



Social Capital and Its Effects on Health: Implications for Policy Makers

Reza DEHNAVIEH¹, *Saeed AMINI²

1. *Health Services Management Research Center, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran.*
2. *Research Center for Modeling in Health, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran*

***Corresponding Author:** Email: sa_536@yahoo.com

(Received 10 Aug 2015; accepted 05 Sep 2015)

Dear Editor-in-Chief

Social capital includes volume and quality of relations between human beings, which can facilitate cooperation between them. Based on numerous studies about development in the different world countries from 1988, it has been specified that social capital has an important role on development and progress of societies (1).

For better understanding of social capital and its effects on society health, we start our discussion with a question:

Why two societies that each of them have same demographic and economic situation, one of them has healthier population than other?

Studies in different countries with same financial capital show that a progressive health care system can decrease all causes of death, improve health situation and save the costs (2-4). By coordinating and integrating different sections of health system (inter and between-sectoral), efforts for society health improvement bring better and more results and in this way a comprehensive model create for health care. Synergistic effect of cooperation between different parts can develop social capital and decrease inequity. Otherwise, for example, lack of health facilities in small cities and rural areas can increase immigration and marginalization in the big cities and endanger society health (2). Because of great gap in the health, education,

workforce and people participation, inequity has expanded in the world (5). Two main measures to confront inequity are improving access to health care services in the poor regions and development of social solidarity. The results of different studies show that whatsoever the gap between poor and rich increases, citizens' health worsen (6). This gap is because of individuals' unequal access to skills not their income (7). Administration of health programs in the schools, offices, public places and so on can decrease the gap in the access to health services between poor and rich. Through development in the social and human capital, managers can deal with health challenges properly (8).

Different definitions have been published for welfare but the important issue is that welfare is not only having economic capital but includes 3 other forms of capital: Social capital, natural capital and human capital. To build a healthy society, it is necessary to consider all capital levels namely social, natural, human and economic capital.

- Social capital is like glue that consolidate the societies formal and informal. Citizens have equitable access to infrastructure resources for a better health.
- Natural capital means having a high quality nature, healthy ecosystem, resources

compatible with nature, nature protection and biodiversity.

- Human capital means the people who are healthy, literate, skilled, innovative and creative.
- Economic capital means access to appropriate level of welfare and prosperity (9).

It is estimated that 20% of the world wealth is in the natural capital, 20% in the economic capital and remaining 60% is in the combination of social and human capital.

Conclusion

The concept of social capital clear with the below examples:

Why some societies are prosperous, obedient to the rules and healthy but others not? The level of confidence, the norms of interrelationship and civilization are the indicators of social capital. The societies who have low social capital, do not have a good health situation. Social capital through faster dissemination of health information, more likely to accept the norms of good health and controlling on bad health. Innovative behaviors in the correlated societies - that their members trust each other - disseminate faster. Social capital is the sum of all society capacities including intelligence, education, creativity and innovation, health and well-being, affection and compassion. Various sectors must be tightly linked for health promotion. It is necessary to promote human and social capital in order to better management of increasing challenges of health.

Policy makers need to do below steps to promote social capital in health sector:

- Communicating honestly with people
- Creating opportunities for interaction and participation
- Providing incentives to work together to promote health
- providing shared values through employee participation

Financial capital is necessary to improve social capital, but more importantly is to focus on creat-

ing trust, interrelation and participation among all society members. Higher social capital leads to higher cooperation, consent and commitment among employees, as a result, better outcomes will be achieved from the patient care.

Acknowledgements

The authors declare that there is no conflict of interest.

References

1. Afsari A (2012). Social Capital in Islam. *Interdiscip Quranic stud*, 3(1): 101-118.
2. Lee A, Kiyu A, Molina Milman H, Jimenez J (2007). Improving Health and Building Human Capital through an Effective Primary Care System. *J Urban Health: Bulletin of the New York Academy of Medicine*, 84(1): i75-i85.
3. Eriksson M (2011). Social capital and health-implications for health promotion. *Glob Health Action*, 4. doi: 10.3402/gha.v4i0.5611.
4. Perry M, Williams RL, Wallerstein N, Waitzkin H (2008). Social capital and health care experiences among low-income individuals. *Am J Public Health*, 98(2): 330-336.
5. United Nations Department of Economic and Social Affairs. Statistic Division. "World and Regional Trends". Millennium Indicators Data Base; based on data provided by United Nation Children's Fund, World Health Organization, and Food and Agriculture Organization of the United Nations. 2005.
6. Raphael D (2001). Letter from Canada: paradigms, politics and principles—an end of the millennium update from the birth place of the Healthy Cities movement. *Health Promot Int*, 16(1):99-101.
7. McMurray A (2007). Community Health and Wellness: A Socio-ecological Approach. Australia: Mosby Elsevier.
8. WHO (2005). *Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health*. Commission on Social Determinants of Health discussion paper.
9. Hancock T (2001). People partnership and human progress: building community capital. *Health Promot Int*, 16(3):275-280.