

SUMMARY

Summary

Background

In 2001 the Institute of Public Health in Ireland published the first All-Ireland mortality report since 1921. That report highlighted significant inequalities in mortality across the island.

This study systematically describes the relationships between perceived health and factors thought to influence it. It builds on the mortality report in two ways. First, rather than being concerned with mortality it concentrates on five measures of perceived health. Second, in addition to the demographic and socio-economic characteristics (gender, age, region and occupational class) considered in the mortality report, this study considers other environmental and social factors and lifestyle behaviours.

There is widespread national and international interest in the concept of social capital and the Institute undertook the study to explore its relevance and importance to health in Ireland and Northern Ireland. The study includes aspects of the social environment (measured by indicators of social capital) in order to explore the relationship between social capital and health.

This report is based on the All-Ireland Social Capital and Health Survey.

Aims

The aims of this report are to:

- Consider the study factors (demographic and socio-economic characteristics, social capital indicators and lifestyle behaviours) one at a time and to describe their simple relationships with perceived health.
- Consider the study factors simultaneously and describe the complex relationships between them and perceived health, identifying the independent effect of each factor that is not explained by the other factors.
- Describe demographic and socio-economic differences in social capital indicators and lifestyle behaviours.
- Increase understanding of the role of social environment in health and well-being.
- Examine the relevance of social capital in health and well-being.

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Methods

The All-Ireland Social Capital and Health Survey comprised face-to-face interviews with a thousand adults (aged 18 years and over) randomly selected from the electoral registers in each jurisdiction (n = 2,000).

Fieldwork was disrupted by an outbreak of foot-and-mouth disease, and the survey is best considered a survey of adults who live in or near towns with populations of 1,000 people or more.

The survey questionnaire collected information on:

- Perceived health (general health, limiting long-term illness, general mental health, satisfaction with health and quality of life).

- Demographic and socio-economic characteristics (gender, age, jurisdiction, centre size, length of residency in local area, marital status, education, social class, employment status, income and housing tenure).
- Social capital indicators.
- Lifestyle behaviours (smoking status, drinking level, exercise level and body mass index).

The social capital indicators measured various aspects of the social environment and included people's views about the problems and services in their local area; the frequency of their social contacts with neighbours, relatives and friends; their social support networks; perceived neighbourhood social norms such as whether or not they trusted their neighbours; and involvement in local organisations. These measures were taken from the General Household Survey which was carried out in Great Britain in 2000/2001.

This report considers a very wide range of study factors, many of which are highly correlated. This means that there are often different ways of explaining their effects. The assessment of their effects depends on whether study factors are looked at one at a time (simple relationships) or simultaneously (complex relationships). The simple relationships between the study factors and perceived health are presented in Chapters 5, 6, 7. The complex relationships between the study factors and perceived health are presented in Chapter 8. In Chapter 8 logistic regression analysis is used to identify those study factors which have an independent effect on perceived health that cannot be explained by other study factors. As such they are likely to be important determinants of health.

In Chapters 9,10,11,12,13 the demographic and socio-economic differences in social capital indicators and lifestyle behaviours are described.

Key Themes

From the investigation of the complex relationships between study factors and perceived health, five key themes emerge:

- The Determinants of Health
- Inequalities in Perceived Health
- Social Capital Indicators and Perceived Health
- Lifestyle Behaviours and Perceived Health
- Social Capital in the Context of the Social Determinants of Health

The Determinants of Health

The strongest message to come out of this study is the importance of taking a wide view of health and its determinants in order to understand the complex interplay between them. This is crucial to the development and implementation of policies and programmes aimed at protecting, maintaining and promoting health and reducing inequalities. A limited view of health or the factors which influence it will result in policies and programmes that have limited impact.

The report shows that a wide range of demographic and socio-economic characteristics, social capital indicators and lifestyle behaviours have significant and independent effects on perceived health.

The factors considered in this report influence health in complex ways. Their relative contributions and the ways in which they interact to produce health depend on the measure of perceived health being considered. This is illustrated by the relationship between neighbourhood trust and general health. At first sight there is no simple relationship. However, after adjusting for gender and age, trust does become important and remains so in the logistical regression model. After taking into account all other study factors people who do not trust most of their neighbours are 25% less likely to report excellent/very good health than those who do trust most of their neighbours.

Inequalities in Perceived Health

Significant demographic and socio-economic inequalities in perceived health pervade the island. This is apparent for all the measures of perceived health, and the nature of these inequalities depends on the particular measure of perceived health being considered.

Gender and age have significant independent effects on perceived health that are not explained by other demographic and socio-economic characteristics, social capital indicators, or life-style behaviours.

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Except for general mental health, respondents in the Republic of Ireland are significantly more likely to have good health than those in Northern Ireland. For mental health there is no significant difference. The relationship between age and good health is different in the two jurisdictions: younger people in the Republic of Ireland are more likely to have good health than younger people in Northern Ireland, while older people in the Republic of Ireland are less likely to have good health than older people in Northern Ireland. Much of the North-South differences in good health is explained by other demographic and socio-economic characteristics, social capital indicators, or lifestyle behaviours (see Chapter 8).

The following demographic and socio-economic characteristics also have significant independent effects on health:

- Education.
- Employment status.
- Income.
- Housing tenure.

None of these effects are explained by the other demographic and socio-economic characteristics, social capital indicators or lifestyle behaviours.

For example:

- People with no formal education qualifications are half as likely as those with third level education to have excellent/very good health.
- People who are unemployed are a third less likely than those in employment to have a high general mental health score.
- People with the lowest income are half as likely as those with the highest income to be very satisfied with their health or have a very good quality of life.
- People who rent in the public sector are nearly half as likely as those who own their home to have a very good quality of life.

Other supporting results are given at the end of this Summary.

Social Capital Indicators and Perceived Health

Many aspects of the social environment, measured by the social capital indicators considered in this study, play an important role in health on the island.

All of the following indicators of social capital have significant independent effects on perceived health:

- Views about the problems in the local area.
- Views about the services in the local area.
- Social contacts.
- Social support networks.
- Whether or not people trust most of their neighbours.
- Whether or not a person is civically engaged.

None of these effects are explained by demographic and socio-economic characteristics, other social capital indicators, or lifestyle behaviours.

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For example:

- People with very negative views about problems in their local area are 55% less likely than those with very positive views to have a high general mental health scores.
- People with very negative views about services in their local area are 42% less likely than those with very positive views to have very good quality of life.
- People who have infrequent contact with their friends are a third less likely than those who have frequent contact to have excellent/very good general health.
- People who do not trust most of their neighbours are a quarter as likely than those who do to have excellent/very good general health.

Other supporting results are given at the end of this Summary.

Demographic and socio-economic characteristics have an important influence on social capital indicators.

There are significant gender, age and North-South differences in social capital indicators on the island.

Social capital indicators also vary significantly with:

- Size of town or city.
- Education.
- Employment status.
- Income.
- Housing tenure.

None of these variations are explained by gender or age differences.

For example:

- Compared to those living in Dublin City, people who live in small towns are more likely to have very negative views about local services (41% compared to 36%).
- Compared to those with third level education qualifications, people with no formal qualifications (or primary qualifications) are more likely not to be actively involved in local organisations (90% compared to 79%).
- Compared to those with the highest incomes, people with the lowest incomes are more likely to feel very unsafe in their local area (31% compared to 10%).
- Compared to those who own/are buying their home, people who are renting in the public sector are more likely not to trust most of their neighbours (62% compared to 47%).

Other supporting results are given in at the end of this Summary.

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The relationships between social capital indicators and demographic and socio-economic characteristics are not always straightforward. For many social capital indicators, there is no simple demographic or socio-economic gradient.

Lifestyle Behaviours and Perceived Health

The study confirms the profound effect that lifestyle behaviours have on health.

All of the following lifestyle behaviours have significant independent effects on perceived health:

- Cigarette smoking.
- Excessive drinking.
- Exercise.
- Body mass index.

None of these effects are explained by demographic and socio-economic characteristics, social capital indicators, or other lifestyle behaviours.

For example:

- People who currently smoke cigarettes are 44% less likely to be free from limiting long-term illness than those who have never smoked.
- Excessive drinkers are 48% less likely to have a high general mental health score than those who are not usual drinkers.
- People who do no adequate exercise are 49% less likely to have a very good quality of life than those who do some adequate exercise.
- People who are obese are 41% less likely to be very satisfied with their health than those who are not overweight.

Other supporting results are given at the end of this Summary.

Demographic and socio-economic characteristics have an important influence on lifestyle behaviours.

There are significant gender, age and North-South differences in lifestyle behaviours on the island.

Lifestyle behaviours also vary significantly with:

- Marital status.
- Education.
- Employment status.
- Income.

None of these variations are explained by gender or age differences.

For example:

- People who are single are more likely to smoke, drink excessively and do no adequate exercise.
- Smoking levels vary from 32% of people with no formal education qualifications to 20% of people with third level qualifications.
- People with the highest income are most likely to drink excessively.

Other supporting results are given at the end of this Summary.

Social Capital in the Context of the Social Determinants of Health

Social capital is a concept that has potential to help us understand ways of improving health and reducing inequalities, and it warrants further investigation. Such investigation should be carried out with an understanding of the complex interplay of the many factors which influence our health, including the wide range of social determinants operating at the individual, family and community level.

Social capital is a concept that is receiving considerable attention and being widely debated in many circles.

In the debates that are taking place, social capital is variously referred to as residing in individuals, families, communities and organisations. Similarly the possible effects of social capital are debated in terms of its potential impact on individuals, families, communities and organisations. There is often little clarity about whether social capital is a characteristic of an individual or of a community or other group.

Social capital is a multi-dimensional construct that comprises a number of different components such as social support and social networks which are themselves known to be important for health. These components, however, are generally considered to be characteristics of individuals.

The concept of social capital tends to be used in very many different ways. This has led commentators such as Whitehead and Diderichsen to describe the literature about the relationship between social capital and health as a 'minefield of evidence'.

Understanding social capital as a community characteristic rather than an individual characteristic leads to the idea that social capital may be a particularly useful concept. Its usefulness is perhaps two-fold:

- It is linked to individual characteristics mentioned above that are known to influence health.
- In addition, it may have a separate ecological effect on health through the impact of living in a social capital rich or poor community.

The analyses in this report are carried out at the level of the individual. The report presents data from Northern Ireland and the Republic of Ireland that documents the relationship between a range of individual characteristics - demographic and socio-economic characteristics, perceptions about the local area and lifestyle behaviours - and individual health.

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If we also consider an individual's perceptions of their community (including views about the problems and services in the local area, neighbourhood trust, neighbourhood reciprocity, civic engagement, etc) as proxy measures of social capital in that community, then this study suggests that social capital may have also have an ecological effect on health. This effect is not explained by demographic and socio-economic characteristics or lifestyle behaviours.

For these reasons, the concept of social capital has the potential to help us understand ways of improving health and reducing inequalities, and it warrants further investigation.

Summary Table

This summary table lists the study factors appearing in the final logistic regression models for the five measures of perceived health considered in this report (see Chapter 8). They have significant effects on perceived health that are not explained by other study factors.

SUMMARY TABLE

Study factors that have a significant independent effect on perceived health.

	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
DEMOGRAPHIC CHARACTERISTICS					
Gender					
Age					
Jurisdiction					Modified by age
Centre size (Rol)					
Length of residency in local area					
Marital status		Modified by age		Modified by age	Modified by age
SOCIO-ECONOMIC CHARACTERISTICS					
Education		Modified by age			
Social class (Rol)					
Social class (NI)					
Employment status					
Income					
Housing tenure					
VIEWS ABOUT THE LOCAL AREA					
Local problems score					
Local services score					
Local personal safety					
SOCIAL CONTACTS					
Number of neighbours known					
Contact with neighbours					
Contact with relatives					
Contact with friends					
SOCIAL SUPPORT NETWORKS					
Practical support (a lift)					
Practical support (if ill)					
Financial support					
Emotional support					
PERCEIVED NEIGHBOURHOOD SOCIAL NORMS					
Neighbourhood trust					
Neighbourhood reciprocity					
Neighbourhood efficacy					
CIVIC ENGAGEMENT					
Involvement in local organisations					
LIFESTYLE BEHAVIOURS					
Smoking status	Modified by age				
Drinking level					
Exercise level					
Body mass index					

1. See Chapter 4 for explanatory notes.

Supporting Results for Key Themes

This section describes the size of the significant independent effects (not explained by other study factors) on perceived health; they are based on the final logistic regression models in Chapter 8.

Inequalities in Perceived Health

Compared to those with third level education qualifications, people with no formal qualifications (or primary qualifications) are 51% less likely to have excellent/very/good general health.

Compared to those who are employed (full-time/part-time), people who are economically inactive are less likely to have good health:

- They are 45% less likely to have excellent/very good general health.
- They are 83% less likely to be free of limiting long-term illness.
- They are 43% less likely to have a high general mental health score.
- They are 33% less likely to be very satisfied with their health.
- They are 49% less likely to have a very good quality of life.

Compared to those who are employed (full-time/part-time), people who are unemployed are less likely to have good health:

- They are 57% less likely to be free of limiting long-term illness ($p=0.0406$).
- They are 34% less likely to have a high general mental health score ($p=0.0685$).

Compared to those with the highest income people with the lowest incomes are less likely to have good health:

- They are 52% less likely to be very satisfied with their health.
- They are 51% less likely to have a very good quality of life.

Compared to those who own or are buying their own home, people who rent in the public sector are 46% less likely to have a very good quality of life.

Social Capital Indicators and Perceived Health

Compared to those with a low local problems score, people with a high local problems score are less likely to have good health:

- They are 55% less likely to have a high general mental health score.
- They are 52% less likely to be very satisfied with their health.
- They are 36% less likely to have a very good quality of life.

Compared to those with a high local services score, people with a low local services score are less likely to have good health:

- They are 29% less likely to have excellent/very good general health.
- They are 48% less likely to have high a general mental health scores.
- They are 29% less likely to be very satisfied with their health.
- They are 42% less like to have a very good quality of life.

Compared to those who feel otherwise, people who feel very unsafe after dark are 56% less likely to be free of limiting long-term illness.

Compared to those who have frequent contact with their friends, people who have infrequent contact are less likely to have good health:

- They are 31% less likely to have excellent/very good general health.
- They are 24% less likely to have a high general mental health score.

Compared to those who have at least three people to ask for a lift, people who have no-one to ask are 49% less likely to have a high general mental health score ($p=0.0432$).

Compared to those who trust most of their neighbours, people who do not trust most of their neighbours are less likely to have good health:

- They are 24% less likely to have excellent/very good general health.
- They are 42% less likely to have a high general mental health score.

Compared to those who have been actively involved in local organisations in the last three years, people who have not been involved are less likely to have good health:

- They are 37% less likely to be very satisfied with their health.
- They are 20% less likely to have a very good quality of life.

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Compared to those living in Dublin City, people who live in small towns are:

- Less likely to have a high local problem score (15% compared to 56%).
- More likely to have a low local services score (41% compared to 36%).

Compared to those with third level education qualifications, people with no formal qualifications (or primary qualifications) are:

- More likely to feel very unsafe in their local area (24% compared to 12%).
- More likely to have fewer than three people to ask for a lift (70% compared to 64%).
- More likely not to be actively involved in local organisations in the last three years (90% compared to 79%).

Compared to those who are employed (full time/part-time), people who are economically inactive are

- More likely to feel very unsafe in their local area (21% compared to 8%).
- Less likely to have infrequent contact with their friends (32% compared to 42%).
- More likely to have fewer than three people to ask for a lift (71% compared to 62%).

Compared to those with the highest incomes, people with the lowest incomes are:

- Less likely to have a high local problems score (34% compared to 42%).
- More likely to have a low local services score (37% compared to 34%).
- More likely to feel very unsafe in their local area (31% compared to 10%).
- More likely to have fewer than three people to ask for a lift (71% compared to 53%) .
- More likely not to be actively involved in local organisations in the last three years (91% compared to 74%).

Compared to those who own/have bought their home, people who are renting in the public sector are:

- More likely to have a high local problems score (41% compared to 33%).
- More likely to have a low local services score (44% compared to 33%).
- More likely to have fewer than three people to ask for a lift (78% compared to 61%).
- More likely not to trust most of their neighbours (62% compared to 47%).
- More likely not to be actively involved in local organisations in the last three years (92% compared to 80%).

Lifestyle Behaviours and Perceived Health

Compared to those who have never smoked, people who currently smoke cigarettes are less likely to have good health:

- Those in the 40-69 years age group are 49% less likely to have excellent/very good general health.
- They are 44% less likely to be free from limiting long-term illness.

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Compared to those who are not usual drinkers, excessive drinkers are 48% less likely to have a high general mental health score.

Compared to those who do some adequate exercise, people who do no adequate exercise are less likely to have good health:

- They are 30% less likely to have excellent/very good general health.
- They are 46% less likely to be free from limiting long-term illness.
- They are 30% less likely to have a high general mental health score.
- They are 36% less likely to be very satisfied with their health.
- They are 49% less likely to have a very good quality of life.

Compared to those who are not overweight, people who are obese are less likely to have good health:

- They are 33% less likely to have excellent/very good general health.
- They are 55% less likely to be free from limiting long-term illness.
- They are 41% less likely to be very satisfied with their health.

Compared to those who are married/cohabitating, people who are single (never married) are:

- More likely to currently smoke cigarettes (32% compared to 25%).
- More likely to be excessive drinkers (12% compared to 5%).
- Less likely to do no adequate exercise (42% compared to 51%).

Compared to those with third level education qualifications, people with no formal qualifications (or primary qualifications) are:

- More likely to currently smoke cigarettes (32% compared to 20%).
- Less likely to be excessive drinkers (5% compared to 12%).
- More likely to do no adequate exercise (56% compared to 40%).
- More likely to be obese or overweight (51% compared to 32%).

Compared to those who are employed (full-time/part-time) people who are unemployed are:

- More likely to currently smoke cigarettes (46% compared to 31%).
- More likely to be excessive drinkers (14% compared to 10%).

Compared to those with the highest incomes, people with the lowest incomes are:

- More likely to currently smoke cigarettes (36% compared to 21%).
- Less likely to be excessive drinkers (5% compared to 20%).
- More likely to be obese or overweight (42% compared to 37%).