In this chapter, we describe the key findings from a systematic review of empirical studies linking social capital to physical health outcomes. As noted in the Introduction, as well as the chapters by van der Gaag and Webber (chapter 2), and Lakon and colleagues (chapter 4), much of the public health literature has focused on the health effects of social cohesion. That is, both ecological and multilevel studies have sought to examine the health impacts of group cohesion measured at different scales (e.g., neighborhoods, states, nations). In turn, a number of individual-level studies have sought to test the relationships between individual perceptions of social cohesion (e.g., trust of others) and health outcomes. Accordingly, our systematic review of the literature focuses on empirical studies of social cohesion and physical health outcomes. There is a huge body of literature describing the linkages between social integration, social networks, social support, and health (Berkman & Glass, 2000); however, the authors of these studies do not typically classify their investigations under the heading of “social capital”, and indeed a substantial portion of this literature pre-dates the recent explosion of interest in social capital within the public health field.1 Similarly, there have been a number of empirical investigations in the health field using sociometric analysis. These studies have tended to focus on the “dark side” of social capital e.g., the contagion of high risk behaviors within networks – such as the spread of suicidal ideation (Bearman & Moody, 2004), injection drug use (Friedman & Aral, 2001), or alcohol and other drug use among adolescents (Valente, Gallaher, & Mouttapa, 2004). The authors of chapter 4 would no doubt argue that these are studies of social capital. However, since they did turn up in our search strategy for “social capital and health” (described further below), we shall not discuss them here (except to agree with the authors of chapter 4 that more studies of this type should be encouraged).

1 Outside the public health field, scholars seem happy to mix them up. Thus in his chapter on social capital and health (chapter 20) in the book Bowling Alone (2000), Robert Putnam cites evidence from every type of study, including not only social cohesion, but also social networks and social support.
8.1. Systematic Literature Review

We conducted a systematic literature review of all studies in English that have examined social capital in relation to measures of physical health, including all-cause mortality, self-rated health, and major chronic diseases or conditions (e.g., cardiovascular disease, cancer, obesity, and diabetes), as well as acute infectious diseases. Citations were searched using the US National Library of Medicine’s PubMed database (which provides electronic citations from MEDLINE and other life science journals for biomedical articles) for the period between 1966 and November 1, 2006, corresponding to the keyword combinations of “social capital” with each of the following: “life expectancy”, “mortality”, “cardiovascular disease”, “cancer”, “diabetes”, “obesity”, and “infectious diseases”. Articles were then obtained and reviewed. Reference sections of retrieved articles were searched to identify additional potential articles for inclusion. Tables 8.1 through 8.6 display the key characteristics and findings from these studies, stratified by the type of study design (ecological, multilevel, individual-level) and the highest spatial level of social capital (country, state/region, neighborhood/community), and are listed chronologically by year of publication within each grouping. From each study, we abstracted the study authors and year of publication, sample size and population/setting, age range for social capital and health outcome measures, type of study design (cross-sectional versus prospective/longitudinal), measures of social capital and health/disease, factors included as covariates in statistical models (or stratified on), and individual-level and area-level effect estimates for social capital. For studies that only analyzed individual-level measures of social capital, our keyword search excluded a much more established body of literature that has focused on social networks and social support (which we would argue conceptually belong to social capital). Nevertheless, our review identifies studies that have used indicators of social cohesion such as individual perceptions of trust and reciprocity, as well as reports of civic engagement and social participation. For the outcome of self-rated health, to facilitate comparison and discussion of the findings across studies in which the outcome was dichotomous (fair/poor health versus excellent/very good/good health), all odds ratios and 95% confidence intervals presented in Table 8.2 for social trust and associational memberships correspond to associations between higher social capital and the relative odds of fair/poor self-rated health. These estimates were then plotted on the same graph for the same indicators at each of the individual and contextual levels.

8.2. Social Capital, All-Cause Mortality, and Life Expectancy

Table 8.1 provides details of the 15 studies of social capital and life expectancy or all-cause mortality that met our inclusion criteria. Of these, only three studies conducted multilevel analyses (two of which were prospective; Blakely et al., 2006; Mohan, Twigg, Barnard, & Jones, 2005), while the remaining studies were ecological (only one of which was prospective; Milyo & Mellor, 2003).