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Volume 11

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Editors

Social Capital as a Health Resource in Later Life: The Relevance of Context

 Springer

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ISSN 2197-5841

International Perspectives on Aging

ISBN 978-94-017-9614-9

DOI 10.1007/978-94-017-9615-6

ISSN 2197-585X (electronic)

ISBN 978-94-017-9615-6 (eBook)

Library of Congress Control Number: 2014959418

Springer Dordrecht, Heidelberg New York London

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Printed on acid-free paper

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Foreword

Human beings have always desired to slow down the process of ageing. More than anything else, we aspire to long and healthy life. It is therefore no wonder that we hear reports from various remote societies bragging about high numbers of people living to a very old age. Such reports almost invariably prove to be inaccurate. Legends aside, recent research has shown that Okinawans in Japan and Swedish-speaking Finns in Finland are particularly long-lived. Both populations belong to ethnic minorities that according to conventional wisdom should do worse than their respective majorities in terms of well-being and health. Conventional health-related factors (demographic, social, economical and biological factors, and health-related behaviours) are insufficient to explain their health and longevity, but the abundant social capital found in both populations is a promising potential explanation for longevity.

Replacing previous descriptions of social relationships – such as social cohesion, sense of belonging, social support, collective efficacy, solidarity, neighbourhood quality or security – the relatively new concept of social capital has lately emerged in socio-gerontological research. Literature on social capital and ageing-related health outcomes has been reviewed (Cagney and Weng 2008; Hyypä 2010). The reviewers pointed out that the social capital aspects related to old age have not been studied as much as those related to the earlier stages of life.

Generally, the reviews of previous literature lend support to the hypothesis that community-level and individual-level social capital promotes health and better survival. However, the size of the social network and frequency of social interactions were not always beneficial, which can be explained by the large variation of the definitions and operationalisations of social capital. Since the time of these reviews, scientists have become more rigorous in defining, operationalising and measuring social capital. Epidemiological outcome studies are usually adjusted for several health-related factors, and long-term prospective surveys are carried out in nationally representative samples.

Hence, updated reviews of current opinions, investigations and results in the field of social capital and health in older people are to be welcomed. In the present book, *Social capital as a health resource in later life: the relevance of context*, edited by Fredrica Nyqvist and Anna K. Forsman, the authors update this important

sphere of socio-gerontological research. The book presents extensive and representative surveys of elderly populations conducted in the Nordic countries. Many other European population surveys together with relevant studies from outside Europe are also discussed.

Social experience is coloured by economic, historical, social and cultural factors that precede the emergence of social capital. A favourable fundamental culture in the community (group, community or nation) infiltrated by a ‘we’ attitude and sense of belonging is needed for creating social capital (Hyypä 2010). It is an almost impossible task to take into account all potential large-scale cultural and other contextual factors that may influence social capital and population health in various societies. The significance of the contextual factors for social capital is well elucidated in the chapters of this book.

Social capital is immaterial and as such cannot be directly observed or quantified. How, for instance, can social capital and its relation to health among older people be empirically measured and proved? The book is divided into four sections showing how social capital and its effects can be quantified at the individual, neighbourhood and national levels, respectively. Most of the data have been collected in terms of what are known as individual-level proxies of social capital, such as generalised trust, voluntary group participation, voting levels and perceived reciprocity.

For implementation of social capital in the praxis of gerontology and geriatrics, causal inference must first be confirmed. For causality to be considered possible, the majority of associational, observational and case-control studies must support causality argumentation; but for it to be considered ‘good’, observational, case-control and prospective or interventional studies must support causality. In this book, causality problems are skilfully confronted. The authors show convincingly that social capital is a good investment strategy for promoting the health of older people.

After having finished the last chapter, the reader may look forward to the future proceedings dedicated to the results of the implementation and application of social capital in society at large. Perhaps by the same editors?

Markku T. Hyypä
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Preface

The present book, *Social capital as a health resource in later life: the relevance of context* demonstrates the potential of social capital for promoting health and well-being in an ageing population. Our main intention with this book was to add to scientific knowledge of the relevance of social capital for older people's health and well-being, and thanks to all our authors we have achieved that aim. However, research-based evidence needs to be better utilised in policy and practice, which was another purpose in compiling this book – to provide readers with useful evidence on how to turn knowledge into practice. The underlying question is how to increase health and well-being amongst older people, and there is no single and correct answer to that. This book, however, provides a number of important and clarifying pieces in the complex puzzle of understanding socio-environmental influences on health.

The concept for this book stemmed from a specific academic event. Several of the contributors to this book met at the Nordic Congress of Gerontology in Copenhagen in 2012, where the initial plan and thoughts of compiling a book on social capital and health amongst older people were discussed. We had noticed the spread of social capital and health research but were concerned with the lack of studies focusing on older people in particular. We leveraged each other's networks and social capital to bring together a number of researchers from around the world with a special interest in social capital research. Scholars from several countries such as Austria, Finland, France, Germany, Israel, Sweden, the Netherlands, the United Kingdom and the United States provide answers in this volume on how to improve health and well-being in older people by focusing on social capital as a theoretical and empirical explanation.

This project would not have been possible without the extensive support of many people. Firstly, we would like to acknowledge and thank all the authors for their enthusiasm and dedication. The editors would also like to thank Mark Phillips for his tremendous work on language editing, Mikael Nygård for his helpful advice and support and Marina Näsman for assistance in finalising the manuscripts. The editors would also like to thank Evelien Bakker and Bernadette Deelen-Mans, our editors

at Springer, for their support in the production of this volume. Finally, Fredrica Nyqvist acknowledges financial support received from the Academy of Finland (project no. 250054) as part of the Future Leaders of Ageing Research in Europe (FLARE-2) programme.

Fredrica Nyqvist and Anna K. Forsman

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