Social Relationships & Community Capacity

“On an individual level, successful communities nurture the kind of human connections that tie neighbor to neighbor, parents to children, and youth to adults. Abundant stores of social capital create networks that informally help get things done, be it a neighbor who provides day care for working mothers or the adults on the block who act as role models and mentors for kids. On a deeper level, it is these kinds of strong ties and relationships that form the foundation of collaborative action for positive change.”

—Potapchuk W, Crocker JR, and Jarle P

Overview of Social Inequities

Tracing the social inequities documented in preceding sections, a troublesome picture of injustice emerges. Low-income communities and communities of color have been marginalized, deprived of equal access to resources and opportunities, and excluded from meaningful participation in policy decisions that have affected their health and life chances. A review of the evidence helps to illustrate the multiple social inequities and thus extreme disadvantage they face.

- Opportunities to earn a living wage and accumulate monetary assets are not equal and not available for many. The gap between the rich and poor is widening, with extreme concentrations of wealth.
- Opportunities to receive high-quality education are not equal and not available for many.
- Opportunities to live in housing that is affordable and safe are not equal and not available for many.
- Access to affordable and reliable transportation to reach work, school, retail stores, and services is not equal and not accessible to many.

- Opportunities to live in neighborhoods free of air pollution and toxic contaminants are not equal and not available for many.

- Access to fresh healthful food within a reasonable distance from home and exposure to unhealthful liquor and food outlets are not equal.

- Access to neighborhood environments that are conducive to physical activity is not equal and not available for many.

- Access to unbiased criminal justice systems and to safe neighborhoods is not equal and not available for many.

- Access to quality affordable health care is not equal and not accessible to many.

Each of these social inequities plays a role in shaping and sustaining the unequal distribution of disease and death, both nationally and locally. The links to health outcomes are explained and documented in previous sections. As public health leader, Reed Tuckson, points out, “Health is the place where all the social forces converge,” and for that reason, “the fight against disparities in health is also one against the absence of hope for a meaningful future.”

It is not surprising that marginalized individuals and groups tend to be more socially isolated, live in conditions of higher stress and less social support, and lack bridging relationships that link them to mainstream resources and services. When people must move frequently to find less costly housing, work long hours and cannot take time off from work, or do not know whom to contact for help or where to voice their concerns, they are left feeling excluded and powerless. Moreover, decades and generations of social disadvantage and income inequity have affected the social environment in the low-income neighborhoods where these people often live. Enduring conditions of poverty, unemployment, segregation, displacement, and disinvestment have eroded social networks, disrupted community ties, and reduced levels of trust and civic participation. To reverse these trends, leverage and build community assets, and promote equity in economic, social, physical and service environments, residents need to be engaged and empowered to use their collective voice.

What Research Tells Us

Good social relations and strong support networks improve health. Substantial evidence supports the relationship between supportive social ties and better physical and mental health and conversely, the association between social isolation and higher rates of disease and death. Social relationships can provide emotional benefits for people, resulting in lower stress and improved health outcomes. Through relationships, people can also gain access to resources and political power, allowing them to improve their own life conditions and create healthier communities.

Social Support Buffers the Effects of Negative Environments

Social support is often thought of in two ways: 1) the amount of support (size of people's social networks and frequency of their social contacts); and 2) the quality of relationships, which can yield emotional support (such as listening, giving feedback) or practical assistance (such as help around the house or rides...
to medical appointments). Experiencing interpersonal communication and mutual obligation makes people feel cared for, esteemed and valued, and has a powerful protective effect on personal health and well-being.9

Research shows that social support affects health through multiple pathways. It can directly protect against health conditions, like depression, pregnancy complications, and disability from chronic diseases.10 Social support can also affect health behaviors, such as dietary choices, physical activity and smoking. Through social relationships, people share health information, increasing the likelihood that healthful norms of behavior are adopted. Experiencing social support may increase a person’s perception of control over the environment and sense of self-worth, which can improve mental well-being.11 Lack of social support can influence risk of and recovery from illness. An interesting example of this effect is a study linking diversity of social ties to susceptibility to the common cold virus. Results showed that those with more social ties were less likely to get the cold. Even if they did develop the cold, it was shorter in duration and had milder symptoms. This finding held after controlling for virus type, age, sex, season, body mass index, education, and race.12

Social support also buffers an individual from acute and chronic stress, thus moderating its potentially harmful impact on health.11 This is particularly important in low-income areas, which are often characterized by multiple stress-causing hazards, including: crowded and run-down housing, fewer services, limited access to transportation, more exposure to conflict, poorly funded schools and other factors. One study of urban isolation found that mortality at the time of the 1995 heat wave in Chicago was linked to differences in individual social relationships and supportive institutions in an impoverished neighborhood. The elderly residents living alone who had a helpful neighbor, friend, relative, or service provider to visit and help them cope with the heat were less likely to die from the high temperatures than other elders who were almost always isolated from social contact and support.13 Additional research shows that being socially isolated is associated with increased rates of premature death and poorer chances of survival after cancer and heart attack.

**Social Capital in Communities**

The concept of “social capital” provides a broader framework for understanding the ways in which social relationships affect not just individual, but also community health. Social capital is defined as “characteristics of communities stemming from the structure of social relationships that facilitate the achievement of individuals’ shared goals.” This includes the quality of social networks as well as what emerges from these networks—such as shared norms, mutual trust and cooperation. A complete expression of the concept is: “social capital factors include trust and cohesion; willingness to take action for the community’s benefit; community engagement, such as through voting or volunteering; [and] behavior norms.”14

Research shows that such community characteristics shape health behaviors and outcomes. For example, adults living in neighborhoods where people report greater trust and shared values walk more for leisure than those in neighborhoods with little trust.15 Research also has linked measures of trust and willingness to intervene to stop negative behavior (“collective efficacy”) to rates of violent crime in communities. In one study of Chicago neighborhoods, a combined measure of trust and willingness to intervene was found to be the largest predictor of violent crime rates.16 Other studies have linked the belief that “most people can be trusted” to self-rated health19 and mortality.18

An important property of social capital is that it is a public good.19 Its benefits are often shared broadly within a particular community. This means that a socially isolated individual can benefit from living in a neighborhood rich in social capital. For example, an elderly widow living alone could benefit from being in
a community where her neighbors frequently interact and help each other out. Conversely, in a community where social capital has been depleted, even the most fortunate residents can suffer from poor linkages to important mainstream resources and opportunities.

**Beyond Social Capital to Empowerment and Community Capacity Building**

To improve community health, we must strengthen bonds within communities and help build bridges to external organizations and institutions with power and resources. Moreover, we will need to engage and mobilize communities so they can advocate for change in their economic, physical, social, and service environments. Empowerment and community capacity-building are vital for changing the structural factors that perpetuate negative community conditions.\(^{20-25}\)

According to Wallerstein, empowerment is "social action that promotes participation of people, organizations and communities toward the goals of increased individual and community control, political efficacy, improved quality of life and social justice."\(^{26}\) In empowerment models, the processes of creating a healthier community are as important as the outcomes. Empowerment can create health through multiple pathways—individual psychology, social relationships, organizational growth and community change.\(^{27}\)

Community capacity-building (CCB) involves viewing communities and residents as potential resources for change, rather than as passive recipients of services. As defined by the Colorado Trust, community capacity is "the set of assets or strengths that residents individually and collectively bring to the cause of improving local quality of life."\(^{28}\) Examples of developments in this CCB approach are seen in the Healthy Cities/Healthy Communities network, the growth of a national grass-roots environmental justice movement, community partnerships to fight the spread of HIV/AIDS, and the growing momentum behind community-based participatory research (CBPR) approach to studying and addressing health and social problems. A local example of community capacity-building in two low-income, high-crime Oakland neighborhoods is described at the end of this section.

**A Look at Alameda County**

**Social Support**

Among Alameda County adults, income influences availability of varying types of social support. Adults from low-income households have lower levels of social support available to them than those from high-income households (Figure 60 on page 137).\(^{a,b}\) Lack of social support among low-income residents can limit their access to information and resources in the community. Lower levels of emotional and practical support can limit their ability to cope with adverse neighborhood conditions and have negative health consequences.

**Social Cohesion**

The cohesiveness in a neighborhood—trust, shared values, getting along, helping each other—contributes to neighborhood social capital. The level of social cohesion experienced by neighborhood residents is influenced greatly by their income (Figure 61 on page 137). Adults from low-income households describe their neighborhoods as less cohesive than adults from

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\(^{a}\) The federal poverty threshold is used to define income groups in terms of poverty level, a measure of material deprivation. A household between 0 and 99% of the federal poverty level is considered low-income; households at or above 300% of the federal poverty level are considered high-income.

\(^{b}\) These findings are based on measures of social support from the 2003 California Health Interview Survey. Respondents were asked how often they had someone available to get together for relaxation, to love and make them feel wanted, to understand their problems, or to help with daily chores.
Figure 60: Social Support Measures by Income, Alameda County

Source: California Health Interview Survey 2003.

Figure 61: Social Cohesion Measures by Income, Alameda County

Source: California Health Interview Survey 2003.
high-income households. Those from low-income households are least likely of all income groups to report that people in their neighborhood can be trusted, are willing to help each other, get along, and share common values—attributes of the social environment that are protective against crime, unhealthy behaviors, and adverse health outcomes.

Lower cohesion among residents of low-income households can limit their capacity to collectively participate in advocating for resources for their community. Lower social cohesion can also have an adverse effect on health-related behavior and health outcomes in these communities.

Data to Action: Policy Implications

Low-income people experience lower levels of social support and are more likely to live in communities that are less cohesive. These social conditions have negative consequences on health-related behavior and health. Nevertheless, there is great capacity for mobilization, civic engagement, leadership, capacity-building, and exercise of political power. Many of these communities have valuable and important assets that can support positive change. Recommended strategies to empower residents and improve social conditions in Alameda County neighborhoods are described below.

- Strengthen and expand place-based community capacity building (CCB) efforts in low-income and underserved communities in order to empower residents to address the underlying social determinants of health. An example of this approach is the City-County Neighborhood Initiative described on pages 139 and 140.
- Develop neighborhood-level strategies in affected communities to address concerns identified by residents to reduce unfavorable neighborhood and social conditions, increase protective and resiliency factors, and improve health outcomes.
- Implement strategies to build social capital in vulnerable communities by empowering residents to take action in partnership with city/county governments and community-based organizations to improve their neighborhood conditions.
- Provide greater opportunities for community participation in local planning and policy decision-making around social determinants of health in their communities—including income/employment, education, housing, transportation, air quality, food access and liquor stores, physical activity, criminal justice, and health care access.

c. These findings are based on measures of social cohesion in the 2003 California Health Interview Survey. Respondents were asked about whether people in their neighborhood could be trusted, are willing to help each other, get along, and share common values.
City-County Neighborhood Initiative (CCNI) in Oakland

A local example of how the Alameda County Public Health Department (ACPHD) is helping to build community capacity and empower Oakland residents is described below.

Founded in 2004, the CCNI is a partnership between the ACPHD, City of Oakland, the Oakland Unified School District (OUSD), community-based organizations and neighborhood resident groups. The CCNI partners with neighborhood residents to increase their capacity to identify and address high rates of violence and other health inequities. The CCNI approach builds upon existing neighborhood assets. City and County staff work closely with residents to increase their leadership skills, and to build their social, political and economic power. Residents can leverage this power to create healthier neighborhoods.

CCNI efforts are concentrated in 2 pilot neighborhoods, Sobrante Park in East Oakland and the Hoover Historic District in West Oakland. These are both low-income and high-crime neighborhoods with large youth populations. Community efforts in both neighborhoods began with door-to-door baseline surveys in 2004, completed by more than 200 residents in each neighborhood and by 100 youth ages 12-17 in Sobrante Park. Through surveys and community forums, residents identified the following action priorities:

**Sobrante Park**
- Improve Tyrone Carney Park and surrounding streetscape.
- Reduce drug dealing and violence.
- Create more positive activities for youth activities.
- Prepare the neighborhood for disasters.

**Hoover Historic District**
- Renovate Durant Park.
- Reduce blight.
- Create a continuum of improved and connected youth services and employment.

The CCNI uses the following strategies to build community capacity and meet residents’ action priorities:

**Developing local leaders**

CCNI staff have an ongoing commitment to train and mentor residents. In Sobrante Park, more than 100 residents have completed a 16-hour leadership series. Topics included: root causes of health inequities; undoing racism, and community organizing. In West Oakland, 37 residents were trained in civic engagement, local government and using the media to create policy change. The CCNI plans to expand leadership training to more residents and cover additional topics.
Establishing Resident Action Councils (RAC)
Resident Action Councils are the primary vehicle through which community activities are organized in each neighborhood. At monthly RAC meetings, residents discuss community issues, gain access to resource people from the City and County, receive training on various topics, and plan community-wide meetings and celebrations.

Supporting community initiatives through mini-grants
The CCNI Mini-Grant Program recruits and trains residents to serve on grant-making committees. In turn, these committees solicit applications from fellow residents for seed money ($350-$1,500) to fund community improvement projects. Recent mini-grant cycles have focused on healthful eating, physical activity, and youth development.

Promoting positive youth development
CCNI has developed several programs to promote positive development and leadership skills in youth ages 12-24. The Oakland Youth Movement (OYM) engages local youth in action research to identify neighborhood priorities and mobilize their peers to create change. It’s on Y.O.U. (Youth with One Understanding) organizes neighborhood-wide youth events to promote healthy eating, physical activity and violence prevention. In West Oakland, CCNI staff work with partners to provide one-on-one outreach to help youth find jobs and the youth group HYPE (Healing Youth with Positive Energy) has been formed.

Rebuilding the community social fabric through time banks
The CCNI is working with a local church and the Resident Action Councils (RAC) to create the Sobrante Park Time Bank (SPTB), which brings residents together to help each other by exchanging favors and services. In 2007, the SPTB grew to nearly 200 English and Spanish-speaking members, who have exchanged more than 1000 hours. For example, residents recently earned time-dollars by helping to plan and staff an all-day community health fair and celebration.

Promoting healthy lifestyles
Through CCNI, health department staff work with residents to organize health fairs, immunization clinics, nutrition counseling, asthma and diabetes support, and other services. CCNI helps to provide linkages to much-needed information and services.
References


**Data Sources**