Living in groups, dying alone

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Objectives

- Review population health literature to inform resilience debate and to enrich social capital
- Examine role of social institutions in mediating impact of acute crises in forestry communities
Lifecourse health model

- **Macro**
  - Income/inequality, social exclusion and capital, status

- **Meso**
  - Parental stress, mental health, nutrition
  - Working conditions, control, employment security, socially mediated health behaviours

- **Micro**
  - Social support and biological embedding
  - Kin based social support, psychological state

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Pathways to health outcomes

- Evidence from industrialised countries
- Behavioural: drugs, suicide, risk taking
- Psychological: self-efficacy, esteem, coping, role assignment
- Physiologic pathways: HPA axis, allostatic load, immune system, CV reactivity (Berkman et al, 2000)
Mounting evidence?

- Beyond lifestyle and marginal improvements
- USSR break-up led to significant increases in mortality
- Health gradients remain despite increased health services
- Off-diagonal countries: low wealth, high health

Relevance and counterfactuals

- Identify interventions to promote resilience under uncertainty
- Health impacts of acute hazard events determined endogenously
- Social networks positive and negative:
  - community attachment as a risk factor for poor families (Caughy et al 2003)
  - social networks and risky behaviour
Social networks and health

- Problems with social capital: too much baggage, confuses means with ends
- Ecological studies in US show strong links with health
- Individual level studies less clear
- Multi-level and multi-strategic approaches essential

Social networks and health

1. SC has become a catch-all ambiguous concept that is appealing to a diversity of interests
2. Levels of SC, measured by involvement with civic associations may be largely determined by the broader political context; oppressive regimes tend to stifle civic association
3. The emphasis on membership of civic associations is too narrow
4. Forms of social cohesion often create their own forms of social exclusion.
5. The emphasis on the benefits of SC is one sided since binding social relations also carry obligations.
6. Social networks both enable and limit individual freedom
7. Social capital is blurry; it is perceived as a social resource, a social product and an individual property.
Social networks and resource dependent forest communities

- Highly dependent on health of natural systems
- Exposed to acute crises and structural change over two decades
- Methods: nation survey with oversample (6500/1500), detailed contextual data (health, census, economic, educational), intensive analysis of clusters

Multivariate analysis

- Self-rated health as dependent variable
- Significant independent variables, age, gender, income rating, recreational/hobby groups, rating of police, confidence in health care, household economic situation.
- Highly significant correlation but low $r^2$. 
Environmental and social risk

Risks and hazards as external ‘natural’ events with human health impacts

Exposure and vulnerability to risk determined by social and institutional conditions

Social risk and resilience: population health perspective on human health and well being
Resilience and social risk

Resilience as the ability of groups or communities to cope with external stresses and disturbances as a result of social, political and environmental change (Adger, 2001)

‘Social risk’ is defined as the direct and indirect impact of institutional conditions on human health: vulnerability is endogenous.