An exploration of the relationship between health and social capital among population groups in Glasgow

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Masters of Public Health Project
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The background

Current UK based research in the area

- The relationship between health and social capital is inconsistent
- Trust is most common measure, and most likely to show a relationship
- Leaves many questions unanswered

Social Capital: the policy context

- Scottish Government National Outcomes
- Christie Commission
- 2012 CMO Annual Report
- Glasgow City SOA/LOIP and Locality Plans
Introduction: the population groups

Glasgow City

Polish
African
Chinese
Indian
Pakistani

Parkhead and Dalmarnock
Ruchill and Possilpark
Greater Gorbals

THRIVING PLACES
Introduction: measuring social capital and health

Social Capital

- Trust
- Reciprocity
- Social Support
- Valuing friendships
- Participating in activism
- Belonging to groups/clubs etc
- Volunteering

Health and Wellbeing
The findings: self-rated health and social capital

Trust
- Glasgow#
- Ruchill and Possilpark
- Parkhead and Dalmarnock
- Indian#

Social Support

Participating in activism
- Glasgow

Volunteering
- Glasgow
- Pakistani#

Reciprocity
- Greater Gorbals
- Ruchill and Possilpark
- African

Valuing friendships
- Greater Gorbals

Belonging to groups/ clubs etc
- Glasgow
### The findings: Wellbeing and social capital

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The relationship between social capital and health and wellbeing is not consistent in all population groups

- There are gaps in our understanding of the link between social capital and health among different population groups

- The concept of social capital is not always captured through the questions asked, which makes it challenging for action development

- It may be that different mechanisms are influencing the relationship between health and social capital in different population groups

- There may be unknown, and unexplored, biases and confounders influencing the association between health and social capital (experience of crime, discrimination, attainment)
Influence of this study on practice

Interventions/ practice which seeks to improve social capital

- Understanding your population is essential
- Continually revisit intervention to ensure inequalities are not being increased
- Monitor and evaluate intervention capturing:
  - How social capital is built/developed
  - How social capital is utilised by individuals and groups
  - What else is influencing social capital and health (mediators/ confounders)
Influence of this study on practice

Social capital and health: Future research

- Move from self-rated to objective measures of health
- Explore relationship between social capital and health at different life stages
- Confirming temporality of the associations (including in population groups)
- Understand mechanisms by which social capital may be built and used; and the mechanism by which this influences health
Any Questions?

... Or you can always contact me
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