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SOCIAL CAPITAL AND HEALTH AMONG ADULTS

IN SOUTHEASTERN PENNSYLVANIA

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In the field of public health, social capital is a concept that measures community connectedness and social networks among populations. In recent years, health researchers have been considering how these social structures may impact a person's health—in addition to considering the more traditional individual characteristics such as family disease history, personal health behaviors, among others. More specifically, researchers are examining the elements of social capital—including civic participation, trust in neighbors, and a sense of belonging—and its potential protective health benefits on populations.

The following article presents information from PHMC's 2006 Household Health Survey on social capital among adults 18 years of age and older residing in the five-county Southeastern Pennsylvania (SEPA) region. In particular, this article focuses on the following social capital indicators, which were used to develop a social capital scale of low, medium, and high: civic participation, willingness of neighbors to help other neighbors, neighbors working together to improve the neighborhood, having a sense of belonging in the neighborhood, and trust in neighbors.

Social Capital in the SEPA Region

In SEPA, one-third of adults (33.7%) have low social capital, representing 851,400 adults, followed by 38.7% of adults with medium social capital, and 27.7% of adults with high social capital (Figure 1). Level of social capital varies by numerous factors, including geographic location as well as demographic and socioeconomic characteristics.

- Philadelphia County has the highest percentage of adults with low social capital (42.2%), compared to the suburban counties—Delaware (31.2%), Montgomery (29.5%), Bucks, (28.5%), and Chester (25.5%) Counties.
- As age increases, the percentage of adults with low social capital decreases: 40.9% (18-39 yrs), 30.0% (40-49 yrs), 30.1% (50-59 yrs), 29.8% (60-74 yrs), and 27.0% (75+ yrs).

Figure 1: Distribution of social capital among adults (18+), SEPA, 2006.
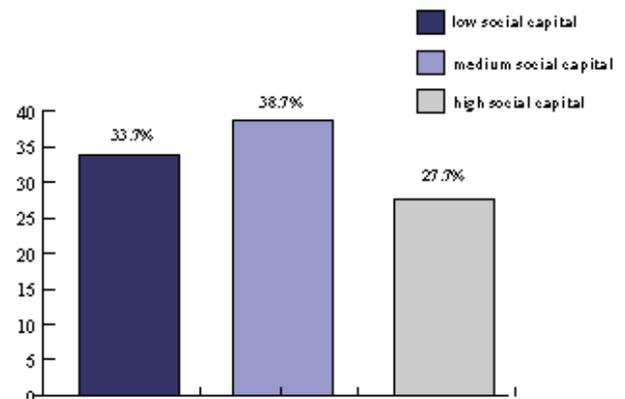
low social capital
medium social capital
high social capital

33.7%   38.7%   27.7%

Source: PHMC's Community Health Data Base 2006 Southeastern Pennsylvania Household Health Survey

- More than one-half of Latino adults (52.3%), compared to 44.1% of Black adults and 28.5% of White adults, have low social capital.
- Men (34.1%) and women (33.3%) are similarly as likely to have low social capital.
- Nearly one-half of adults living below 200% of the Federal Poverty Level (47.3%), compared to three-tenths of adults living at or above the poverty level (29.4%), have low social capital.
- Nearly one-half of adults who speak a language other than English in the home (45.1%), compared to nearly one-third of adults who speak English in the home (31.9%), have low social capital.

Social Capital and Health Indicators

In addition to social capital differences by geographic, demographic, and socioeconomic characteristics in the SEPA area, differences also emerge among health indicators in this region as well.

- Nearly one-quarter of adults with low social capital (23.7%), compared to 18.1% of adults with medium social capital and 12.8% of adults with high social capital, are in fair or poor health (Figure 2).
- One-tenth of adults with low social capital (10.9%), compared to 7.5% of adults with medium social capital, and 3.2% of adults with high social capital, do not have any public or private health insurance coverage.
- In addition, adults with low social capital (13.0%) are more likely than adults with medium social capital (8.9%) and twice as likely as adults with high social capital (6.7%) to have no regular source of care.
- Furthermore, adults in the SEPA region with low social capital (5.9%) are also nearly twice as likely as adults with medium social capital (3.9%) and adults with high social capital (2.1%) to have ever experienced discrimination in receiving medical care.

Figure 2: Fair or poor health status among adults (18+), by level of social capital, SEPA, 2006.
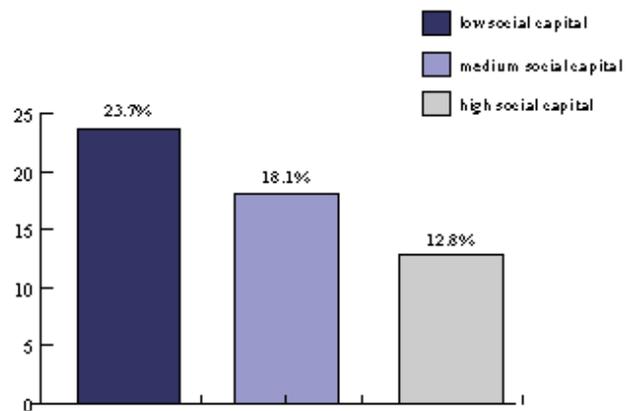
Source: PHMC's Community Health Data Base 2006 Southeastern Pennsylvania Household Health Survey

Conclusion

Findings presented in this article indicate that the level of social capital varies within the SEPA region, where Philadelphia County (42.2%) has the highest percentage of adults with low social capital, compared to the SEPA suburban counties. Among population subgroups throughout SEPA, Latinos are more likely than their racial counterparts to have low social capital; adults living below 200% of poverty are more likely than adults living at or above poverty to have low social capital; and adults who speak a language other than English in the home are more likely than those who speak English in the home to have low social capital. In addition, level of social capital appears to have some impact on health indicators as well, where adults with low social capital are more likely than adults with medium or high social capital to be in fair or poor health, lack health insurance coverage, lack a regular source of care, or to have ever experienced discrimination when receiving medical care. Social capital remains an important concept to measure within public health and further research will, undoubtedly, continue to examine what relationship social capital has to the health and well-being of populations. For more information about the information presented in this article, please contact Nicole Dreisbach at nicoled@phmc.org.

Note:
The social capital scale was created from a Cluster Analysis and based on five survey question items (civic participation, help neighbors, improve neighborhood, belong to community, and trust). The items are not simply added; rather their standard scores (z-scores) are combined, based on deviations from each item's mean. The social capital "groups" are separated where there is the greatest clustering difference.