low social capital than black or white adults, with white adults being the most likely to have high social capital. Social Capital also varies with age; younger adults are more likely to have lower social capital ratings than middle-aged and older adults.
- Although the directionality of the relationship between social capital and health indicators requires further investigation, our preliminary analyses show that adults with low social capital are more likely to be in fair or poor health, have more unhealthy days per month, experience higher levels of stress, and be diagnosed with a mental health condition compared to adults with higher social capital ratings.
- This analysis of demographic and health indicators by social capital can be a starting point for further research and in developing public health interventions.

