The Effect of Social Capital on Mental & Physical Health Status: Accounting for Reverse Causation

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Elements of Social Capital

Efforts to translate these definitions into measures have included indicators of:

- trust
- goodwill
- cooperation
- civic engagement

- collective efficacy
- mutual obligations
- reciprocity
- sense of community

Major Findings

- Social capital and self-rated health are endogenous
- Social capital has a positive impact on health
 - Effect on mental health is nearly 50% larger than physical health
- The effect of social capital on health is *independent* of social support
- Individuals who feel "relatively deprived" are less capable of reaping health benefits from social capital

Social Capital and Health

- Observed relationships have been identified between community "social capital" and population health
 - reduced infant mortality
 - increased life expectancy
 - lower disability rates
- Importance of social ties has long been recognized
 - Lynch calls social capital "a new and more fashionable label for what used to be called social support"

Problems with Social Capital Research

- Definitional ambiguity
- Unit of Analysis
- Endogeneity

Concept of Social Capital

Collective

Woolcock (1998)

Shared resources
 which enable people to
 act collectively

WHO (1998)

 the degree of social cohesion which exists in communities

Individual

Bourdieu (1985)

Information & opportunities available from "acquaintances"

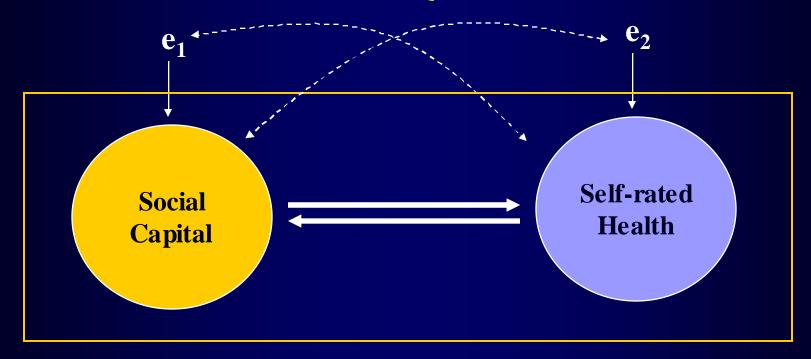
Flap (2002)

 resources accessible through one's personal social network

Social Capital: Study Definition

Social capital consists of resources embedded in social relations and social structure, which can be accessed when an individual wishes to increase the likelihood of realizing a given objective.

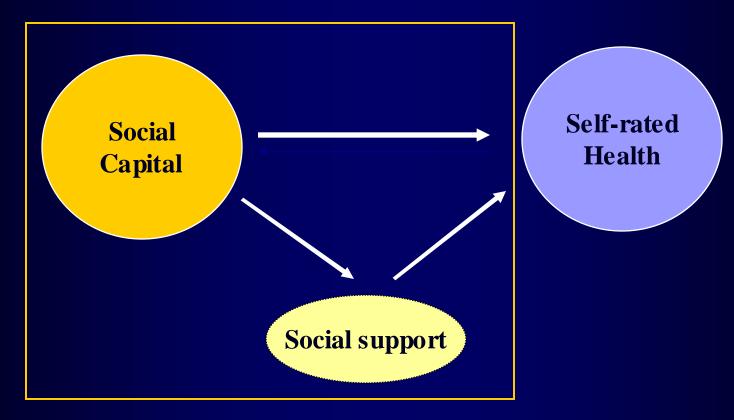
Research genestion #1



Endogeneity Dilemma:

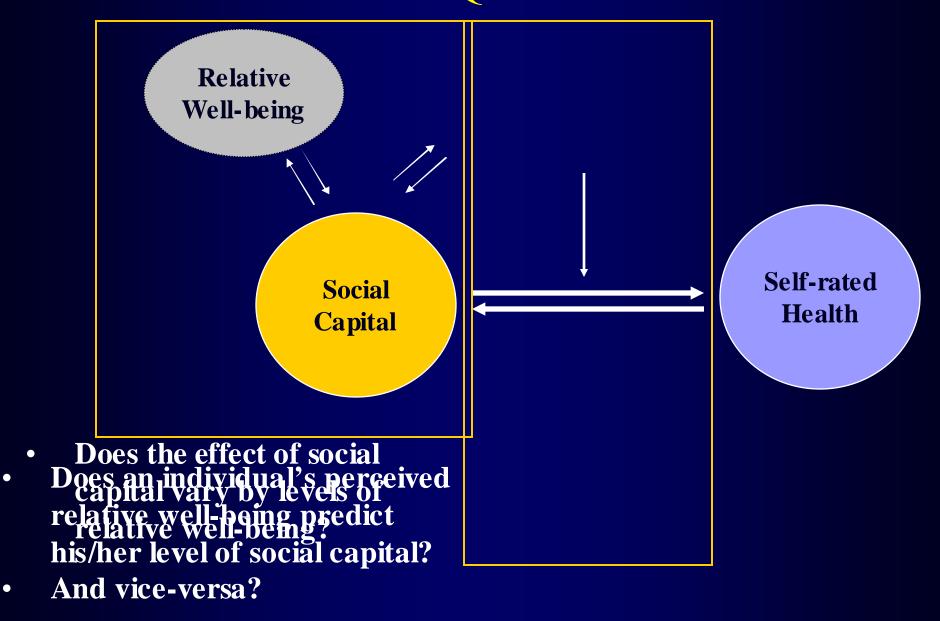
• If the relationship between SC and SRH is non-hierarchical, OLS is biased.

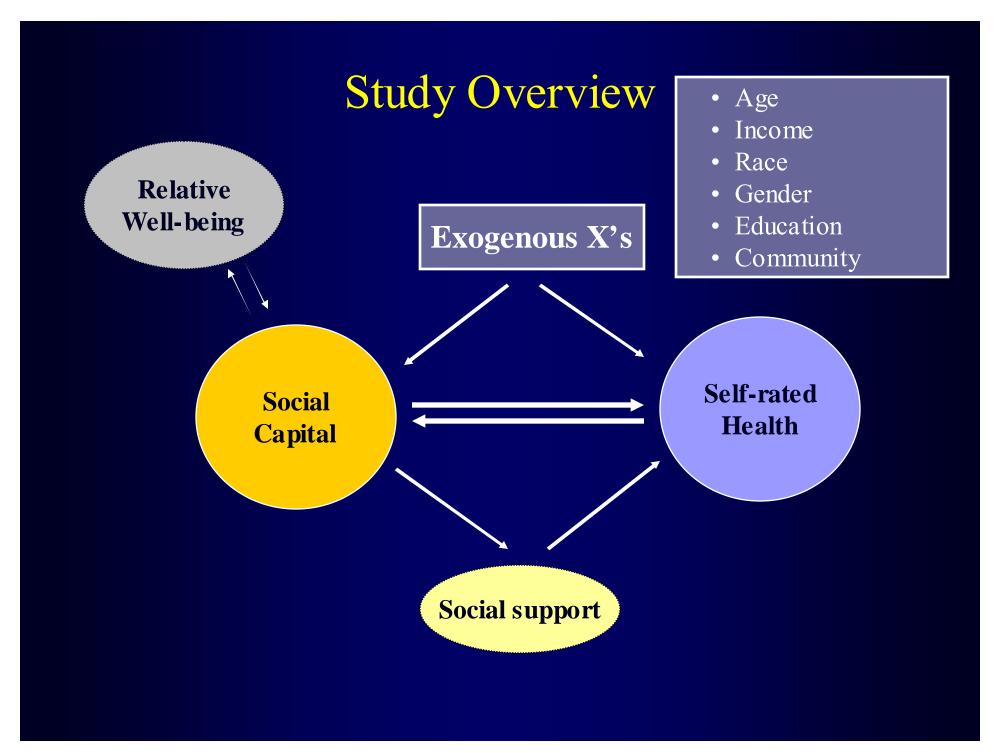
Research Question #2



- Are the health effects of social capital and social support mutually exclusive?
- Does social support mediate the relationship between SC & SRH?

Research Question #3

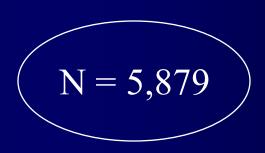




Primary Data Source

National Health Service Corps Community Assessment Survey (NHSC) 1997-1998

- Purposive subsample of 8 communities in five states
- Pennsylvania
- Kansas
- Rhode Island
- Colorado
- Connecticut



Markers of Social Capital Instrument

- Items examined include:
 - trust
 - influence
 - cooperation
 - sense of community
 - public safety
 - political activity
- Two multi-item Social Capital subscales resulted:

$$\alpha = 0.74$$

$$\alpha = 0.67$$

Measuring Self-rated Health: SF-12

MCS-12

- social functioning
- mental health
- vitality (vs. fatigue)
- role limitations due to mental health

PCS-12

- physical functioning
- general health
- bodily pain
- role limitations due to physical health
- subscales have a number of U.S. general pop.
- in this stud

PCS-12 mean = 47.3

MCS-12 mean = 53.0

Methodology

Two-stage least squares (2SLS) with instrumental variables

Social Capital

- years in community
- Culture Index
- Crime Index
- # of houses of worship in zip code

Rhysical Wealtheing

- · senaking history
- screening compliance

Sbenah Shippitht

- Histohy we depute sitts
- Animal (ityest, note)

OLS vs. 2SLS Estimates

Social capital and health

- Estimates of the effect of social capital on health are
 3-4 times greater with 2SLS than with OLS
- <civic participation> is positively related to physical health – not mental health nor general health
- <social integration> is positively related to all measures of self-rated health

Social capital and social support

- the *partial* effect of social capital on health is positive and statistically significant, even after controlling for social support (SS)
- SS itself only affects mental & general health

Summary of Findings

Social capital and health

- bidirectional
- effect of <social integration> is twice that of <civic participation>
- effect on mental health is nearly 50% larger than physical health

Social capital and social support

- the *partial* effect of social capital on health is positive and statistically significant
 - even after controlling for social support

Summary of Findings (contd.)

Relative well-being

- as one's relative well-being diminshes, the health benefits of social capital are mitigated
- contrary to expectations, "social integration" increases as an individual's relative well-being diminishes
- civic participation, though, is negatively affected

Study Limitations

- Purposive sample of convenience
- Lack of heterogeneity in sample
- Use of clustered, hierarchical data
- Use of <u>self-rated</u> health

Policy Options

- Potential paths to social capital
 - Multi-use zoning; mixed land use policy
 - Greenspace / recreational facilities
 - Pedestrian/bicycle infrastructure

Thank you.

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Comparison of Estimates: OLS vs. 2SLS

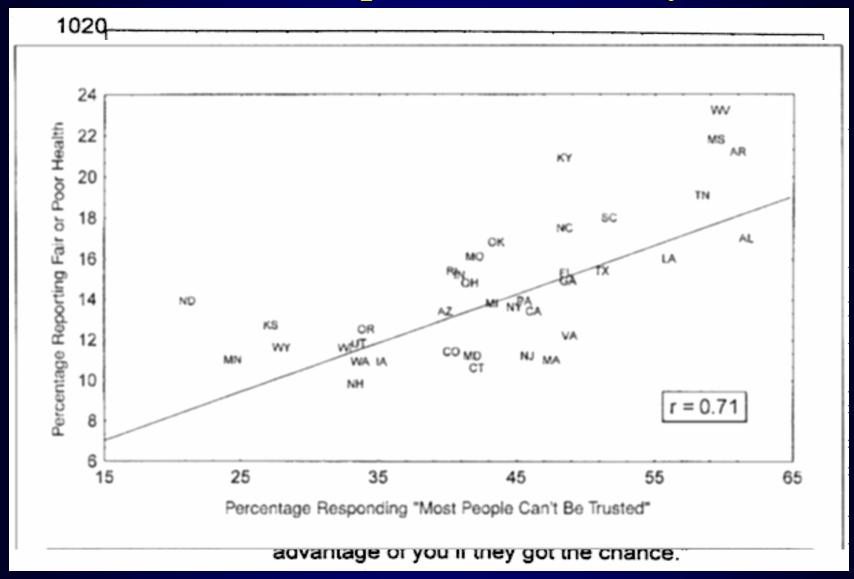
	Health Status					
	Physical		Mental		Overall	
Methods:	OLS	2SLS	OLS	2SLS	OLS	2SLS
Social Integration	.09***	.09*	.14***	.40***	.01***	.04**
Civic Participation	.02**	.13***	.01	.27	.00**	.01
Social Support (SI eqn.)	08	.12	.26***	2.75***	.03**	.13***
Social Support (CP eqn.)	.02	.16	.07	.22	.01	.07**

* p<.05

** p<.01

*** p<.001

Sociabicapitalpstasesf-Matealithealth



Source: Kawachi et al 1997