

Yunus Centre for Social Business & Health

researching the relationship between poverty alleviation and health



Conceptualising social enterprise as a health and wellbeing 'intervention'

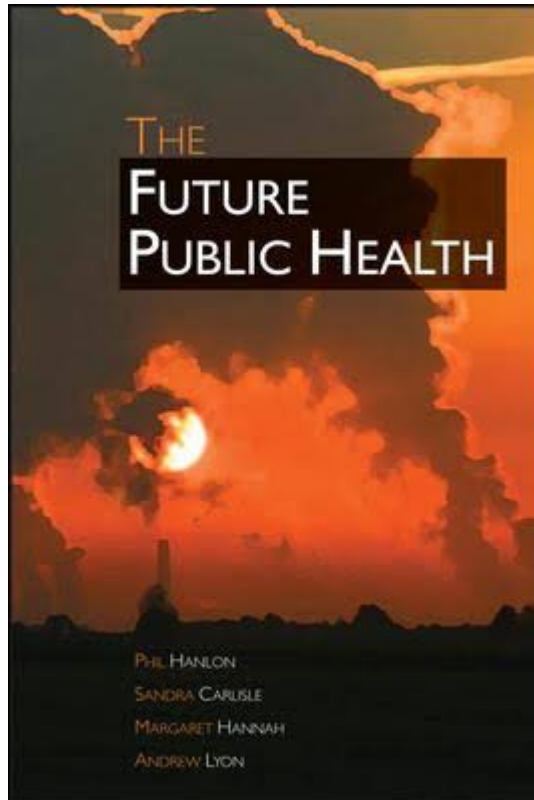
Michael J. Roy

'Sparking Solutions' Conference, Ottawa, April 2016



University for the Common Good

“Non-obvious” public health actors: what do we mean?

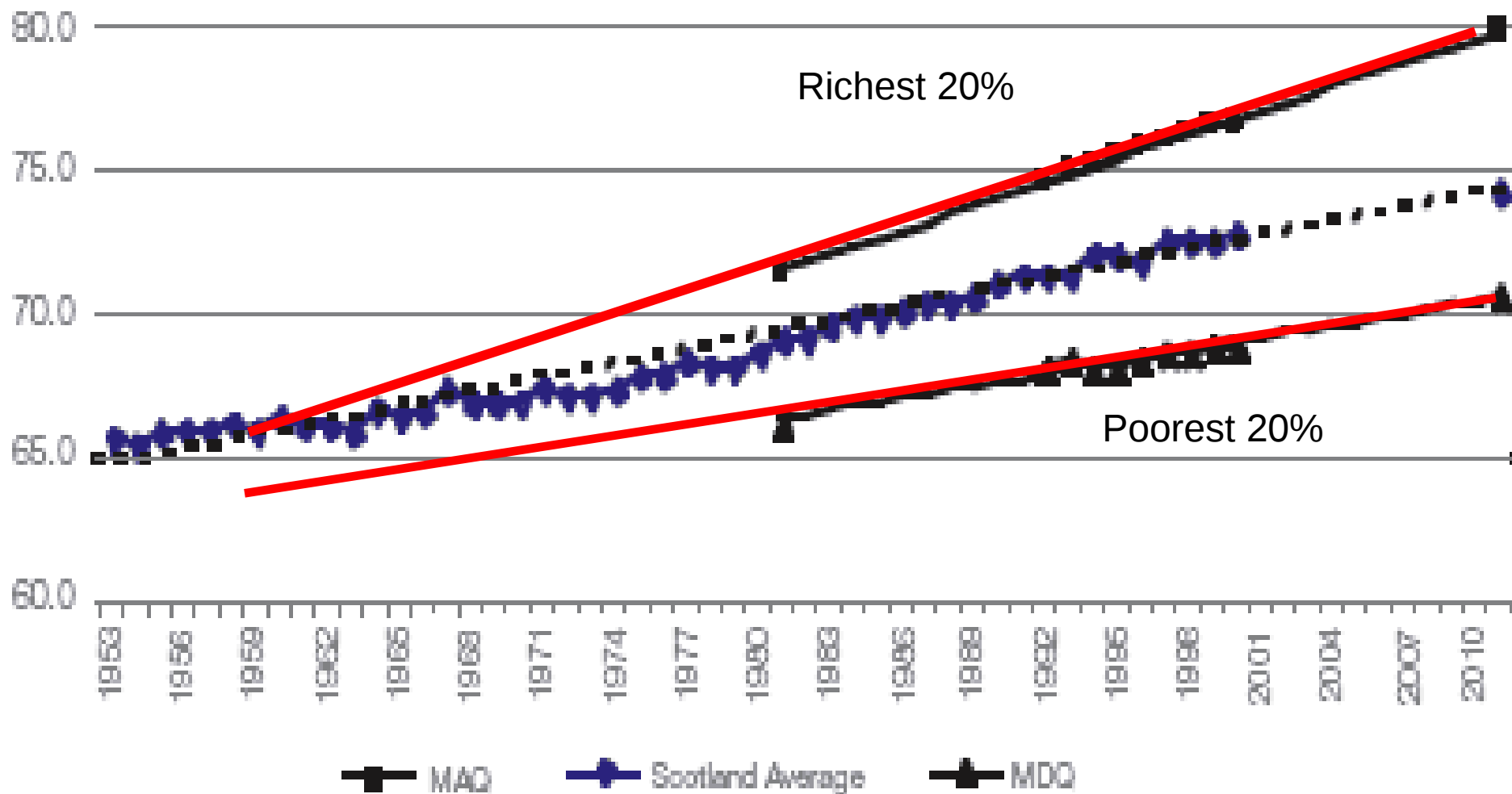


“Non-obvious” because they are not part of formal health systems. Unrecognised – or under-recognised – by health service funders, researchers and policymakers. Indeed, the actors *themselves* may not recognise the impact of their work in public health terms:

“...many of the key players [in the future public health] may not consider themselves to be involved formally in public health at all: their influence on health will be a product of their primary intent” (Hanlon et al., 2012: 169).

Trends in male life expectancy: Scotland

Source: Chief Medical Officer for Scotland (2012)



It's not just deprivation!

- There is something else going on in Glasgow that cannot be explained “simply” in terms of poverty alone, as the comparative studies of different cities show
- There are countless theories as to what is causing this “Glasgow effect”: likely to be a complex array of factors acting in concert

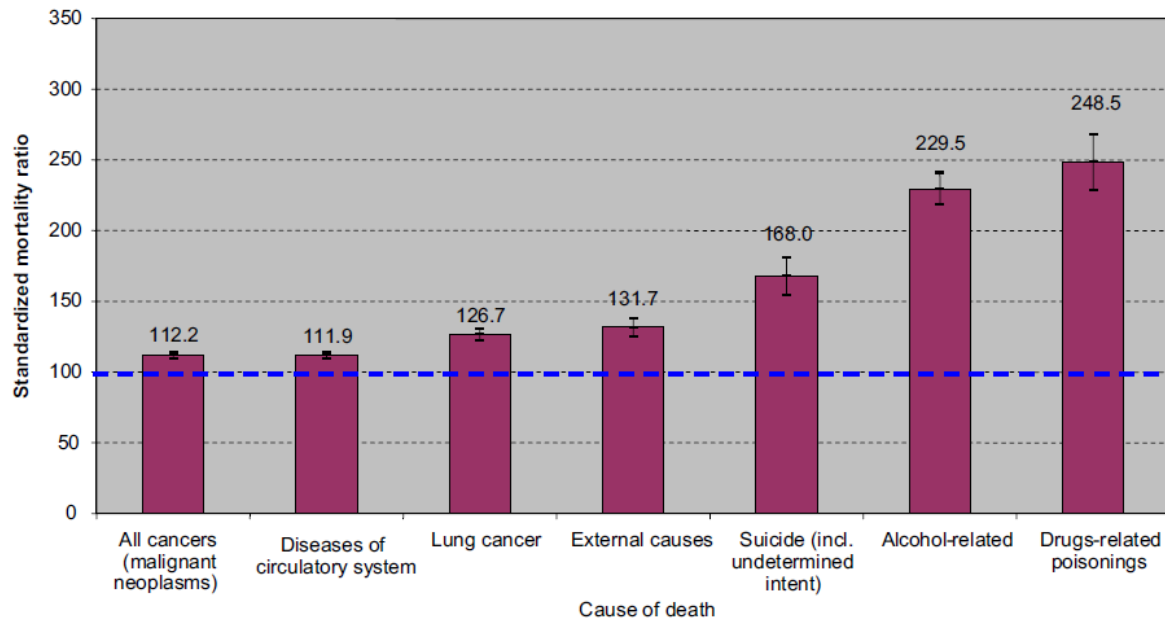


Figure 3 – Standardized mortality ratios 2003–2007 (indirectly standardized by 5-year age band, gender and income deprivation decile) for Glasgow relative to Liverpool and Manchester (combined), for seven causes/groups of causes.

(Source: Walsh et al, 2010)

In Iraq, life expectancy is 67. Minutes from Glasgow city centre, it's 54

In deprived inner city area of Calton, the chance of surviving to old age is lowest in UK

Life expectancy (men)

Andorra (highest): 80.6

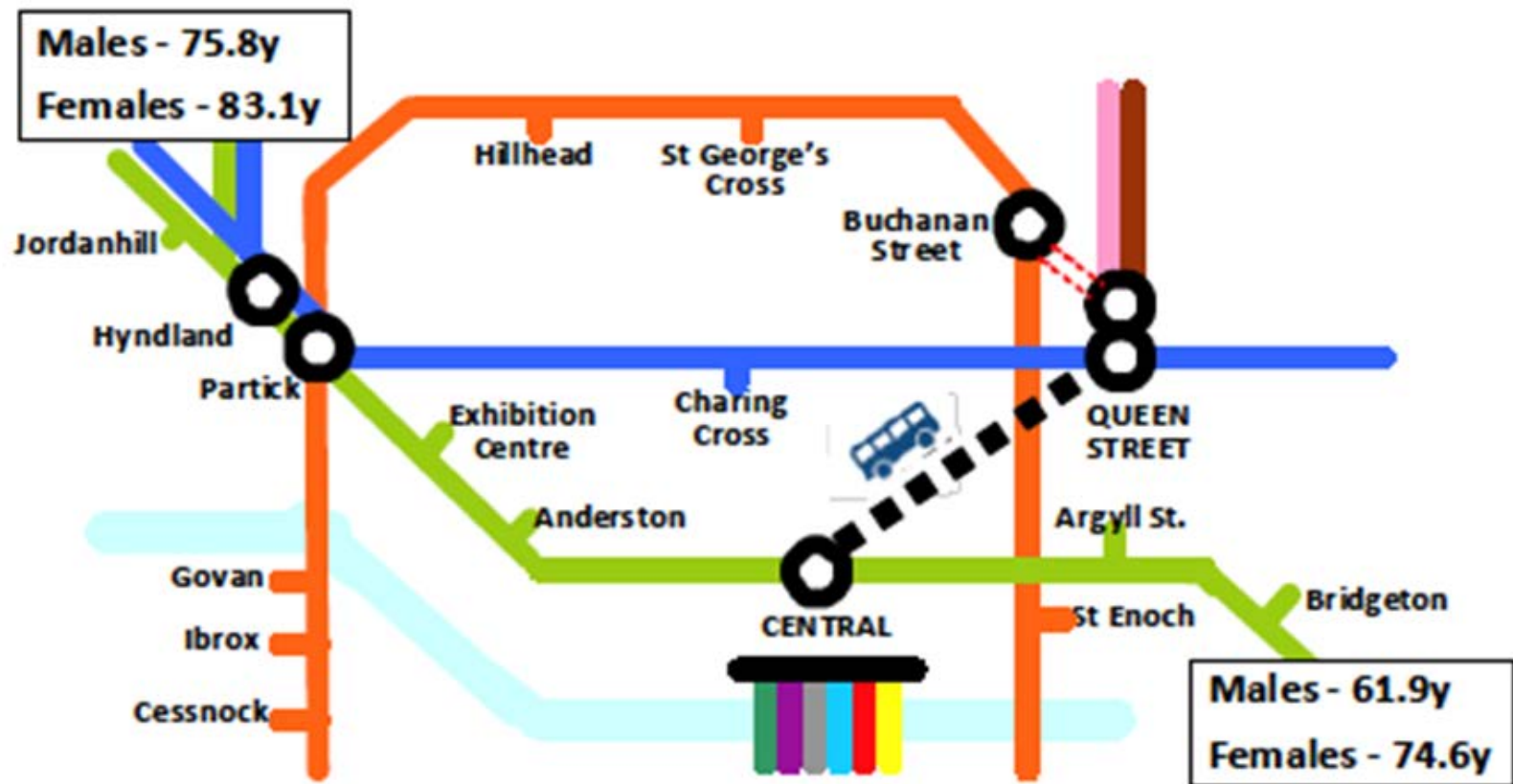
United Kingdom: 75.9

Gaza Strip: 70.5

Calton, Glasgow: 53.9

Liberia: 38.9

Swaziland (lowest): 32.5

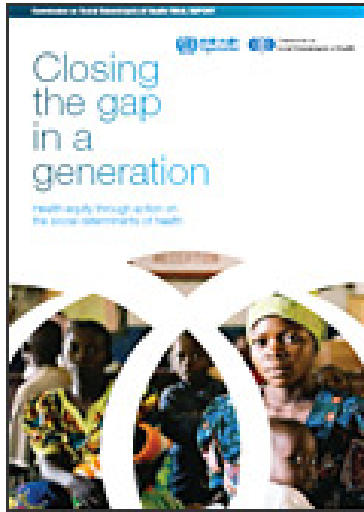


Life expectancy data refers to 2001-05 and was extracted from the Glasgow Centre for Population Health community health and wellbeing profiles. Adapted from the Strathclyde Partnership for Transport travel map by Gerry McCartney.

(Source: McCartney, 2012)



A social enterprise is a trading entity whose surpluses are reinvested for the benefit of social objectives rather than for distribution to shareholders or owners (Borzaga and Defourny, 2001; Nyssens, 2006)



"This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. But... it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place."

Director-General Dr Margaret Chan, at the launch of the final report of the WHO Commission on Social Determinants of Health, 2008.

- Social enterprises act to remedy/ameliorate social conditions ("factors in the social environment"): addressing their social mission is their primary purpose
- So if ALL social enterprises act on the social determinants of health then can ALL social enterprises be viewed as providers of public health?



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The potential of social enterprise to enhance health and well-being: A model and systematic review



Michael J. Roy ^{a, b, *}, Cam Donaldson ^a, Rachel Baker ^a, Susan Kerr ^c

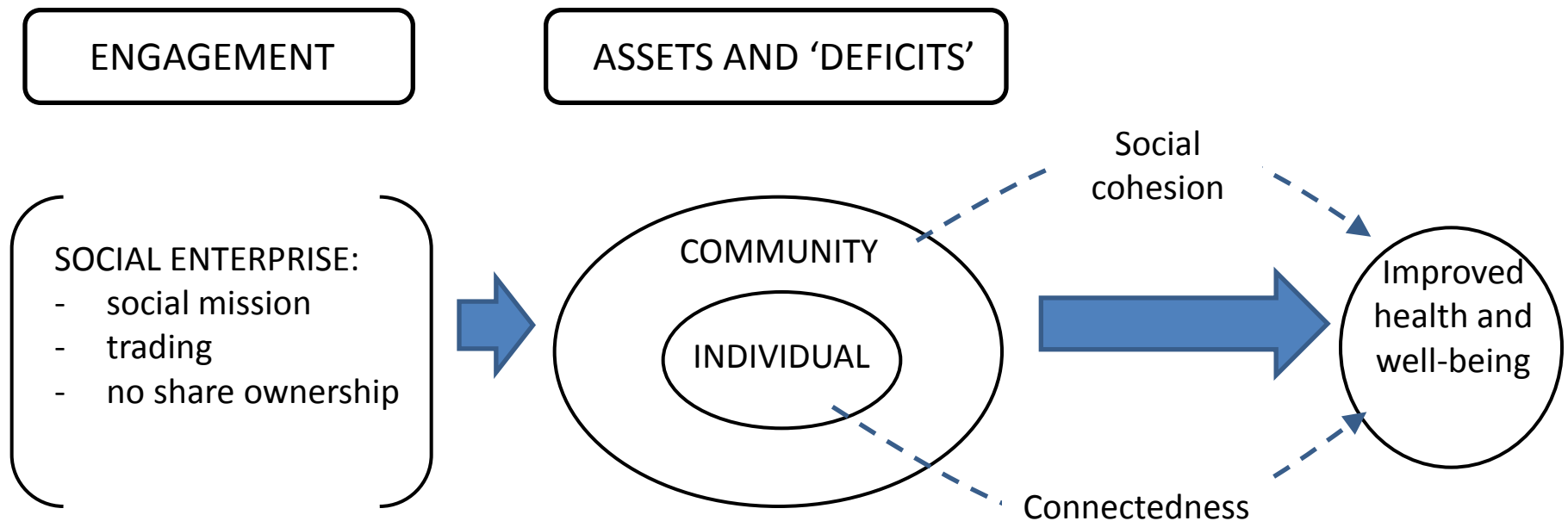
^a Yunus Centre for Social Business and Health, Glasgow Caledonian University, Glasgow, UK

^b Glasgow School for Business and Society, Glasgow Caledonian University, Glasgow, UK

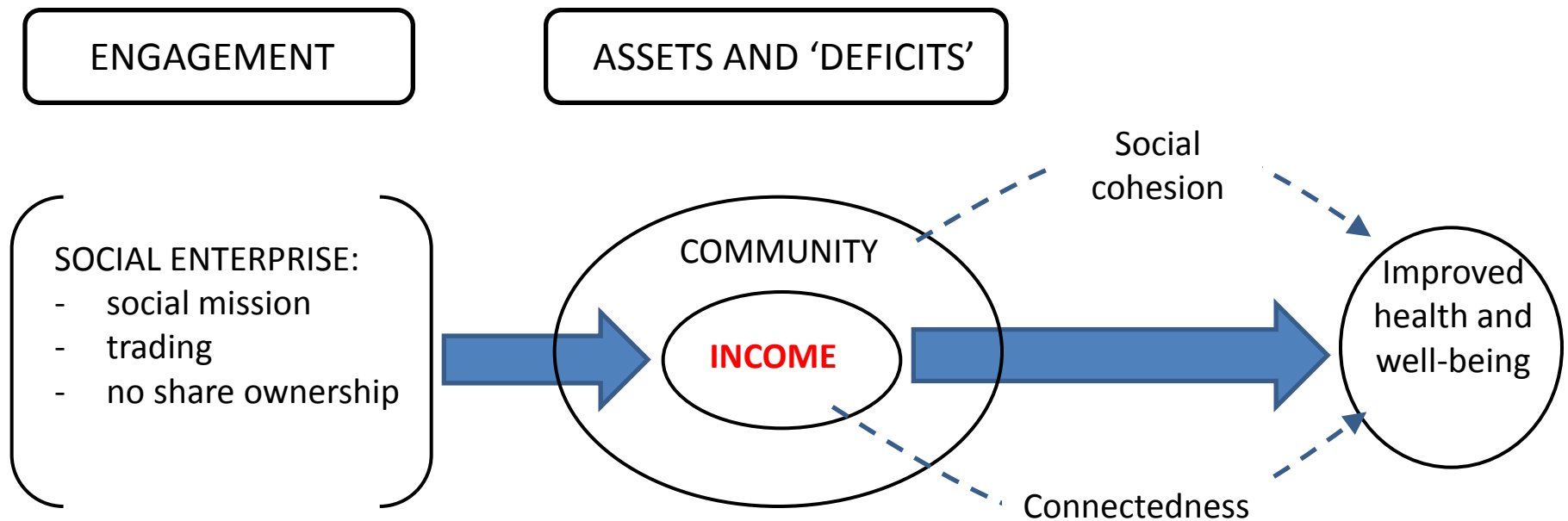
^c Institute for Applied Health Research, Glasgow Caledonian University, Glasgow, UK

“...provide limited evidence that social enterprise activity can impact positively on mental health, self reliance/ esteem and health behaviours, reduce stigmatization and build social capital, all of which can contribute to overall health and well-being. No empirical research was identified that examined social enterprise as an alternative mode of healthcare delivery.”
(Roy et al, 2014:182)

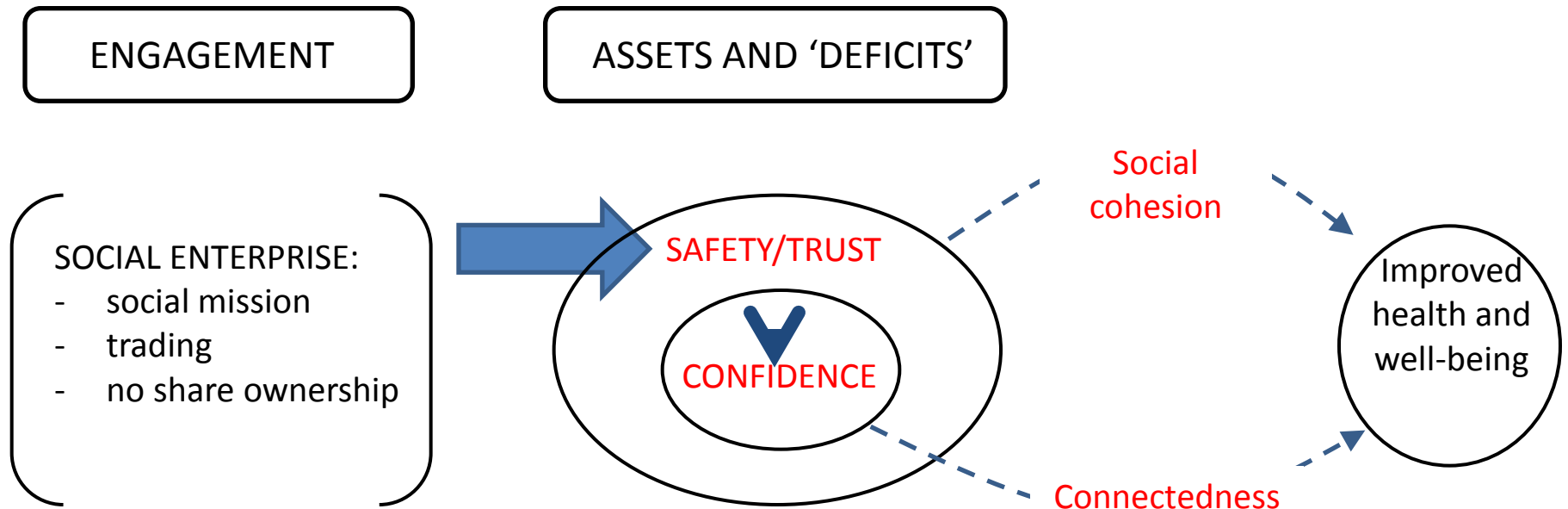
How do they work?: A working hypothesis



How do they work?: A working hypothesis



How do they work?: A working hypothesis



A. Social Enterprise

B. 'Intervention'

C. Intermediate effects/'assets' developed

D. Long term outcome

Internal Factors

- Size
- Location
- Coverage
- Legal Setup
- Time trading
- People



Social Mission



External Factors

- Policy
- Legal Framework
- Trading environment
- Access to finance

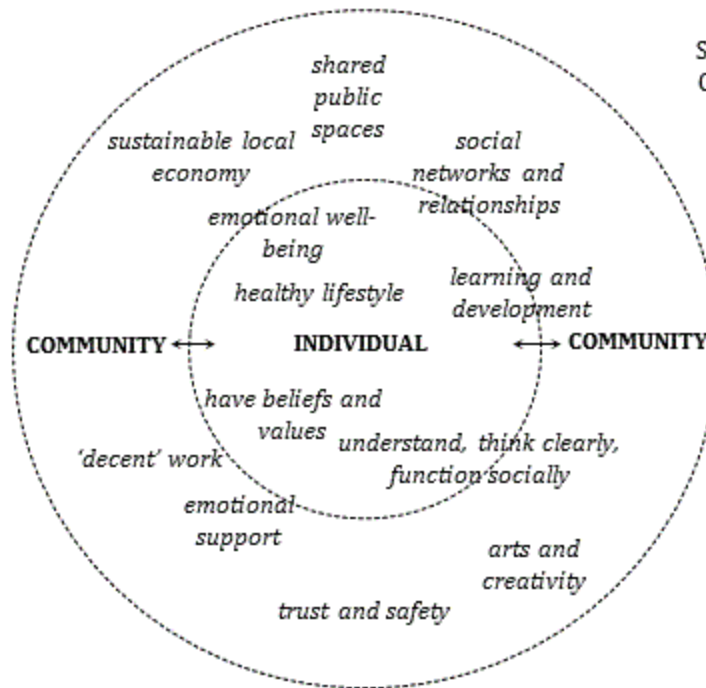
'directly'



Trading / service delivery



'indirectly'



Social Capital / Connectedness

Improved health and well-being

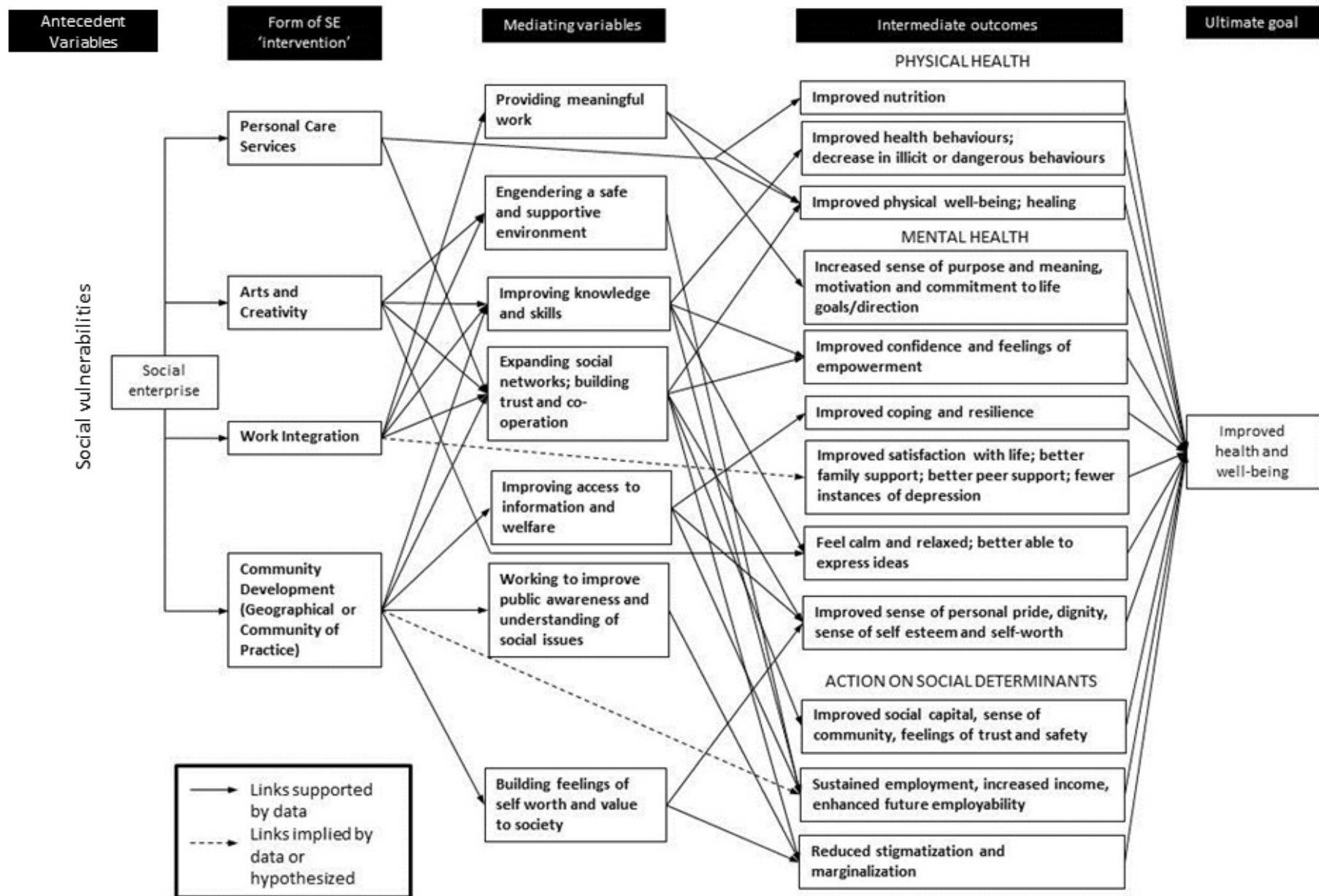
Sense of Coherence

Hypothetical model (Roy et al , 2014)

Moving to 'empirically informed' model: methods

- In depth semi-structured interviews (and a focus group) with 13 social enterprise practitioners around Glasgow
- Four stage sampling process: purposive, maximum variation (Mason, 2002) sampling of social enterprises (on a range of variables e.g. size, age, location, type of business, geographical focus etc)
- Analysis: Causation Coding (Saldaña, 2013) and pictorial causal networks (Miles and Huberman 1994) employed to understand and demonstrate 'causal pathways' or 'generative mechanisms' contained in practitioner discourses

Antecedent variables > Mediating variables > Outcomes



‘empirically informed’ conceptual model (Roy et al, forthcoming)

A platform for future research

- Building upon Systematic Review, the conceptual model(s) not intended to be the “truth” by any means, merely as a plausible starting point for future research
- New field of scientific enquiry at the interface between social enterprise and public health has started to emerge internationally, presenting significant scope for future research activity
- New approach? New way of thinking? (Consistent with Fifth Wave, for example?) Challenge to existing ideas of what is meant by a public health ‘intervention’
- Major (£1.96m) five year programme grant co-funded by the Medical Research Council and Economic and Social Research Council, commenced in early 2014: *Developing Methods for Evidencing Social Enterprise as a Public Health Intervention* (see www.commonhealth.uk)

Thank you!

michael.roy@gcu.ac.uk