

119 *LOCATION ON HEALTH, SOCIAL CAPITAL & EQUITY IN ADELAIDE*

This paper draws on data from a study, conducted between 2004-06, in four Adelaide postcode areas with contrasting socio-economic levels that explored the links between health and a range of neighbourhood characteristics including levels of bonding, bridging and linking social capital.

Two of the postcodes are rated as having relatively high socio-economic status and two as having lower than average socio-economic status. The data presented will be based on three sources: a postal survey (n= 3432) that collected data on self-reported health status, social capital (networks (including bonding, bridging and linking ties, cohesion, trust, reciprocity and help available) and perceptions of a range of neighbourhood characteristics; 80 in-depth interviews which explored these issues in more detail; and a survey of community groups within the study areas.

The paper will present data relating to the differing levels of social capital in the suburbs and the links between these and self-reported health status. The following findings will be explored in this paper:

- The differences in self reported mental and physical health status between the suburbs
- The existence of higher levels of the range of social capital measures in the higher socio-economic status suburbs
- The differences between the two lower socio-economic suburbs whereby one consistently scores higher on social capital and health measures
- The relationship between measures of social capital and health status compared between the suburbs
- Analysis of the ways in which social capital may contribute to health inequity

The paper will draw on the interpretation of social capital by Bourdieu in terms of his view of social capital as one of the mechanisms by which class privilege is maintained and reproduced. Our findings will explore whether social capital acts to reinforce the existing privilege of individual households and the extent to which this will contribute to a neighbourhood environment that is more trusting, co-operative and reciprocal and networked to persons of influence. The paper will conclude with a discussion of the implications of these findings for policies designed to reduce inequities in health status.