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Social isolation, support, and capital and nutritional risk in an older sample: ethnic and gender differences

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Abstract

This study examines the relationships that exist between social isolation, support, and capital and nutritional risk in older black and white women and men. The paper reports on 1000 community-dwelling older adults aged 65 and older enrolled in the University of Alabama at Birmingham (UAB) Study of Aging, a longitudinal observational study of mobility among older black and white participants in the USA. Black women were at greatest nutritional risk; and black women and men were the groups most likely to be socially isolated and to possess the least amounts of social support and social capital. For all ethnic–gender groups, greater restriction in independent life–space (an indicator of social isolation) was associated with increased nutritional risk. For black women and white men, not having adequate transportation (also an indicator of social isolation) was associated with increased nutritional risk. Additionally, for black and white women and white men, lower income was associated with increased nutritional risk. For white women only, the perception of a low level of social support was associated with increased nutritional risk. For black men, not being married (an indicator of social support) and not attending religious services regularly, restricting activities for fear of being attacked, and perceived discrimination (indicators of social capital) were associated with increased nutritional risk. Black females had the greatest risk of poor nutritional health, however more indicators of social isolation, support, and capital were associated with nutritional risk for black men. Additionally, the indicators of social support and capital adversely affecting nutritional risk for black men differed from

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those associated with nutritional risk in other ethnic–gender groups. This research has implications for nutritional policies directed towards older adults.

Keywords: Social isolation; Social capital; Social support; Ethnicity; Gender; USA

Introduction

This study examines the unique relationships that exist between social isolation, support, and capital and nutritional risk in older black and white women and men. This is an important topic because it takes into account how various aspects of social structure may affect individuals' health differentially depending upon one's ethnicity and gender. Additionally, this paper focuses on nutritional health, an area not studied extensively in medical sociology, but which is particularly well-suited for the study of social isolation, support, and capital, as most food and eating activities involves social engagement with others, as well as the study of health, as food and eating are essential for living a healthy life.

Overview of social isolation, support, and capital

Social isolation

Despite being one of the major foci in American sociology, particularly among urban and poverty scholars, the concept of social isolation is one that is not well-defined within sociology (Klinenberg, 2002a). The different uses of the term are frequently confused with the concepts of both social support and capital. Within the gerontological literature and increasingly among urban sociologists there is a movement to restrict the concept of social isolation to its literal meaning of "the personal isolation of individuals from one another" (Klinenberg, 1999, 2002a, b; Krause, 1993). Researchers who have used this literal definition have found that certain individuals who are physically social isolated from others, particularly the elderly poor and frail residents of violent neighborhoods, experience poorer outcomes, including poorer health outcomes.

Social support

Social support refers more specifically to assistance provided to individuals (including emotional or tangible), the frequency of contact with others, and the perceived adequacy of that support (Hooyman & Kiyak, 2002). Strong and compelling evidence covering an extended time span links social support and networks with positive health outcomes (Thoits, 1995; House, Umberson, & Landis, 1988). The affect of social networks and support may vary according to group membership, as well. As persons age, their need for social support increases. A large body of research consistently shows that older adults with better social support systems experience better health. However, the mechanisms by which social support affects health is varied. Individuals may be encouraged to participate in healthy lifestyles and discouraged to participate in unhealthy lifestyles or vice versa depending upon their social support system. Additionally, receipt of social support may directly or indirectly enhance one's capacity to enhance personal competence and enable one to access needed resources or services.

Social capital

Social capital refers to the public resources accessible to individuals through their engagement in various community and social structures that can be drawn upon to produce some beneficial outcome. The major proponents of social capital agree that active participation in group life and interaction with others is an essential feature of social capital (Putnam, 2000; Portes, 1998; Coleman, 1988; Bourdieu, 1983, 1991). Some proponents emphasized that social capital requires relationships to be of an enduring nature with qualities internalized within individuals, and with consequences expressed as trust in these associations (Paxton, 2002; Coleman, 1988; Bourdieu, 1983). Kawachi and Berkman (2000) maintain that social capital within communities affects health by promoting healthy behaviors and discouraging unhealthy ones, by increasing access to health services and amenities, and by enhancing psychosocial processes through the provision of emotional support in trusting social environments.

Social capital may be conceptualized as a property of individuals, small groups, communities, or even larger entities (Macinko & Starfield, 2001; Portes, 1998). At the individual level, persons are able to secure benefits because of their membership in some network or larger social structure (Portes, 1998; Coleman, 1988). At the group level, members of the group are able to secure benefits because of the enduring nature of the relationships that have become institutionalized within the group (Bourdieu & Wacquant, 1992). Last, at the community level and beyond, social capital "refers to social organization, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions" (Putnam, Leonardi, & Nanetti, 1993, p. 167). At this level, benefits accrue to the