Social Inequalities in Health: A Capabilities Perspective

Peter A. Hall
Harvard University

Rosemary CR Taylor
Tufts University

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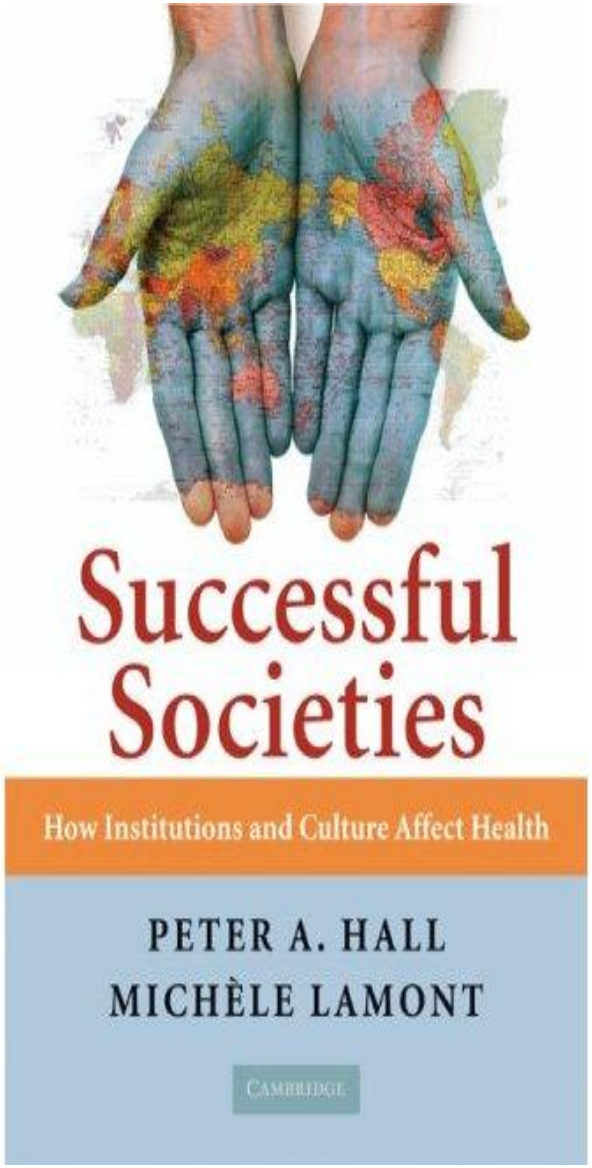

Chapter 3
"Health, Social Relations and Public Policy" by Peter A. Hall and Rosemary CR Taylor

"The Social Sources of the Health Gradient"
by Lucy Barnes, Peter A. Hall and Rosemary CR Taylor

The question:

What should governments do to advance population health and reduce inequalities in health?

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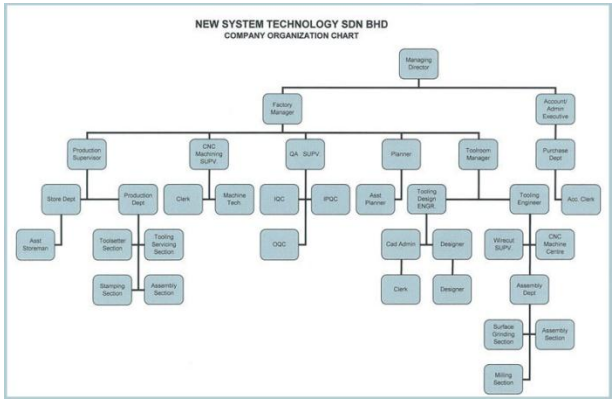
We propose an answer based on a 'capabilities model' of population health

A structure of economic relations

MARKETS

HIERARCHIES



A structure of economic relations

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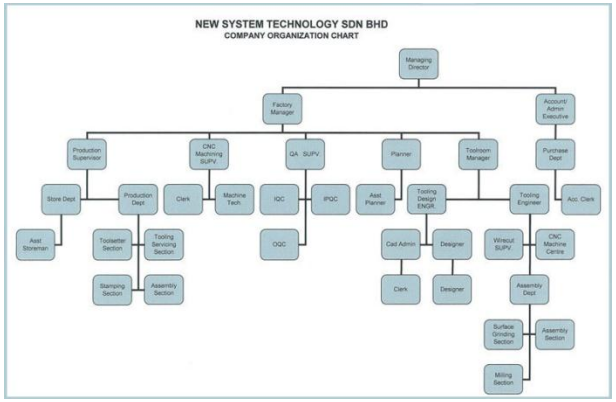
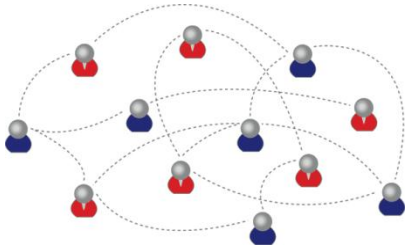


A structure of social relations

SOCIAL NETWORKS



SOCIAL HIERARCHY

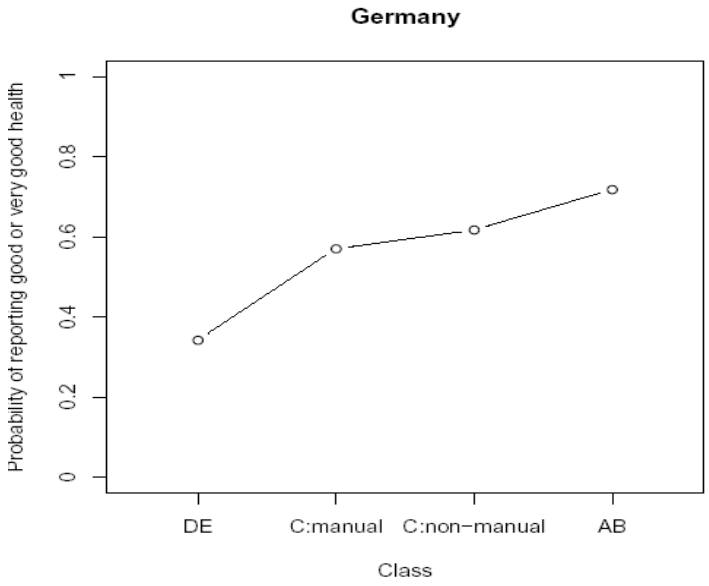
COLLECTIVE IMAGINARY

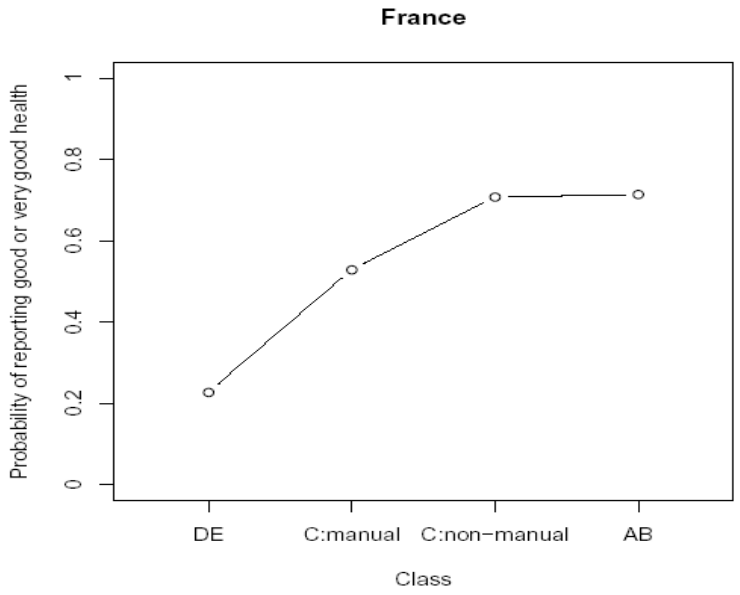
So:

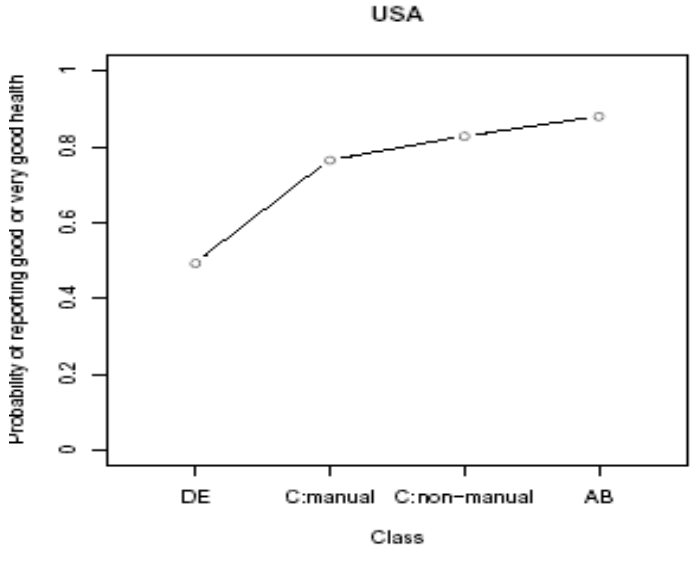
1. What do we mean by the structure of social relations?

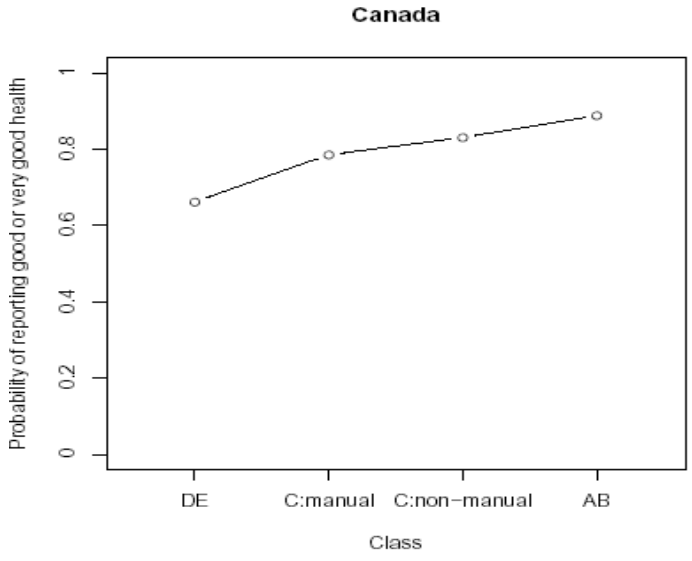
2. Why does the structure of social relations matter for population health?

How is the shape of the health gradient to be explained?



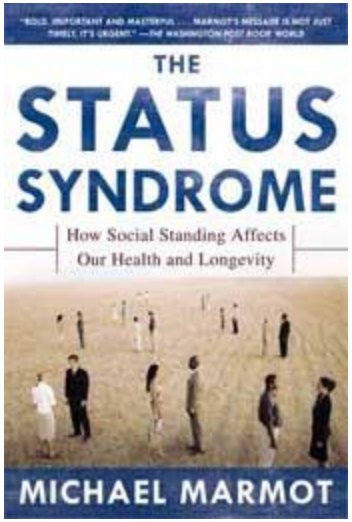






How is the health gradient to be explained?

- By the status effects of social hierarchy



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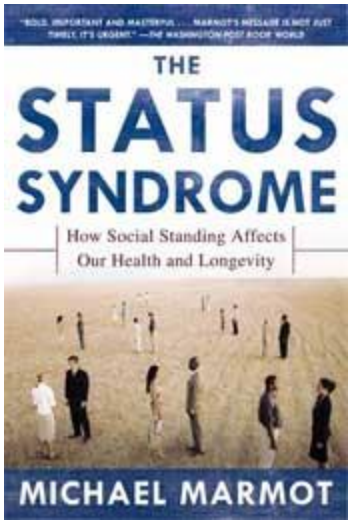
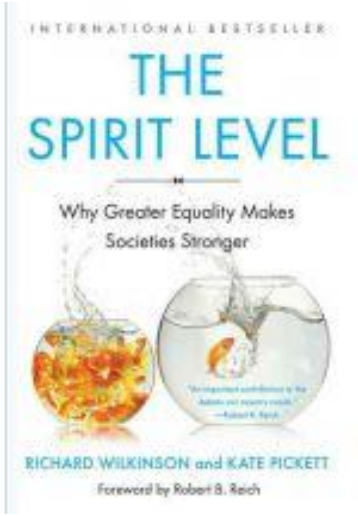


- Maybe status inequalities mirror income inequalities



THE CAPABILITIES MODEL OF POP HEALTH

experiences invoking stress, anger, anxiety, frustration

▼

biological pathways

- L-HPA system
- Serotonergic system
- Prefrontal cortex

▼

HEALTH

THE CAPABILITIES MODEL OF POP HEALTH

STRUCTURE OF ECONOMIC RELATIONS
- wealth/income
- economic security
- workplace control

STRUCTURE OF SOCIAL RELATIONS
- social networks
- social status
- collective imaginary

LIFE CHALLENGES CAPABILITIES

experiences invoking stress, anger, anxiety, frustration

▼

biological pathways

- L-HPA system
- Serotonergic system
- Prefrontal cortex

▼

HEALTH

What factors condition people's capabilities?

- Early childhood development fundamental features of personality

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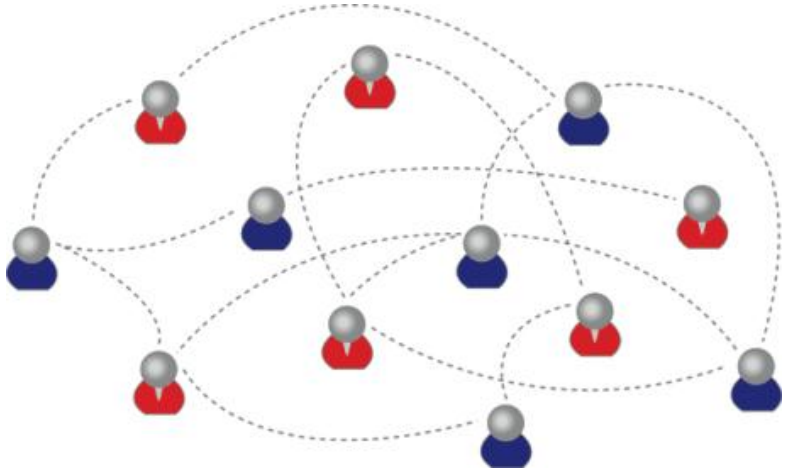
- The structure of economic relations provides *economic resources*:
  - Income
  - Security of work
  - Autonomy at work

What factors condition people's capabilities?

- The structure of social relations provides *social resources*

The structure of social relations provides *social resources:*

- 1. **Social networks** ➡ logistical, emotional support



How dense are they? Of what kind? Among which social groups?

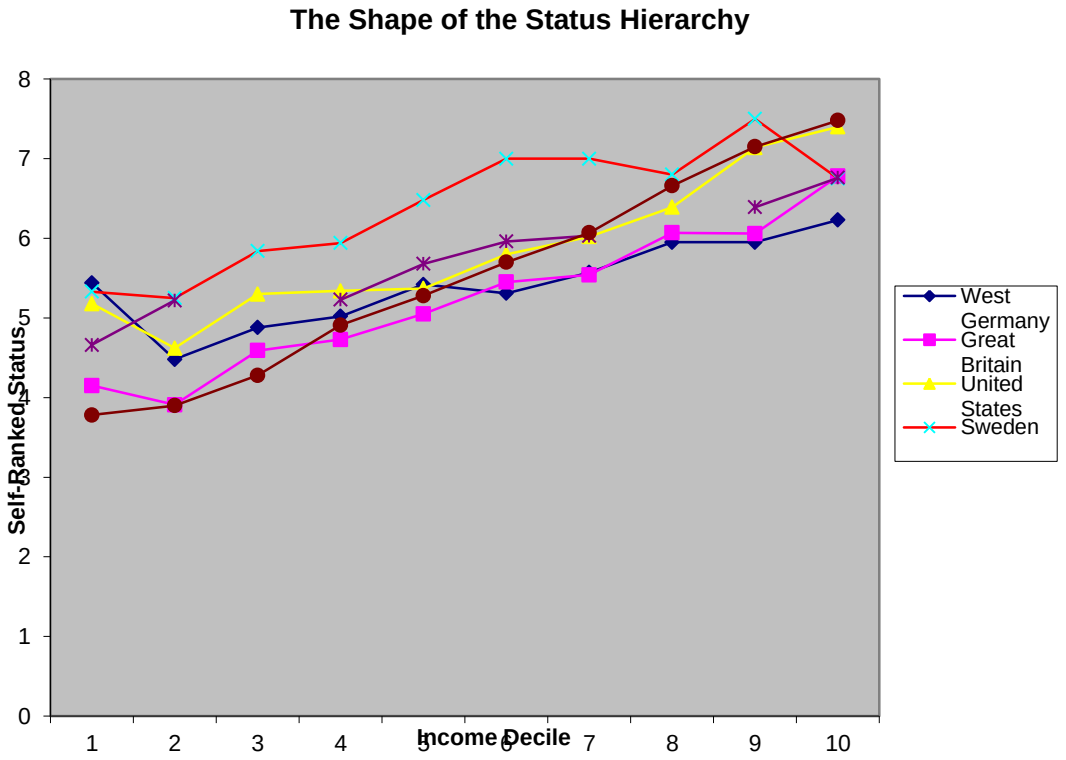
The structure of social relations provides *social resources*:

- **2. Social hierarchy** ➡ social status, prestige ➡ cooperation from others

How steep are they?

How multidimensional?

How closely coupled to income?



The structure of social relations provides *social resources:*

- 3. **Collective Imaginaries**

  Specify social boundaries conditioning feelings of belonging

  Define collective purposes/ideals

  Generate negative stereotypes

  ➡ **feelings of belonging and self-esteem**
  capacities to secure cooperation

The Relationship between Social Class and Social Connectedness in Fourteen OECD Countries

	Ties to Friends and Family	Membership in Associations	Ever Feel Lonely	Spend Time Socially
Social Class	*Index Score*	*Mean Number*	*% Frequently/ Sometimes*	*% not at all*
Professional Managerial	**5.33**	**2.2**	**28**	**31**
White Collar (C1)	**5.25**	**2.09**	**35**	**32**
Skilled Manual (C2)	**5.16**	**1.8**	**33**	**41**
Semi & Unskilled Manual (DE)	**5.09**	**1.61**	**42**	**58**

Source: Barnes and Hall 2013

The Impact of Changes in Economic and Social Resources on the Likelihood of Reporting Poor Health in Sixteen OECD Countries, 1990 and 2005

Factor	*Shift*	*Percent Change in the Likelihood of Reporting Poor Health*
Age	*Move from 40 to 52*	***8 %***
Gender	*Move from male to female*	***4 %***
Level of Education	*Left School at 21 vs. 18*	***0 %***
Connection to Social Networks	Rise *from 50th to the 75th percentile in importance of family and friends*	***- 2 %***
Associational Memberships	*Rise from one to three mbrshps*	***- 2 %***
Autonomy at Work	Rise *from 50th to 75th percentile in autonomy at work*	***- 1 %***
Social Status	*Rise from 50th to 75th percentile*	***- 3 %***
Income	Rise *from 50th to the 75th percentile of the income distribution*	***- 2 %***
Unemployment	*Move from employed to unemployed*	***7 %***
Self-Mastery	*Rise from 50th to 75th percentile*	***- 2 %***
National Belonging	*Fall from high feeling to low feeling of national belonging*	***3 %***

Source Barnes *et al.* 2010

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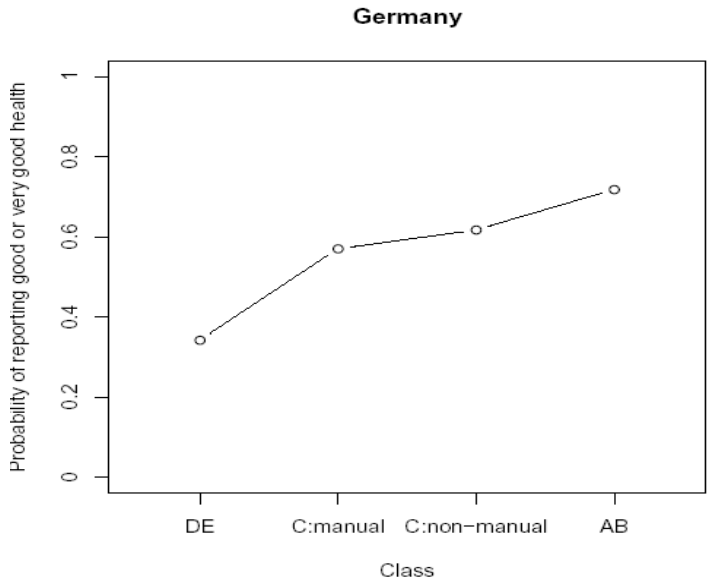
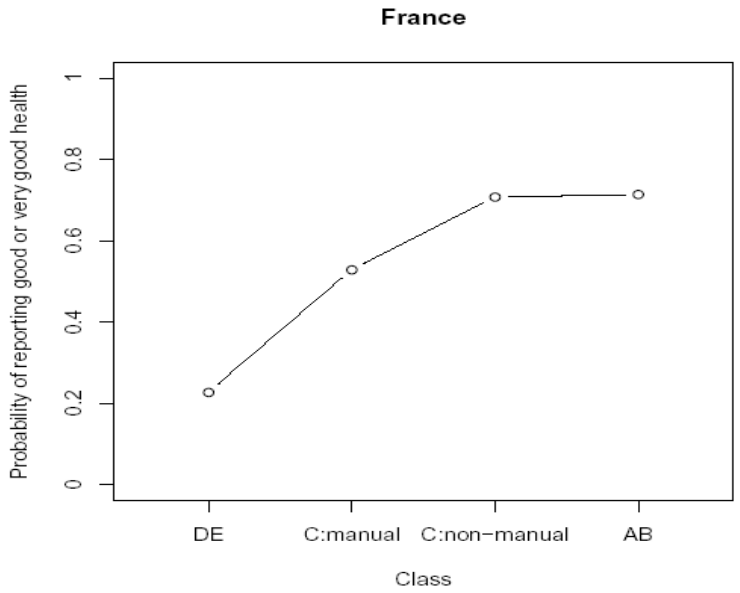
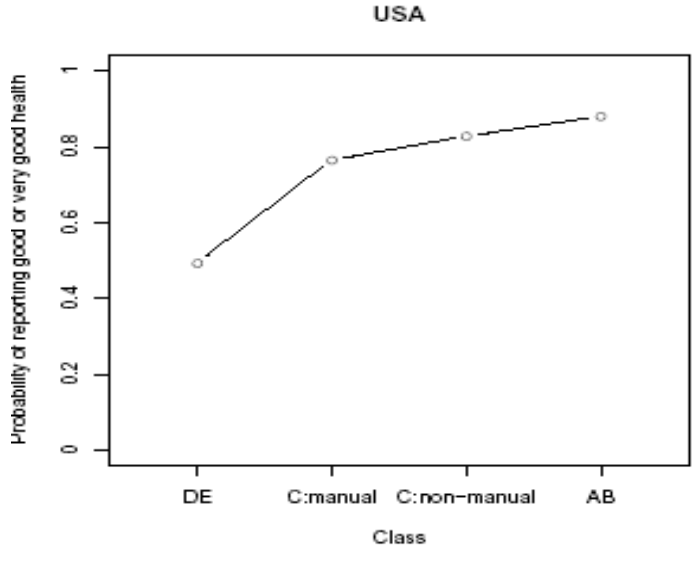
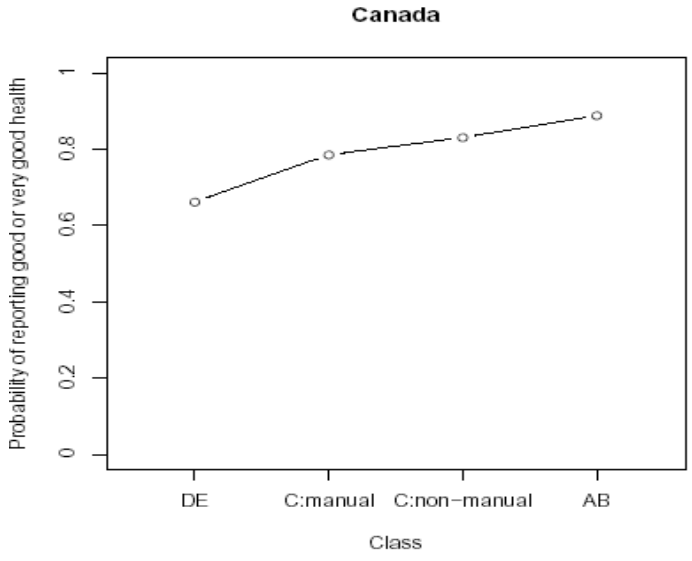
The shape of the health gradient varies across nations









Ratios for the likelihood of reporting poor health from lower class positions relative to upper class positions
Based on average values for each variable among the upper and lower social classes

	All	Aus	Bel	Cda	Fra	Ger	Ire	Ital	Nth	Spn	UK	US
Income	1.35	1.32	1.20	1.31	1.47	1.43	1.46	1.20	1.24	1.26	1.38	1.29
Education	1.07	1.02	1.02	1.01	1.04	1.06	1.03	1.08	1.06	1.06	1.03	1.03
Family Ties	1.03	1.03	1.02	1.02	1.16	1.07	1.00	1.03	0.99	1.02	1.04	1.04
Social Connectedness	1.07	1.07	1.05	1.07	1.83	1.11	1.01	1.09	1.15	1.07	1.08	1.09
Workplace Autonomy	1.01	1.03	1.13	1.09	1.28	1.17	1.05	1.15	1.12	1.08	1.11	1.10

How can governments improve population health and reduce health inequalities?

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- **Collective lifestyles perspective**: promote healthier lifestyles

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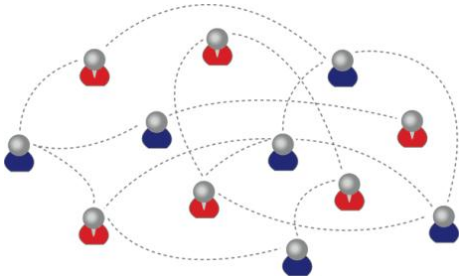
- **Collective lifestyles perspective**: promote healthier lifestyles
- **Neo-materialist perspective**: reduce inequalities of income/wealth
- **Capabilities perspective:** build and sustain equitable social resources

A new perspective on public policy-making as social resource creation

- Just as governments care about the conservation of **natural resources**

So they should care about the conservation of **social resources**

- Attention to the structure of social relations can deliver a **social multiplier effect** – making policy more effective



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