

Key Questions: Social Capital



Version 2.0

DESIGN FOR HEALTH is a collaboration between the University of Minnesota and Blue Cross and Blue Shield of Minnesota that serves to bridge the gap between the emerging research base on community design and healthy living with the every-day realities of local government planning. This Social Capital Key Question is part of a series with a focus on identifying and interpreting evidence-based research linking public health with planning.

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Overview

The concept of social capital entered the public consciousness in the 1990s with publication of early articles that eventually became Robert Putnam's book, *Bowling Alone* (2000). This book aimed to document the decline of social capital in the past several decades. Social capital, or a set of social networks, is commonly assumed to be a factor that can help improve health both directly (e.g., improving mental health) and indirectly (having people to call on when one is ill or in need). A number of authors have proposed that it may be influenced by making changes in the built environment.

For communities interested in improving health and building social capital, studies provide some important insights that fall into two general categories: (1) research that addresses how social capital influences health; and (2) research related to factors in the built environment that contribute to social capital. Relative to the first category, the research finds that individuals with high levels of social support and those who report living in communities with high levels of social capital rate their health more positively (Poortinga 2006, 265). Greiner and others (2004) provide a brief literature review to show that indicators of social capital have been linked to a diverse set of health outcomes, including mortality rates, violence and homicide rates, smoking, sedentary lifestyles, binge drinking, etc. It should be noted that social capital does not always result in positive health outcomes; for example, a community known for unhealthy behaviors may encourage the continuation of such behaviors (Greiner et al. 2004). With regards to the latter category, studies show that different measures of social capital (e.g., increased levels of trust, political participation) are supported by different built environments (Williamson 2004). As such, quite different kinds of environments can facilitate social capital.

Things for certain (or semi-certain)

- People participate more in politics in higher-density areas, areas with more pedestrian commuters and areas perceived to be more walkable.

Example: A survey of 30,000 people in 40 different locations in the United States, found that political participation (including activities such as membership in a political organization and attending a protest) is higher in central cities and areas with higher proportions of public-transit users and pedestrian commuters, as defined by the census, even after controlling for demographics and political ideology (Williamson 2004, 401). Residence in a higher-density census tract (>8000 persons/sq.mi. or 3077 persons/sq.km), older neighborhoods (built before 1950), and center cities increases political participation (Williamson 2004).

Example: A survey of 279 residents of center-city, older and new suburban areas in Galway, Ireland, found that those who describe their neighborhood as highly walkable, based on being able to walk to a large number of different land uses (e.g., school, place of employment, pub, pharmacist, park), are more likely to know their neighbors, trust other people, and contact their elected officials (Leyden 2003, 1548).



Community input process.

- People living in areas with high levels of home ownership and/or at low densities are more neighborly (measured as trust, helping each other, etc.).

Example: A study of 30,000 people in the U.S. showed those living in areas with low densities (<2000 persons/sq.mi. or <770 persons/sq.km at the tract level) have higher levels of trust in their neighbors (Williamson 2004, 273). Overall those living in low-density (census tract with <2000 persons/sq.mi. or <770 persons/sq.km), car-dependent suburbs (census tract with average commuter greater than 30 minutes and census tract with 85 percent+ workers driving alone) have higher levels of trust in the neighbors (Williamson 2004, 273). It should be noted, however, that longer commutes have a negative impact on trust, with those living in areas with average commutes longer than 30 minutes, having lower levels of trust (Williamson 2004, 273).

Example: A study of 6551 residents in 413 neighborhoods in 10 cities (Denver, Des Moines, Indianapolis, San Antonio, White Center, Hartford, Louisville, Milwaukee, Oakland, and Providence), found residents of low-income neighborhoods with higher levels of homeownership have higher levels of social capital, as represented by their perceptions of how closely knit their neighborhoods are, how willing neighbors are to help each other, how well neighbors get along, how similar values are among neighbors, and how much neighbors can be trusted (Brisson and Usher 2005, 651).



Outdoor Cafe, Stockholm, Sweden.

Things up in the air

- There is significant variation in how social capital is defined and measured in the research. Social capital may be represented by trust, knowing one's neighbors, contacting elected officials, participating in a protest, similarity in values among neighbors, perceived community friendliness, and voting in elections. Researchers might use multiple-question surveys to create an index encompassing various aspects of social capital or focus on specific activities or outcomes intended to represent social capital, such as trust or voting.
- The research also varies relative to how the built environment is measured. In assessing the relationship between density and social capital, for example, one study includes "densely-settled rural counties" with 20-39 residents/sq.mi. (8-15 residents/sq.km) as a high-density area (Greiner et al. 2004, 2307), while another measures a low-density urban area as 500-3000 persons/sq.mi. (192-1154 persons/sq.km) (Williamson 2004, 269). This example provides a warning that it is very important to understand the context (e.g., project, census tract, neighborhood, community, or region) for the research and how it might impact the relevance of the findings for other communities.
- Homeownership is associated with higher social capital in some studies and in others living in high densities and in larger apartments increase social capital. This likely has to do with different definitions of social capital, but shows that the issue of housing type and tenure is a complex one.

Example: Glaeser and Sacerdote (2000) used results of 11,071 responses to the National Opinion Research Center's General Social Survey to find that those in apartment buildings of 10 or more units were more likely than others to spend an evening with someone from the neighborhood.

Example: As outlined above, a study of 30,000 people in the U.S. found that homeowners had higher levels of political participation than others (Williamson 2004).

- Neighborhood design and crime appear have some connection to social capital, though the presence of multiple studies to confirm key findings are limited.

Example: Based on data from the Community, Crime, and Health Survey, which included a sample of 2,482 Illinois residents from varied neighborhoods, Ross et al. (2001) found that perceived neighborhood disorder increased distrust, but only for those who had a sense of personal powerlessness.

- Self selection may well be at work—those who want to engage in particular forms of activity choose to live in environments that support those activities. While this means that the environment’s influence is not as strong, it may indicate the need to create a variety of environments, so that people can engage in the kinds of social networks they prefer.

Example: Podobnik (2002) found higher levels of perceived friendliness in a New Urbanist neighborhood compared to other neighborhoods, based on a survey of 1,180 people in three neighborhoods in Portland, Oregon. However, he also learned that many people living there selected the neighborhood because they preferred a higher density and more socially active environment.

- In addition, when proposing changes to the built environment, planners should create policies and plans that consider social capital among a wide range of additional benefits (e.g., economic, environmental, transportation) for the community.

Working thresholds for HIA

Different kinds of environments foster different kinds of social capital. It is not clear which kinds of social capital are best in promoting health. As such it may be important to create a variety of environments so that people can fit their preferences for social connections to environments that support these activities. The Design for Health Information Sheet: Social Capital (<http://www.designforhealth.net/techassistance/socialcapitalissue.html>) provides examples of different tools planners can use to address social capital that include: promoting mixed-use development, creating pedestrian-oriented and transit-oriented environments, and facilitating housing options.

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