

REACH

MAGAZINE

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BIG QUESTIONS

WHAT MAKES SOME SOCIETIES MORE
SUCCESSFUL THAN OTHERS?

PLUS

{ WHY ARE WE STILL USING COMPUTER KEYBOARDS? • IS THERE A BETTER WAY TO DIAGNOSE AUTISM DISORDERS?
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WHAT MAKES A SOCIETY SUCCEED?

The following is adapted from the introduction to the book Successful Societies: Institutions, Cultural Repertoires and Health, edited by Peter A. Hall and Michele Lamont, the directors of CIFAR's Successful Societies program. James Dunn, Daniel P. Keating, and Peter Evans are members of the program. The book, a collaborative work by these and other Successful Societies members, is expected to be published in 2008.

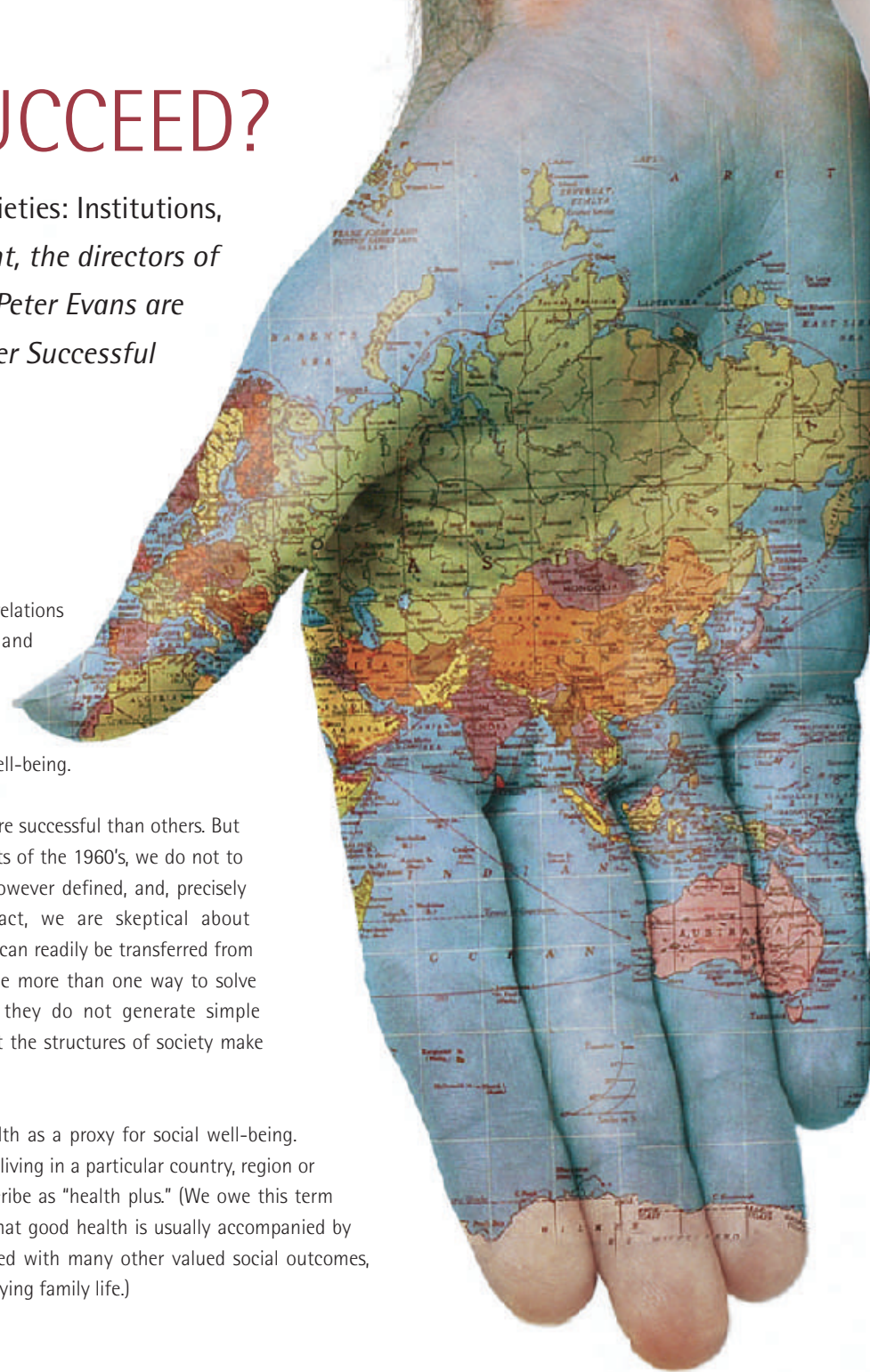
Across time and space, the social fabric is woven differently. How do differences among societies affect the well-being of those who live in them? Are some types of societies more successful than others at promoting individual lives and the collective development of the community? How might the character of a society have such effects, and how are such societies built? These are large questions of classic interest to the social theorists of modernity such as Comte, Tocqueville, Durkheim, Weber, and Marx. Their pedigree stretches back to the utopian writings of Bacon, More, and Saint-Simon.

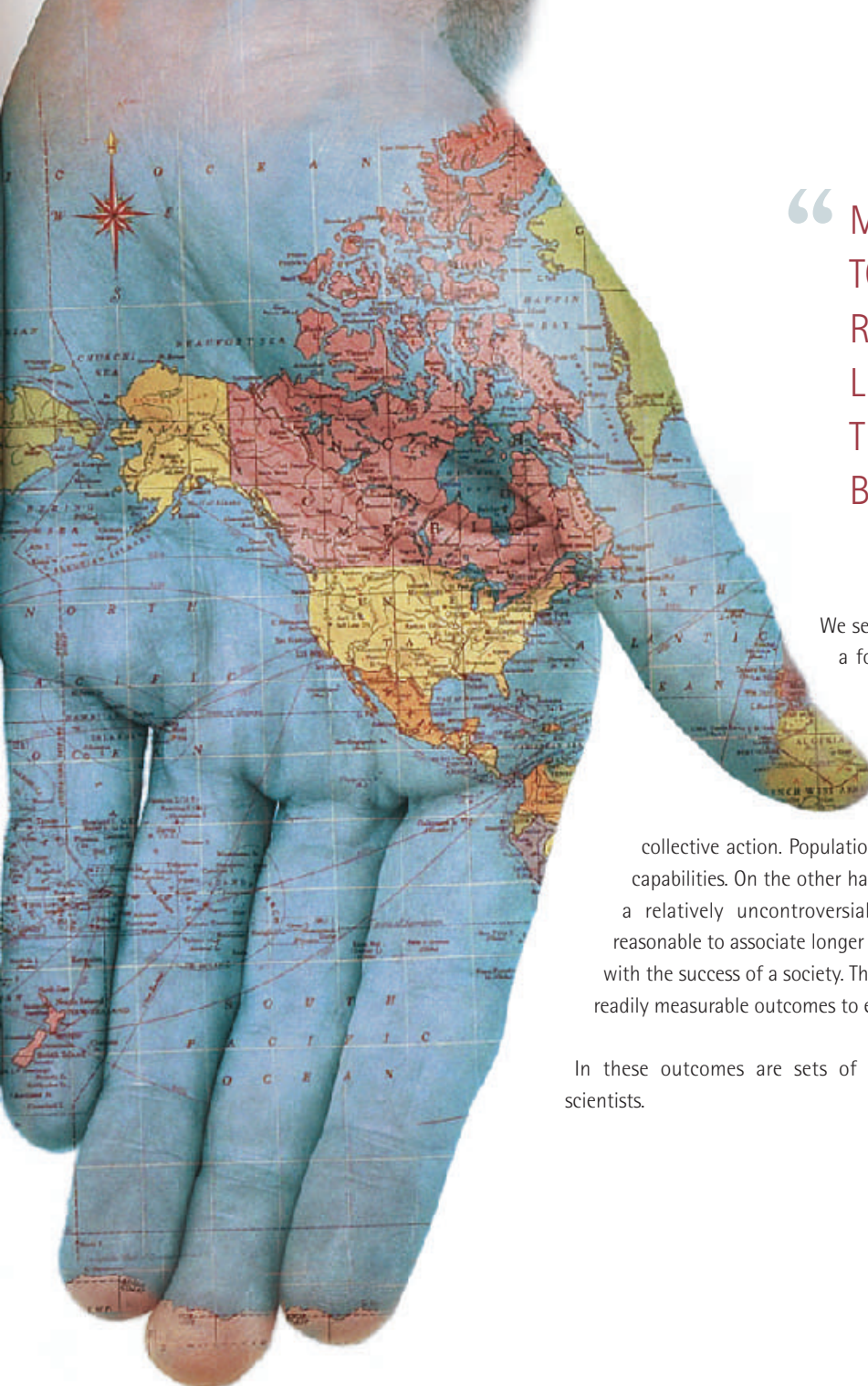
In recent years, social science has been more reluctant to ask such questions. There are good reasons for this caution. Post-enlightenment thought observes that the success of a society is difficult to define independently of complicated normative issues, not least because trade-offs must often be struck between goals or groups. Assessing the complex web of social relations connecting members of society also poses major empirical challenges. As a result, even the most promising studies in contemporary social science usually fasten on one dimension or another of it to the exclusion of others. Their formulations reflect a balkanization among disciplines that has seen some scholars focus on strategic interaction, while others concentrate on symbolic representations of psychosocial processes, each construing institutions and human motivation in different terms.

We define societies as patterns of social relations structured by institutional practices and cultural frames. In particular, we are interested in understanding how institutions and cultural structures combine to advance (or limit) collective well-being.

Our premise is that some societies are more successful than others. But unlike some of the modernization theorists of the 1960's, we do not think there is a single path to success, however defined, and, precisely because culture and institutions interact, we are skeptical about proposals to identify "best practices" that can readily be transferred from one society to another. There may well be more than one way to solve similar problems. Nevertheless, even if they do not generate simple formulae, we think the contributions that the structures of society make to well-being should be investigated.

We have decided to take population health as a proxy for social well-being. Our focus is on the health status of those living in a particular country, region or community and what we sometimes describe as "health plus." (We owe this term to James Dunn, who uses it to indicate that good health is usually accompanied by higher levels of self-esteem and associated with many other valued social outcomes, including fruitful employment and a satisfying family life.)



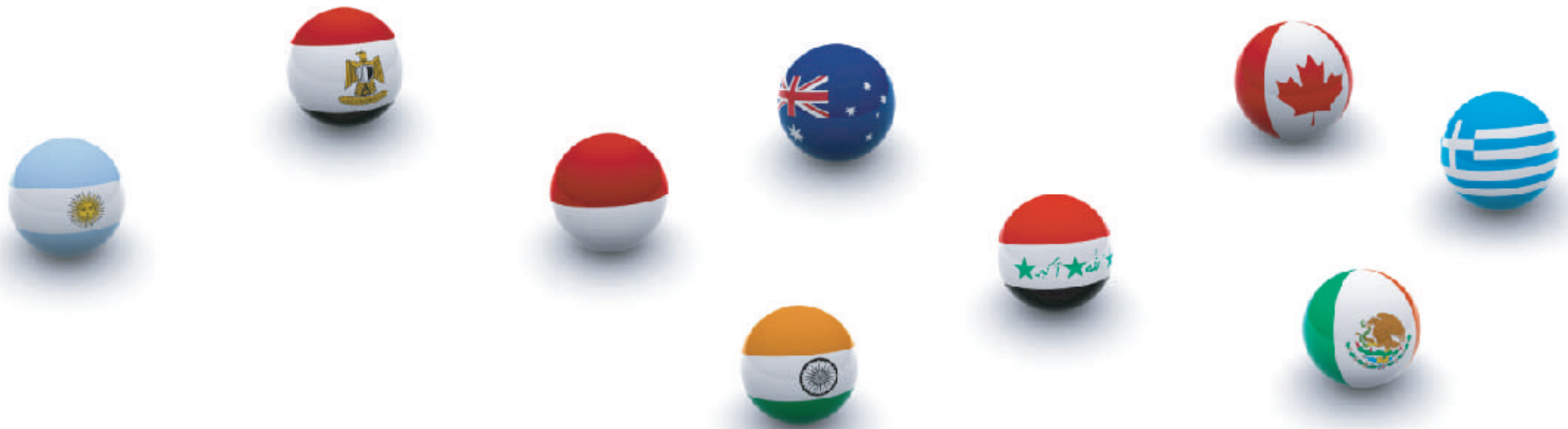


“ MALE LIFE EXPECTANCY IN THE CZECH REPUBLIC BEGAN TO IMPROVE MORE RAPIDLY THAN UNDER THE PREVIOUS REGIME, TO REACH 72 YEARS BY 2001. BY CONTRAST, MALE LIFE EXPECTANCY IN RUSSIA DROPPED SHARPLY DURING THE TRANSITION AND REMAINED SO LOW THAT IT WAS BARELY 59 YEARS IN 2001. ”

We see this as a salutary choice. On the one hand, a focus on population health fits well with our understanding of successful societies. In general, a successful society is one that enhances the capabilities of people to pursue the goals important to their own lives, whether through individual or collective action. Population health can be seen as an indicator of such capabilities. On the other hand, as epidemiologists note, health in itself is a relatively uncontroversial measure of well-being. It is eminently reasonable to associate longer life expectancies and lower rates of mortality with the success of a society. This field provides us with a set of concrete and readily measurable outcomes to explain.

In these outcomes are sets of puzzles intrinsically fascinating for social scientists.

The first puzzle turns on differences in life expectancy in Russia and the Czech Republic. When the communist regimes of Eastern Europe fell after 1989 – in a set of developments so dramatic that some described them as the “end of history” – one might have expected life to improve for all given new freedoms. But startling differences in life expectancy opened up across Eastern Europe. After dipping amidst the transition, for instance, male life expectancy in the Czech Republic began to improve more rapidly than under the previous regime, to reach 72 years by 2001. By contrast, male life expectancy in Russia dropped sharply during the transition and remained so low that it was barely 59 years in 2001. A historic development that improved collective well-being in one nation eroded it in another. How is this to be explained?



Equally puzzling, if less dramatic, differences in the trend lines of life expectancy have opened up between the United States and Canada over recent decades. In the two decades after World War II, Canadians and Americans gained years of life at about the same pace. Since the 1970's, however, life expectancy has been increasing more slowly in the United States. The average Canadian now lives two years longer than his American neighbour, a gap translating into millions of years of productive life. Moreover, women are losing their advantage in longevity relative to men at a faster pace in the U. S. than in Canada. These discrepancies are striking in two societies that closely resemble one another. Why is the gap in life expectancy between men and women declining? And why is it declining more slowly in Canada?

In sub-Saharan Africa, governments are struggling to cope with an AIDS epidemic devastating the continent. But the governments usually seen as most effective are not necessarily the ones coping best with that epidemic. In Botswana, for instance, arguably the best governed of African states, the rate of HIV infection has climbed toward 38 percent of the population, despite intensive public health campaigns. By contrast, Uganda has had more corruption and less democratic governance but is coping with the epidemic more successfully. The rate of HIV infection there was down from about 20 percent of adults in 1992 to less than 8 percent by 2000. How can these differences in the success of AIDS prevention strategies be explained?

Of course, these are challenging issues, and we do not pretend to resolve them here. Our objective is to develop formulations that can feed into new research agendas.

The findings of *Successful Societies* program members challenge the view that improvements to population health are primarily a function of advances in medical technology and health care. The new vaccines, diagnostic procedures and treatments produced by scientific advance have reduced the incidence and improved the treatment of many diseases, but comparisons over time and across countries show that these factors explain only a small part of the variance in public health. Much more of that variance is explained by the economic prosperity of a country or community, of the sort reflected in measures of gross domestic product per capita, and its corresponding capacities to provide the citizenry with sanitation, housing and basic utilities. From a national point of view, "healthier is wealthier" at least in general terms.

This regularity holds with even more consistent force at the individual level. In any given community or country, those with higher levels of income tend to live longer and to enjoy better health. Access to material resources clearly increases the likelihood that a person will live longer and have a healthier life. Nothing in our analysis disputes this fundamental point.

Nevertheless, as social epidemiology has noted, some important puzzles remain. One is reflected in the fact that, once a country is sufficiently prosperous, the health of its population is no longer well explained by national income per capita. Among countries with incomes of more than about \$11,000 per capita, there are wide variations in population health that seem to bear no relationship to income. The United States, for instance, has the world's highest income per capita but ranks only seventeenth in terms of average life expectancy. Something other than income must explain these national differences.





One of the factors that might explain them, of course, is the distribution of that income. There is reason to think that the aggregate levels of population health in a country or community may be improved by redistributing income or other material resources to those at the bottom of the income hierarchy. As Daniel P. Keating observes, based on the shape of health gradients across countries, when resources are redistributed, the health of those at the bottom of the income distribution may improve more than the health of those near its top declines. Although the case for redistribution is usually made in the context of the developed democracies, Peter Evans shows that reducing income inequality may also improve population health in the developing world.

It is unlikely that material factors alone, however, explain all the variation in health outcomes across countries or across individuals. Many findings confirm this. The statistical estimations used to support material explanations leave much of the variance in population health unexplained.

A careful study of the localities of Vancouver, a prosperous Canadian city, turned up significant differences in children's health from locality to locality that could not be explained by any of the material factors that could be measured, including income and education, their distribution, and the provision of social services. The statistical relationship between income and health also reflects the effects of other social factors.

A large literature on inequality shows that, in contemporary societies, income corresponds to other features of one's social position. Some of its correlates, such as how one is housed or fed, may be material, but others bear on how one is connected to others. There is good reason to think that various features of the structure of social relations matter to health, and studies that find a consistent relationship between a person's health and level of education confirm this, as do studies that show the health of animals is often related to their status in the local band.

Of course, the contention that population health depends on social relations drives the field of social epidemiology. We build here on a body of research that has been making important contributions to the study of population health for 30 years.

We are interested in exploring precisely *how* social relations affect population health. To controversies about which dimensions of social relations affect health and how they do so, we bring a distinctive perspective that emphasizes the impact of institutions and cultural structures. This perspective allows us to identify a number of features of social relations consequential for population health that deserve more attention and to elucidate the processes whereby they affect health. By integrating cultural and institutional analysis, we hope to advance understanding of the social processes that help to give rise to the familiar gradients of population health.

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THOSE INTERESTED IN
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WILL SEE NEW APPROACHES
TO ITS DILEMMAS.
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General readers will find in this volume food for thought about many dimensions of contemporary life.

Policy makers will find many observations about how to address the issues of population health they confront.

Those interested in international development will see new approaches to its dilemmas, which advance our understanding of the role institutions play in development and revise prevailing conceptions of how best to tackle the AIDS epidemic.

As a consequence of participating in the project that yields this book, its contributors now see the world in different terms than they did before, and we think most of its readers will as well.

