



Short report

Social capital, ideology, and health in the United States

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ABSTRACT

Research from across disciplines has demonstrated that social and political contextual factors at the national and subnational levels can impact the health and health behavior risks of individuals. This paper examines the impact of state-level social capital and ideology on individual-level health outcomes in the U.S. Leveraging the variation that exists across states in the U.S., the results reveal that individuals report better health in states with higher levels of governmental liberalism and in states with higher levels of social capital. Critically, however, the effect of social capital was moderated by liberalism such that social capital was a stronger predictor of health in states with low levels of liberalism. We interpret this finding to mean that social capital within a political unit—as indicated by measures of interpersonal trust—can serve as a substitute for the beneficial impacts that might result from an active governmental structure.

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The social context in which the individual is embedded is an important predictor of individual health and well-being (Helliwell & Putnam, 2004). Contextual predictors of well-being include both economic and sociopolitical constructs (Inglehart, 2000; Inglehart, Foa, Peterson, & Welzel, 2008). Recently, social capital has emerged as a sociopolitical variable that has received considerable attention in the literature (e.g. Helliwell, 2006; Kawachi, Subramanian, & Kim, 2008; Rostila, 2007, 2013; Yip et al., 2007). While there has been some disagreement regarding the mechanisms linking social capital and health (see Szreter & Woolcock, 2004), research has consistently identified positive associations between social capital and individual-level well-being and health across both national (e.g. Helliwell, 2006; Helliwell & Putnam, 2004) and sub-national units (e.g. Subramanian, Kawachi, & Kennedy, 2001). One important cognitive indicator of social capital is interpersonal trust (Harpham, Grant, & Thomas, 2002) which is associated with well-being and health outcomes (Helliwell & Wang, 2010; Subramanian, Kim, & Kawachi, 2002).

Increasingly, research has also begun to examine whether political and policy-related factors are important contextual predictors of well-being (see Bambra, 2007; Eikemo, Bambra, Judge, & Ringdal, 2008; Esping-Andersen, 1990; Navarro, 2008; Navarro & Shi, 2001). In general, this research suggests that national-level

politics and policy impact health outcomes measured at the national level. In particular, evidence has begun to suggest that a governing philosophy which emphasizes the adoption of public policies that support health and well-being of individuals can help improve the health of citizens (Chung & Muntaner, 2006; Navarro, 2008; Navarro et al., 2006). Indicative of the increased awareness of the link between politics and health, a debate has recently emerged regarding the utility of “political epidemiology” in informing specific policies that foster health and well-being (see Mackenbach, 2013; Mackenbach, Hu, & Looman, 2013; Pega, Kawachi, Rasanathan, & Lundberg, 2013).

The purpose of the present manuscript is to extend research on the contextual predictors of well-being and health by simultaneously investigating social capital and political factors as predictors of health outcomes in the United States. We examine how social and ideological indices at the society level independently and interactively relate to individual health. To our knowledge, this has not been examined in any past research. Leveraging the variation across the 50 states in the U.S., we utilize state-level measures of social capital (as indicated by interpersonal trust) and politics (as indicated by a standard measure of state liberalism) to predict a variety of individual-level health outcomes measured through the 2010 Behavioral Risk Factor Surveillance System (BRFSS). In doing so, this manuscript contributes to theoretical discussions regarding the relationship between social capital and governance, as well as to practical discussions regarding the role of voluntary associations and governmental institutions in promoting health in the American context.

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Social capital, state liberalism, and health

Social capital and health

Social capital, defined by Coleman (1990) as the social structures, institutions, and information channels that facilitate collective action, can be measured in a number of ways (Lochner, Kawachi, & Kennedy, 1999). Social capital has been associated with improved health outcomes in a variety of contexts (Giordano, Björk, & Lindström, 2012; Han, 2013; though see Kennelly, O'Shea, & Garvey, 2003; Veenstra, 2000). While the mechanisms linking social capital and health are complex (Kawachi & Berkman, 2000; Szreter & Woolcock, 2004), these observed relationships may be due to the fact that the structural components of social capital (e.g. voluntary associations) are in place in a society, thus providing the institutions and social networks that promote the health of individuals living in that locality. Notably, the cognitive components of social capital (the perceptions people have of the existing social capital in their society; Harpham et al., 2002) have also been found to be positively related to health (Subramanian et al., 2002). These findings suggest that individual-level perceptions of social connectedness, perhaps indicative of actual experience with social connectedness, are associated with improved health.

One of the key cognitive components of social capital is social trust. Social trust has the potential to impact health in two ways (Rostila, 2007). First, trust might have compositional effects, where individuals who are trusting and who participate in social activities report higher levels of health. Second, trust might work through contextual effects, as individual-level trust impacts the socio-political environment, thereby indirectly impacting the health of individuals. In the U.S., research has shown that social trust can indeed impact health. Kawachi, Kennedy, and Glass (1999) examined trust as one component of social capital, and found that states with lower levels of trust have higher rates of self-reported poor health. Subramanian et al. (2002) similarly found that higher levels of community trust were associated with lower rates of poor health, though this relationship was attenuated by individual-level indicators of trust. In sum, these results are suggestive of a relationship between social capital—as indicated by trust—and health.

State liberalism and health

Because research has demonstrated that economic factors can impact health and well-being (e.g., Ecob & Davey Smith, 1999), researchers have sought to determine whether social programs that transfer resources to those in need are effective at reducing health disparities. Indeed, a considerable body of literature has examined the relationship between governmental policies and health. Primarily conducted using comparisons among European and North American nations (see also Abdul Karim, Eikemo, & Bambra, 2010), researchers have created typologies of welfare states to determine which types of policy regimes are associated with higher levels of health (Bambra, 2007; Eikemo et al., 2008; Esping-Andersen, 1990, 1999). This research has demonstrated that welfare state typologies can explain a considerable portion of variation in health outcomes at the national and individual levels.

Within the U.S., it may be possible to test whether these lessons can be applied at the state level. The federal nature of government in the U.S. is such that both states and the federal government have broad authority to develop policies with the potential to impact the health and well-being of individuals under their jurisdiction. Therefore, while the federal government may adopt policies to impact the well-being of individuals in all 50 states, the states are

free to develop social programs that go above and beyond federal programs in the promotion of health. Given that there is wide variation between the states in their ideological makeup and approach to governance, this inevitably means that some states will be more likely than others to adopt policies that utilize public resources to promote the general well-being of the individual and society. In the American lexicon, states with a citizenry that favors social spending on these programs—and that elects state and federal representatives who also favor such programs—are labeled liberal, or progressive. Often, these states elect members of the Democratic Party to office. Scholars of American state politics have developed indices that measure the extent to which state citizenries elect officials who favor the use of public resources to contribute to health and well-being (e.g. Berry, Ringquist, Fording, & Hanson, 1998). Using these indicators, research has shown that states that elect greater proportions of Democrats are more likely to adopt socially-directed policies such as health insurance programs (Volden, 2006), minimum wage laws (Whitaker, Herian, Larimer, & Lang, 2012), and anti-smoking policies (Shipan & Volden, 2006). To date, however, little research has examined the relationship between state-level ideology and health outcomes in the U.S. This stands in stark contrast to the sizable body of literature examining the effects of welfare policy in Europe (Eikemo et al., 2008; Esping-Andersen, 1990).

Hypotheses

In this manuscript, we propose that social capital and state ideology are separate non-overlapping predictors of health outcomes in the U.S. We pose two specific hypotheses regarding the main effects of these variables. First, consistent with past findings (Helliwell & Wang, 2010; Rostila, 2007, 2013; Subramanian et al., 2002; Yip et al., 2007), we hypothesize that high levels of social capital at the state level will lead to reports of better health at the individual level. Second, drawing on previous work (e.g. Navarro et al., 2006) we hypothesize that citizens in states with high levels of liberalism—as indicated by the number of elected Democrats and the propensity of those elected officials to support social democratic policies—will report higher ratings of health. We propose that both contextual effects will be present in predicting health even when accounting for the counterpart effect.

Investigating the independence of the effects of social capital and liberalism is critical because although these two factors have been shown to predict health and well-being when considered independently, they may well operate via overlapping mechanisms. For example, increases in social capital may provide the building blocks necessary to develop a liberal, more expansive government that is capable of crafting policies that enhance health and well-being (Hetherington, 2005). Conversely, active, liberal governments may generate a context capable of fostering greater social capital among their citizens (see, Bachmann & Inkpen, 2011).

However, in the American context, the relationship between social capital and liberalism may be somewhat unique at the state level, as structural components of social capital and social democratic ideals work to offset one another. Thus, we go beyond establishing the independence of the effects to also examine the interactive effects of social capital and ideology upon health. This is an important contribution because it may be that social capital and liberalism operate such that in the absence a liberal government, the structural components of social capital are able to achieve many of the same goals of a liberal government through the development of private, voluntary associations that promote health. In such instances, the impact of social capital may be enhanced in societies with low levels of liberalism and where social democratic policies are less likely to be adopted.

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