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Commentary

Invited commentary: How research on public school closures can inform research on public hospital closures



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ABSTRACT

The literature on social capital and civic engagement as they relate to health and health services outcomes is nuanced and sometimes conflicting, and has been a topic of much investigation in the pages of *Social Science and Medicine*. Ko et al. (2014) add to this research by considering two health services outcomes: the closure and privatization of public hospitals. We draw from education research on the role of community/civic engagement in public school closures to identify areas for future research to better understand these nuances. Qualitative research on school closures suggest that there are both well-managed and poorly managed closure decisions, and there are diverse community groups with interests in the decision who can interact with each other in nuanced ways. Furthermore, across stakeholder groups, there is not always agreement as to if closure would help or harm their students' education. We encourage health and health services researchers to glean insights from education research and other disciplines disparate but related and relevant to public health when developing research questions and considering alternative methodologies.

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The literature on social capital and civic engagement as they relate to health and health services outcomes is nuanced and sometimes conflicting. In the last two years, many studies published just in *Social Science and Medicine* have added to this mixed literature on links between health and community social capital, structural social capital, and/or civic engagement (e.g., Aminzadeh et al., 2013; Cairns-Nagi and Bamba, 2013; Han, 2013; Herian et al., 2014; Jung and Viswanath, 2013; Muennig et al., 2013; Murayama et al., 2013; Riumallo-Herl et al., 2014). Ko et al. (2014) add to this research by considering two health services outcomes: the closure and privatization of public hospitals. Consistent with their hypothesis, they found that higher per capita number of business, professional, and political organizations was associated with hospital privatization. However, higher voter turnout in federal (presidential) elections was associated with increased hazard of public hospital closure, contrary to their hypothesis that social capital would reduce the hazard of public hospital closure. The counterintuitive findings regarding public hospital closure raise questions as we consider how to maintain and strengthen our social fabric and public safety net more generally, especially with an eye towards the well-being of the most disadvantaged.

The field of education research has considered the analogous question of the role of community/civic engagement in public school closures. Findings from this burgeoning research area may inform our understanding of the counterintuitive public hospital closures findings, as well as suggest fruitful new research approaches that might be applied to examine this issue. We note that there are limits to this analogy, as Ko and colleagues articulated during the peer review process. For example, public schools are often funded through property taxes from all citizens, whereas public hospitals rely upon fees for service contributed only by users. Additionally, the majority of schools are public, whereas only 2% of hospitals are public. Nevertheless, we believe that public school closures are informative for public hospital closures for two key reasons: both public schools and public hospitals are considered public goods (Irwin and Seasons, 2012; Ko et al., 2014) and both are intended to be at least somewhat responsive to their constituents, albeit to mixed effect (Fay, 2014; Gomez-Velez, 2008).

School closure is often interpreted as a type of market-based reform: by closing lower-performing and/or under-enrolled schools, local education authorities seek to increase the overall quality of schooling provided (Deeds and Pattillo, 2014) and/or operate more efficiently (Irwin and Seasons, 2012). Hospital closure is often interpreted as a similar consequence of competition and though to be influenced by intentions to increase efficiency. Many

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researchers have studied the nuances of how different stakeholder groups engage civically to attempt to affect school closure decisions. For example, there are both well-managed and poorly managed closure decisions, and there are diverse community groups with interests in the decision who can interact with each other in nuanced ways. Furthermore, across stakeholder groups, there is not always agreement as to if closure would help or harm their students' education.

School closure research also teaches us that not all school closures are equal: there are examples of school closures that engaged and respected all voices in the process, thereby valuing and building community (De Witt and Moccia, 2011). Similarly, it is possible that some public hospital closures have been handled positively in ways that empower rather than marginalize the patient base, and thus closures may not be categorically a negative outcome. We encourage future researchers to explore this possibility.

A case study of community influence upon a school closure decision (Finnigan and Lavner, 2011) identified the different and intersecting influences of the parent–teacher organization, elected officials not on the school board making the decision, leaders in the business community, and local media. These same community entities (with the exception of a health professional union and/or recent patients likely replacing the role of the parent–teacher organization) could all also be influential in a decision to close or privatize a public hospital. We encourage future researchers to examine the roles of varied community entities on public hospital closures.

A study of parental engagement and school closure that used ethnographic observations, interviews, and document analysis (Pappas, 2012) found that all parents were united in their desire for their children to receive the best possible education, but disagreed as to whether school closure would help them achieve that goal. Interestingly, Pappas (2012) also makes a distinction between parent mobilization—around a specific, immediate issue—and parent organizing, which is oriented towards long-term change. Pappas's (2012) work leads us to identify two important nuances to consider with respect to Ko et al.'s (2014) paper. First, social capital may not always translate into the same direction: some people may be civically engaged around closing a hospital, whereas other may be civically engaged to keep it open. Second, short-term engagement around an immediate goal (like the closure of a hospital) may have different implications for the health of a community than long-term engagement (like promoting public services and/or promoting health more generally, with hospital access being one of many outcomes of interest).

As we consider implications of research on school closure for future research on hospital closure, we note an interesting methodological difference. The recent studies on social capital and health published in *Social Science and Medicine's* pages have been almost entirely quantitative; we found one mixed methods study (Cairns-Nagi and Bamba, 2013). In comparison, the school closure research we highlight in this commentary has been almost entirely qualitative. The qualitative research on school closure has provided important insight on the ways in which school closure decisions are made, the nuanced positions of the stakeholders, and the nuances of engagement approaches that quantitative research is not well positioned to examine.

We encourage future researchers tackling the questions Ko et al. (2014) raise regarding social capital and public hospital closures to incorporate qualitative research approaches, as modeled by researchers studying school closure, to unpack the dynamics underlying social capital and public hospital closure associations. For example, qualitative research can be used to detail the roles of different community-based organizations in

these policy decisions (e.g., Bennett et al., 2013) to document concepts like “community resilience” (Morello-Frosch et al., 2011), which is the extent to which community groups can help redress local government's gaps in acknowledging and addressing community members' needs. In the context of understanding public hospital closures, it would be useful to map the different positions of the relevant community-based organizations and also voter preferences to better understand how their engagement in the civic sphere may influence hospital decision-making. Researchers might find that civil society infrastructure, one form of social capital, influences public hospital closure decisions differently than the effect of individual voter turnout, the form of social capital featured here.

Qualitative research could also examine the extent to which differences in study findings on the relation between social capital and public hospital closures are due to other changes over time. As a general trend, voter turnout has decreased over time (Putnam, 2001) and the privatization and closure of public hospitals has also increased over time (Savage, 2004). Furthermore, the implications of closure and/or privatization may have changed over time, just as the implications of public school closure have changed; now, traditional public schools are sometimes closed to be replaced with charter schools, which have only recently been increasing. An ethnography coupled with archival analysis may be an appropriate technique to understand how the social, cultural, political and economic history of a community may have led to both public hospital transitions and decreased civic engagement.

School closure researchers have used qualitative youth participatory action research to document youth voice regarding school closures and advocate for increased youth engagement (Kirshner and Pozzoboni, 2011). Similarly, community-based participatory research (Minkler and Wallerstein, 2008) could help systematically document diverse stakeholder perspectives and their rationales for engagement or disengagement in hospital closures. Community-based participatory research can also be a useful tool for making sense of quantitative findings like Ko et al.'s (2014) that are not immediately intuitive (Cashman et al., 2008).

Inspired by Ko et al.'s (2014) article, we looked to education research on school closure for new insights that might be applicable to hospital closure research. From those studies, it appears that qualitative research techniques could help elucidate some of the nuances and unanswered questions, including how public hospital closure decisions are made and the positions of the different stakeholders involved. More generally, we encourage health and health services researchers to glean insights from education research and other disciplines disparate but related and relevant to public health when developing research questions and considering alternative methodologies.

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