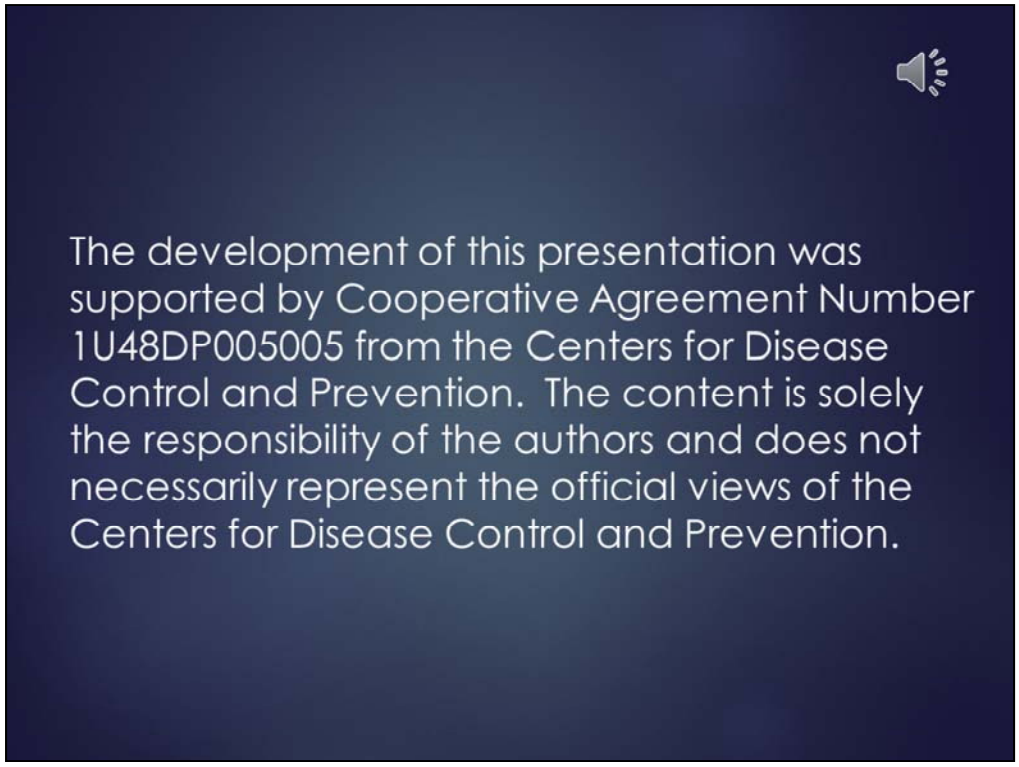
This module is about social capital. This is actually an interesting concept and one that is not talked about much with respect to health outcomes in communities.


The development of this presentation was supported by Cooperative Agreement Number 1U48DP005005 from the Centers for Disease Control and Prevention. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.

References

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There are a number of definitions of social capital, but the one that we prefer goes back to Putnam in 1993. He was one of the originators of the whole concept of social capital. He specified that social capital encompassed the "features of social organization, such as civic participation, norms of reciprocity, and trust in others, that facilitate co-operation for mutual benefit." It really emphasizes reciprocity, trust, and cooperation in being willing to come together and work together on some common mutual goal. Social capital is a characteristic of the community – not of individuals, not of social groups – the community or neighborhood as a whole.

More recently (in 2002), Watt defined social capital in terms of trust – the social trust that operates within a community, how safe people feel together, how much help they give each other for individual and collective benefit – and the degree of involvement in social and community issues, like voting and being part of community groups.

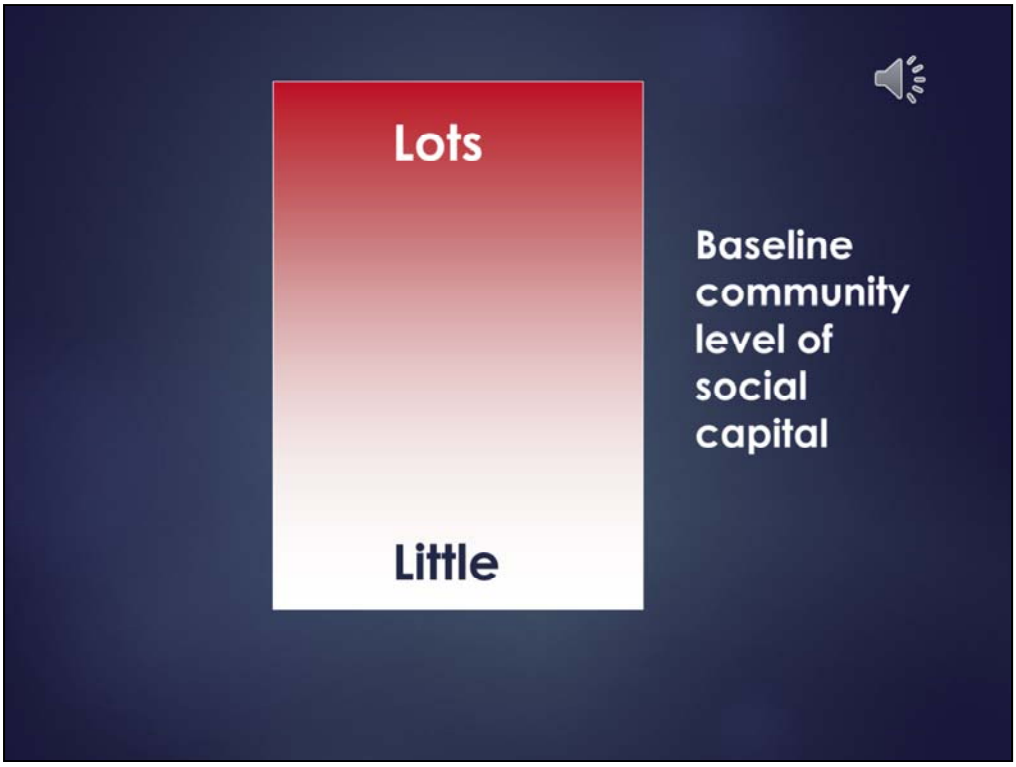
Social capital is a resource. It is generated through social connections, through working together collaboratively. An interesting characteristic of social capital is that it is a rare example of a form of capital for which spending it actually generates or creates more of it. In a sense, you spend it (use it) to make it. If you have two different groups that are not used to working together, a strategy is to encourage the collaboration, give those groups a project that they have to work on together. You bring people together. You get them working toward some mutual goal and that generates the trust that increases social capital and increases the likelihood that in the future they are going to have that trusting relationship and be willing to work more closely together.

Traditionally, the essential features that define social capital include trust, social cohesion, and feelings of reciprocity in collaboration. More recently, some authors have talked in terms of the existence of a sense of local identity, community networks, higher levels of civic engagement (e.g., voting, volunteerism), and solidarity and equity with other community members. Pilkington suggested that social capital is marker for a community's potential for cooperative action to address local problems and to provide support for community members in times of stress.

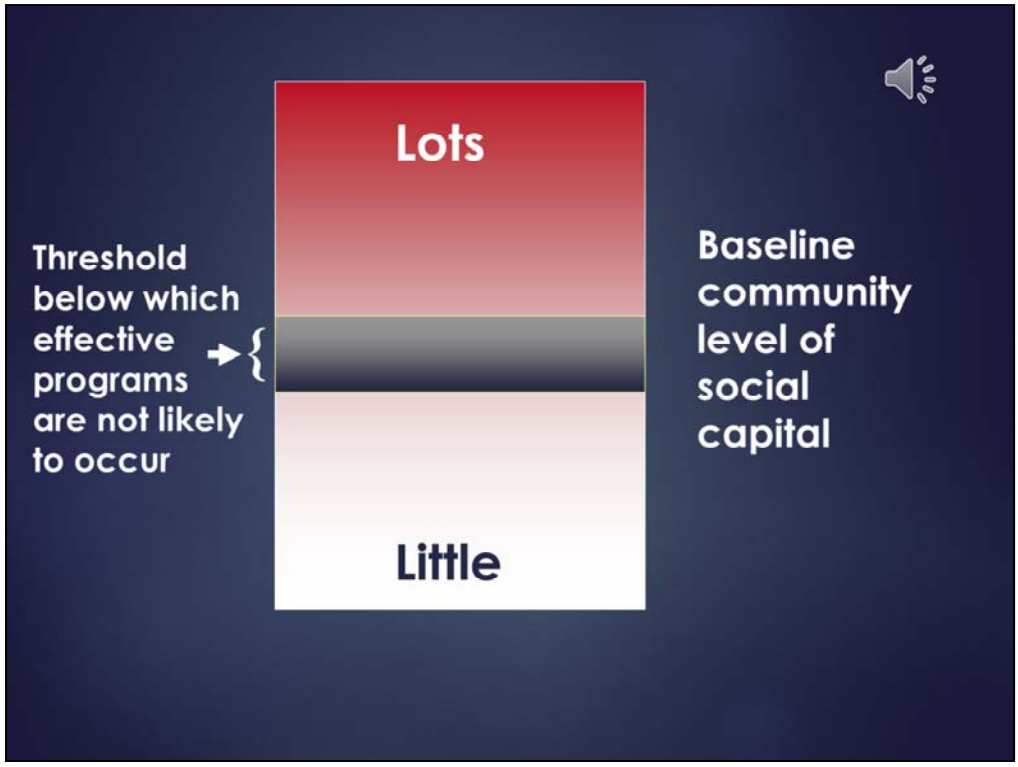
There are several key issues to be considered. We have already talked a bit in the previous slide about the dimensions of social capital.

With regard to the social structures that foster the development of social capital, think about networks, coalitions, task forces, working groups – groups that come together to think about issues, identify strengths and challenges in the community, and identify solutions to problems.

Finally, a really interesting question, and one that has yet to be resolved, is whether there is a threshold of social capital that mean that your efforts in the community are more likely to be successful. Expressed another way, is there a minimum level of social capital that is needed for success?



One way to think about this issue is, if you're characterizing the level of social capital of a community, it can exist a long a continuum from very little to a lot. As public health practitioners, we all have examples of communities that have been highly successful in working together to address a problem and communities that just could not seem to come together at all.

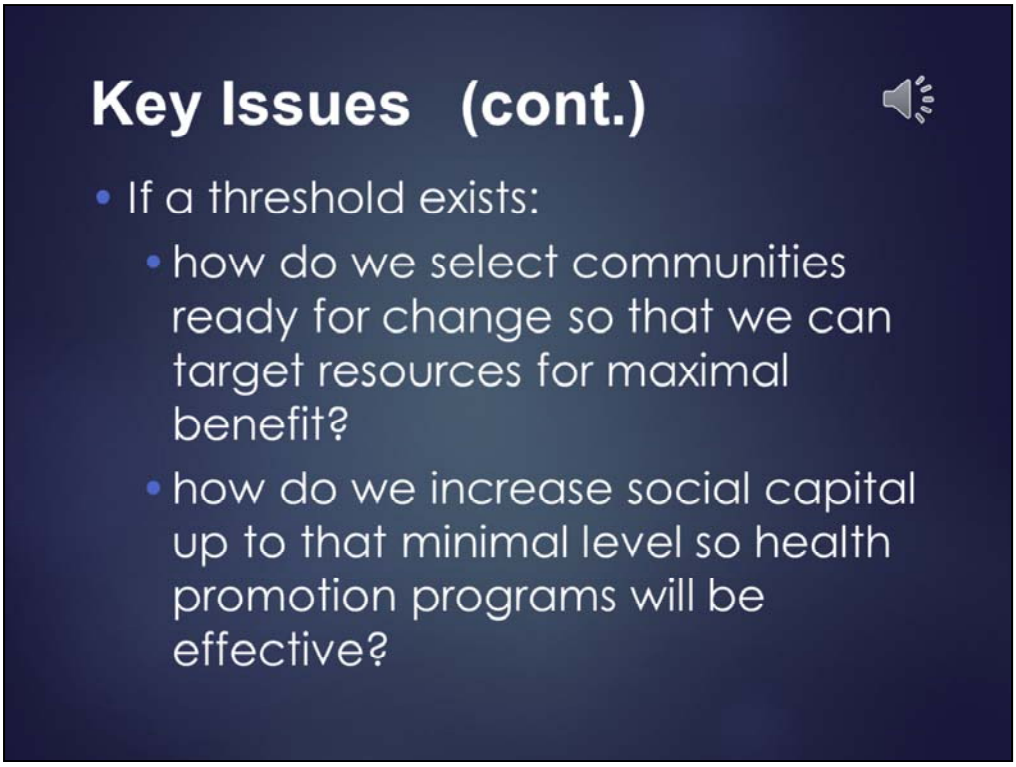


Is there, then, a threshold above which you want to target in selecting the communities in which you are going to conduct a practice-based project? We are constantly pressured to focus our limited resources on communities where we are most likely to be successful. One specific example comes to mind. Within the past few years, I set out to implement a school-based program in a couple of very rural communities. The first community was great to work with. The working group that the community project leaders put together represented a wide range of sectors – schools, town and county government, business leaders, community residents, and others. Planning meetings were well attended; discussions were enthusiastic and productive, ideas flowed, and action plans were developed. People did their 'homework' and came to the next meeting ready to report on progress and move the project along. There were a few bumps in the road, but the working group addressed those collaboratively and got the project done. All in all, it was a very positive experience with a good outcome. Clearly, this community had a lot of social capital already.

Our second community effort was less positive. Community leaders for the project development effort were hard to find, and the working group that they put together was very limited with respect to representing various constituencies within the community. Meetings were not well attended, and it was very difficult to get participants to even brainstorm about projects they thought might benefit their community. After meetings had adjourned, it was not uncommon for group

members to follow us to the parking lot to complain about other members of the group. Clearly, there was not a great deal of mutual respect or trust within the group, and ultimately the group could not coalesce around the project. I would suggest that this community had very low levels of social capital.

In another example, we were working with a community that started out with a reasonable degree of social capital – and then there was a scandal within the community's government and the community fractured. The level of social capital dropped so much within the community that we could not get people to come together and really focus on the proposed project. It was a lesson in the fragility of social capital. It may take (hopefully) a fairly powerful event to fracture the social capital within a community, but it can happen very quickly.



This begs the question, then, of how to identify which communities to work with. If we could identify where on the continuum of social capital a community fell, then we could make more informed decisions about how to work with them most productively – i.e., are they ready to go with implementation or do we need to increase the social capital first, perhaps starting with a smaller project – or even going somewhere else to minimize the risk of ineffective expenditure of scarce resources. Unfortunately, the measurement of social capital is not there yet – although several research groups around the country are working on assessment tools that could help. But even without an objective measurement, it is certainly a concept that can help us understand how and why things are working or not working in a community.

Just to play the devil's advocate for a little while: is it fair to only work with those communities that are already working well together – that fall above the threshold? We talk in public health about working with individuals where they are – starting at their comfortable skill level and working to move them along the continuum, up the scale to higher levels. Would that same concept not apply to communities? How can we work with a community to increase social capital up to that minimal level so health promotion programs will be effective? As mentioned before, one of the best ways to get groups working together is to give them a reason to work together, a project or task. To build social capital, you may want to start small – identify a relatively small and relatively easy-to-resolve issue, on the theory that success

begets success. As they work together, they build trust and understanding and may be more willing to tackle something a little larger.

Thought questions

- What did you read or hear in this discussion that was new information for you?
- What surprised or challenged you?
- What did you agree with or disagree with and why?
- How does this information make sense in terms of your work in the field of public health?