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ASSESSING SOCIAL CAPITAL In Southeastern Pennsylvania

Can where you live have an impact on your physical or mental health? For more than a decade, health researchers in the US^{3,4,6,7} and other countries^{1,2,5} have been examining the concept of social capital or the relationship between community connectedness and health outcomes. Over the years, health researchers have documented associations between low social capital and negative health outcomes such as self-reported fair or poor health^{1,3,5,6} and higher mortality rates.^{4,7}

Since 2002, PHMC's Southeastern Pennsylvania (SEPA) Household Health Survey has included questions allowing us to look at social capital of the communities in which people live. Most recently, the 2010 SEPA Household Health Survey included five variables, based on questions successfully utilized in prior studies, measuring social capital: 1) number of groups the respondent currently participates in; 2) respondent's perception as to whether neighbors are willing to help each other; 3) respondent's perception as to whether neighbors ever worked together to improve their community; 4) respondent's feeling of belonging to the neighborhood; and 5) respondent's perception as to whether people in the neighborhood can be trusted.

A social capital index, with scores ranging from 1 to 10, was created by recoding these five variables so each item could have a maximum score of two. An individual with a combined index score of 1-4 was deemed as having "low" social capital, a score of 5-7 as "medium" social capital, and a score of 8-10 as "high" social capital.^a

The purpose of this Brief is to increase the understanding of the relationship between social capital and demographic and socio-economic characteristics across communities as well as between social capital and health in the SEPA region. In particular, this Brief focuses on adults with low social capital,

which, as noted, is strongly correlated with negative health outcomes and other health disparities.¹⁻⁷ This Brief presents information from PHMC's 2010 Household Health Survey on social capital among adults 18 years of age and older residing in the five-county SEPA region of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.

SOCIAL CAPITAL AND DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

In Southeastern Pennsylvania (SEPA), one-quarter of adults (24.8%) have low social capital or do not feel connected to their neighbors and do not participate in community activities; this percentage represents approximately 632,000 adults in the region. Over one-half of SEPA adults (55.8% or approximately 1,425,000 adults) feel only somewhat connected to their neighbors and may or may not participate in community activities. Nearly one-fifth of adults in the region (19.4% or approximately 497,000 adults) have high social capital or feel very connected to their neighbors and support their community through various civic efforts (Figure 1). Data from the 2002 SEPA Household Health Survey show a similar pattern, where 26.2% of adults had low social capital, 54.1% had medium social capital, and 19.6% had high social capital.^b

Levels of social capital in SEPA vary by demographic and socio-economic subgroups. Young adults are the most likely age group to have low social capital. Two in five young adults 18-29 years (40.5%) have low social capital, compared with adults 30-44 years (25.8%), adults 45-59 years (20.5%), and adults 60 years and older (18.8%) (Figure 2). We observed a similar pattern in 2002, where social capital increased with increasing age group.

In SEPA, adults living in poverty are more likely to have low social capital than non-poor adults. Nearly two in five adults living below 100% of the Federal Poverty Line (39.4%) have low social capital, compared with 22.9% of adults living at or above the poverty line (Figure 3). Similarly, in 2002, two-fifths of poor adults (39.7%) and one-quarter of non-poor adults (24.7%) had low social capital.

More than two in five Latino adults (42.5%) have low social capital followed by Asian (35.1%), Black (33.1%), and White (20.7%) adults (Figure 3). Social capital does not vary by gender, as men (24.0%) and women (25.4%) have comparable percentages of low social capital. These relationships were also found in 2002.

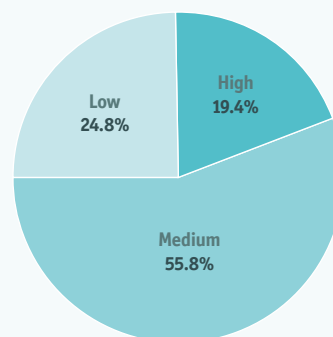
REGIONAL LANDSCAPE

In addition to demographic variation in social capital, there are geographic differences in levels of social capital across Southeastern Pennsylvania (SEPA). Nearly one-third of Philadelphia adults (31.1%) have low social capital, while in each of the suburban counties the percentage is lower, as about one-quarter of adults in Delaware County (26.4%) and one-fifth of adults in Chester (20.7%), Montgomery (19.9%), and Bucks (18.0%) Counties have low social capital. (Map 1). The percentages of adults with low social capital are fairly consistent with the 2002 Household Health Survey (Philadelphia, 32.8%; Montgomery, 23.0%; Delaware, 22.5%; Chester, 21.6%; and Bucks, 21.6%).

In some Philadelphia neighborhoods, adults have higher or lower social capital than in the city as a whole. Adults residing in Upper North Philadelphia (42.1%), the Lower Northeast (38.9%), and Bridesburg/Kensington/Port Richmond (38.4%) have higher percentages of low social capital compared with adults across Philadelphia (31.1%) (Map 2). The Bridesburg/Kensington/Port Richmond neighborhood has witnessed a shift in social capital since 2002, when nearly one-half (48.0%) of adults had low social capital. There is a higher percentage of adults living in the Germantown/Chestnut Hill neighborhood (21.4%) with high social capital compared with adults citywide (15.2%), and there are similar percentages of adults living in Lower North Philadelphia (19.7%) and the Upper Northeast (19.5%) with high social capital compared with adults citywide.

Differences within counties are evident in the suburbs as well. About three in ten (30.8%) adults in the Bristol/Croydon area of Lower Bucks County have low social capital, compared with 13.3% of adults in the Quakertown area. In Chester County, more than one-third of adults in the Coatesville area of the county have low social capital (34.3%), as do one in ten (10.5%) in the Valley Forge area. Adults in the part of Montgomery County near King of Prussia are more than twice as likely as adults in the Jenkintown/Wyncote/Glenside area to have low social capital (29.2% and 12.3%, respectively). Within Delaware County, adults living in the Lansdowne/Darby area are twice as likely to have low social capital as adults living in the Broomall/Havertown area of the county (36.9% and 17.9%, respectively).

FIGURE 1
Level of Social Capital* among Adults, SEPA, 2010



* Level of social capital is based on an index, ranging from 1 to 10. An individual with a combined index score of 1-4 was deemed as having "low" social capital, a score of 5-7 as "medium" social capital, and a score of 8-10 as "high" social capital.

FIGURE 2
Adults with Low Social Capital by Age, SEPA, 2010

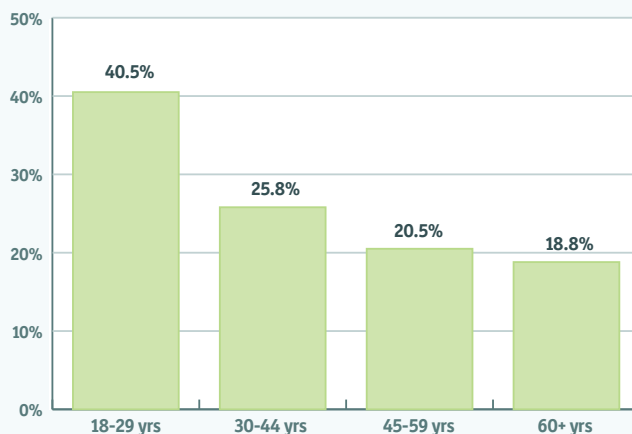
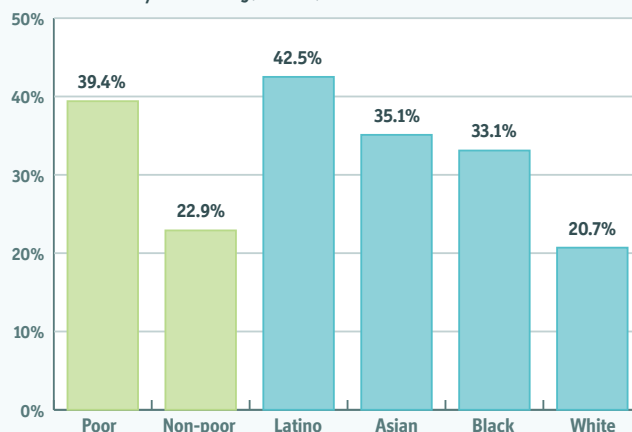


FIGURE 3
Adults with Low Social Capital by Poverty Status and Race/Ethnicity, SEPA, 2010



Note: Poor is defined as living below 100% of the Federal Poverty Level and is calculated based on family size and income.

SPECIFIC SOCIAL CAPITAL INDICATORS BY COUNTY

Given the differences in the social and physical dimensions between urban and suburban communities, it is not surprising to see differences in specific social capital indicators by SEPA Counties. Participation in civic groups, clubs, and associations is one measure of community connectedness. Adults residing in Philadelphia are less likely to be involved in these organizations than their suburban neighbors. Less than one-half of Philadelphia adults (47.6%) are involved in at least one group, while in Chester County, 61.7% of adults are involved in at least one civic group, as are 59.4% of adults in Montgomery County, 58.1% of adults in Bucks County, and 54.1% of adults in Delaware County.

Adults living in Philadelphia are more likely than their suburban counterparts to feel they do not have neighbors willing to help one another. In Philadelphia, 17.2% of adults do not feel their neighbors are willing to help one another, compared with adults residing in Delaware (12.9%), Chester (11.6%), Montgomery (11.0%), and Bucks (10.9%) Counties.

While Philadelphia adults' perception of neighbors' unwillingness to help one another is higher than their suburban counterparts, neighbors in Philadelphia are more likely to work together on a project or towards a common goal. In Philadelphia, 72.7% of adults have worked together, compared with adults in Chester (59.8%), Delaware (58.6%), Montgomery (56.8%), and Bucks (54.5%) Counties.

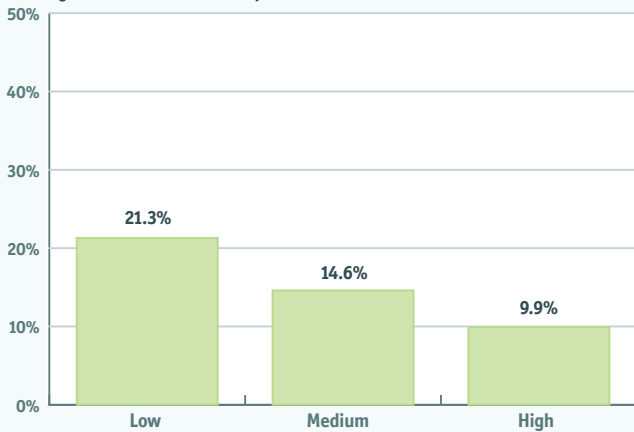
In Philadelphia, one-third of adults (33.3%) do not feel their neighbors can be trusted, compared with adults in Delaware (19.1%), Montgomery (10.3%), Chester (9.2%), and Bucks (9.0%) Counties. Additionally, in Philadelphia, 14.4% of adults do not feel they belong in their neighborhood, compared with adults in Delaware (12.0%), Chester (8.7%), Montgomery (8.3%), and Bucks (8.1%) Counties.

SOCIAL CAPITAL AND HEALTH STATUS, MENTAL HEALTH, AND COMMUNITY INDICATORS

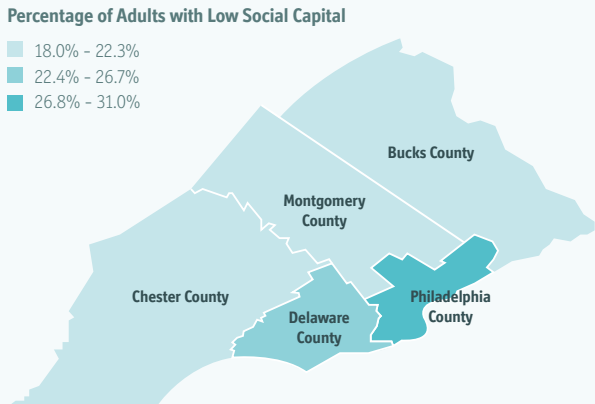
In addition to seeing differences in social capital by demographic characteristics and geographic location, differences are also seen in health status, mental health, and community indicators by level of social capital.

In Southeastern Pennsylvania (SEPA), more than one-fifth of adults with low social capital (21.3%) are in fair or poor health, representing approximately 134,000 adults in the region. In comparison, 14.6% of adults with medium social capital and 9.9% of adults with high social capital are in fair or poor health (Figure 4). In 2002, a similar pattern was evident—as the level of social capital increased, the percentage of adults in fair or poor health decreased: 24.3% of adults with low social capital, 16.9% of adults with medium social capital, and 12.9% of adults with high social capital were in fair or poor health.⁶

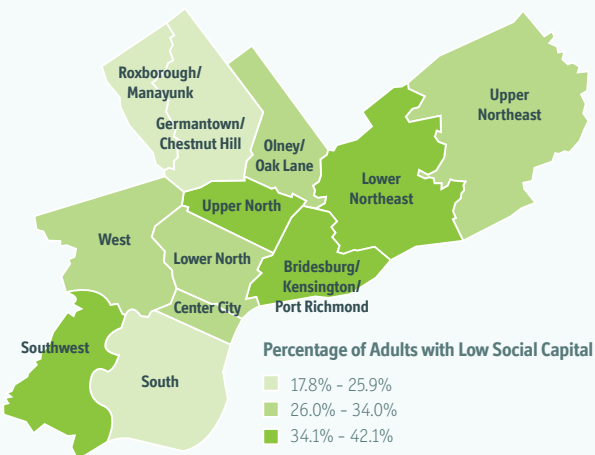
FIGURE 4
Fair or Poor Health Status among Adults by Level of Social Capital, SEPA, 2010



MAP 1
Adults with Low Social Capital by County, SEPA, 2010



MAP 2
Adults with Low Social Capital by Planning Analysis Section, Philadelphia, 2010



Source: PHMC's Community Health Data Base, Southeastern Pennsylvania Household Health Survey, 2010

Nearly one-fifth of adults with low social capital (19.2%) have ever been diagnosed with a mental health condition, while 13.2% of adults with medium social capital, and 11.9% of adults with high social capital have ever been diagnosed with a mental health condition. Similarly in 2002, we saw an inverse relationship between social capital and mental health status.

One-third of adults with low social capital (32.6%) have experienced an extreme amount of stress over the past year, while nearly one-quarter of adults with medium social capital (23.6%) and more than one-fifth of adults with high social capital (21.8%) have experienced a similar level of stress during the past year.⁴ Similarly in 2002, as the level of social capital increased, the percentage of adults who experienced an extreme amount of stress over the past year decreased.

Nearly two-fifths of adults with low social capital (39.0%) rent their home, compared with one-fifth of adults having medium social capital (20.3%), and 11.4% of adults having high social capital. Additionally, more than one-half of adults with low social capital (57.1%) have had difficulties paying their housing costs during the past year, compared with 43.4% of adults having medium social capital, and 38.9% of adults having high social capital.

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CONCLUSION

The survey findings show that in Southeastern Pennsylvania (SEPA), one out of four adults have low social capital, representing approximately 632,000 adults in the region. Furthermore, in SEPA, levels of social capital vary by demographic and socio-economic status subgroups, including poverty status, age, and race/ethnicity. Young adults, adults living in poverty, and Latino adults are the most likely subgroups to have low social capital. While participation in civic groups, clubs, and associations is one measure of community connectedness, the data show Philadelphia adults are less likely to be involved in these organizations than their suburban neighbors. In addition to differences in social capital by demographic and geographic characteristics, there are also differences in health status, mental health, and community indicators by level of social capital. More than one out of five adults with low social capital are in fair or poor health, representing approximately 134,000 adults in the SEPA region; one-third of adults with low social capital have experienced an extreme amount of stress over the past year; and, nearly one out of five adults with low social capital have been diagnosed with a mental health condition. The information presented in this Brief highlights the importance of considering social capital in addition to considering demographic and socio-economic characteristics when trying to understand health disparities and develop health services and promotion programs.

NOTES

- a. A total of 15.1% of respondents did not answer one or more items and were assigned a missing value for the index.
- b. The methodology employed in the creation of the three social capital categories for this analysis differs from the methodology employed in the creation of the social capital categories for the 2002 Social Capital Brief, *Health in Context*; therefore, where possible, selected comparisons of the 2002 Household Health Survey data are included in this Brief using the current methodology of the additive social capital index.
- c. For the 2010 Household Health Survey, a new category was added to the response set a respondent could select for this question. For the 2002 survey, respondents could select one of four categories (excellent, good, fair, or poor), and for the 2010 survey, respondents could select one of five categories (excellent, very good, good, fair, or poor).
- d. Survey respondents are asked to rate their overall level of stress during the past year using a scale of 1 (lowest stress level) to 10 (highest stress level); respondents selecting a stress level of 8-10 are considered to have an extreme amount of stress.



The Southeastern Pennsylvania Household Health Survey, the largest local health survey in the country, is the centerpiece of PHMC's Community Health Data Base (CHDB). The survey collects data from 10,000 households in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. For more information on CHDB, please visit www.CHDBdata.org or call 215.985.2548.

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