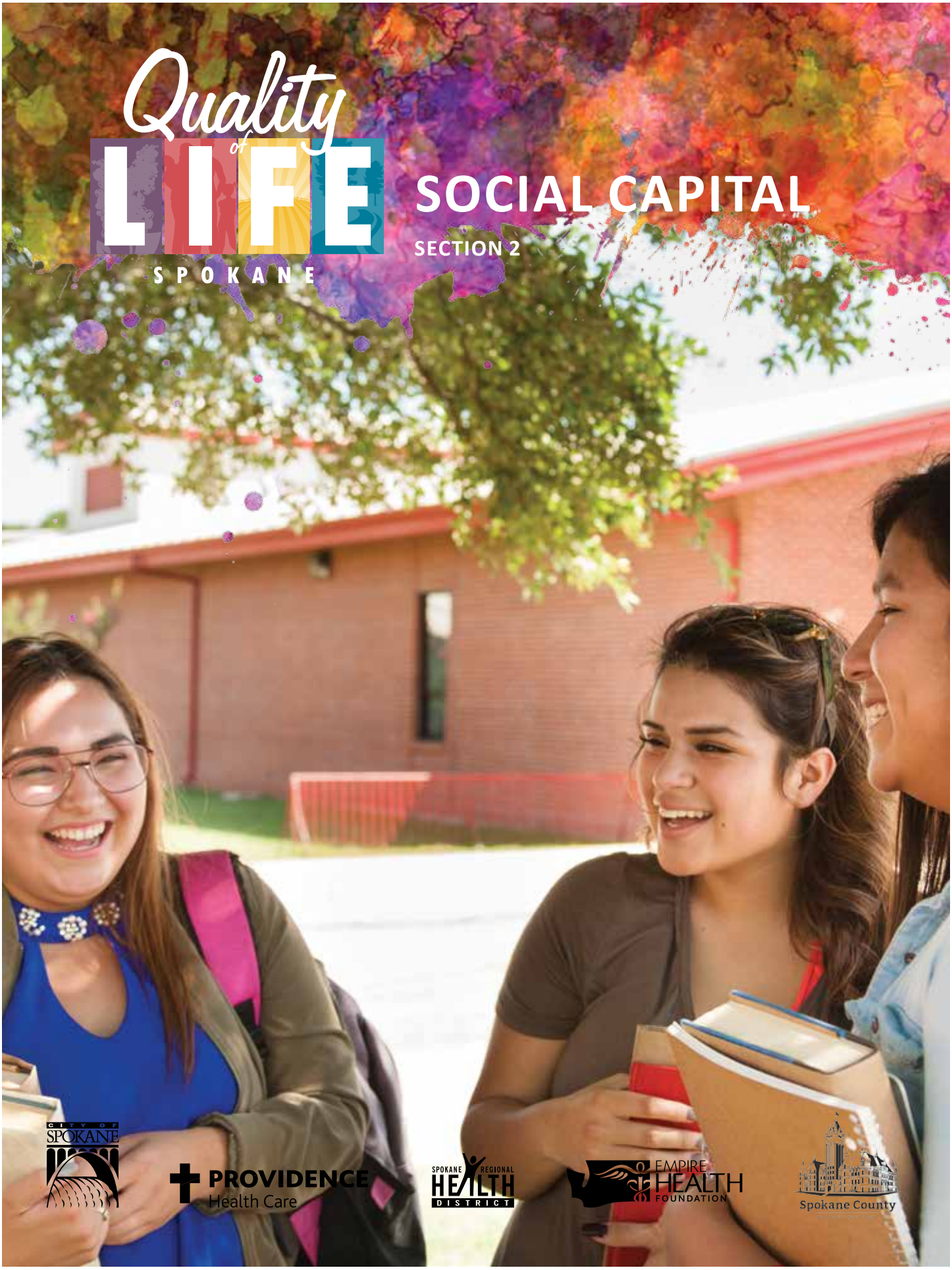
Quality of LIFE
SPOKANE
SOCIAL CAPITAL
SECTION 2
CITY OF SPOKANE
PROVIDENCE Health Care
SPOKANE REGIONAL HEALTH DISTRICT
EMPIRE HEALTH FOUNDATION
Spokane County

SPOKANE COUNTY

Neighborhood Boundaries

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Nearly seven decades after a global shift in how "health" is accounted for, to include such aspects as mental and social well-being, most communities are still lacking in data specific to the social well-being of its members. Spokane Regional Health District and its partners organized Spokane County's first comprehensive Quality of Life survey in 2015 to confirm disparities in quality of life in the county and find areas for improvement. The survey was used to assess a series of domains and data that, together, measure all of the essential conditions that really matter for people's well-being.

Among several domains examined in this report is social capital, which is explored here in Section 2. To read the first section, which provides an introduction to quality of life as a whole, as well as several other sections that explore elements affecting quality of life in Spokane County, visit qolspokane.org.

Introduction

"It's not what you know, it's who you know." This well-known saying captures the main idea of social capital. Simply put, social capital is the idea that "social networks have value."[1] As the saying implies, the ability to create and use networks is important for personal success, as well as general health and quality of life.

Though many definitions exist, social capital is commonly defined as "the degree of connectedness and the quality and quantity of social relations in a given population."[2] People who can get help, information or resources from their social networks have a high amount of social capital; people who are unable to call in favors or access information using their social networks have low social capital. This support could be as simple as getting a ride from a co-worker or having a cup of coffee with a friend, or as involved as getting help moving or providing child care in an emergency.

Methods

Data on social capital in Spokane County were gathered as part of the Quality of Life (QOL) survey conducted by the Spokane Regional Health District. The survey was administered following a "push-to-web" model used extensively within Washington and other states. Survey invitations were mailed to a random sample of 12,000 addresses within Spokane County. Respondents were encouraged to respond to the survey online (pushed to web) before being given the option of completing a hardcopy survey. In total, 3,833 persons responded (32%) and 3,334 records (28%) were valid for analysis. The survey was weighted to account for the sampling design and differential response rates among subgroups. Weights were created using iterative proportional fitting (raking) across five margins: age, race/ethnicity, sex, education and home ownership. Please see Section 7, Technical Appendix, for detailed methodology.

Robert Putnam, author of Bowling Alone*, a ground-breaking book on social capital, defined social capital as the "collective value of all 'social networks' [who people know] and the inclinations that arise from these networks to do things for each other ['norms of reciprocity']."*

Social Capital and Health: Evidence and Caveats

Ostensibly, being connected to others and able to rely on them would make a person happier, less prone to mental illness, and more likely to engage in healthy activities, which would lead to improved physical health. Many sociologists and psychologists believe social capital is related to physical and mental health, but researchers have not established that improved social capital causes improved health.[3]

Some studies have shown that lower social capital is correlated with poor mental and physical health, but other studies did not find a link between social capital and health.[4-16] There is not enough evidence to establish poor social capital as a cause of cardiovascular disease, cancer or premature death, but researchers continue to work to establish this connection.[17]

Finally, increased social capital may be harmful. For example, strong social networks can result in exclusion of others outside the network.[18] Social networks may be used to "transmit" harmful information or behaviors or enforce harmful norms.[19] For example, children with high social capital are more likely to exchange information, even if that information is harmful such as where to purchase marijuana. In addition, those with high social capital typically provide resources for others within the network, which may become burdensome.[20]

Measuring Social Capital

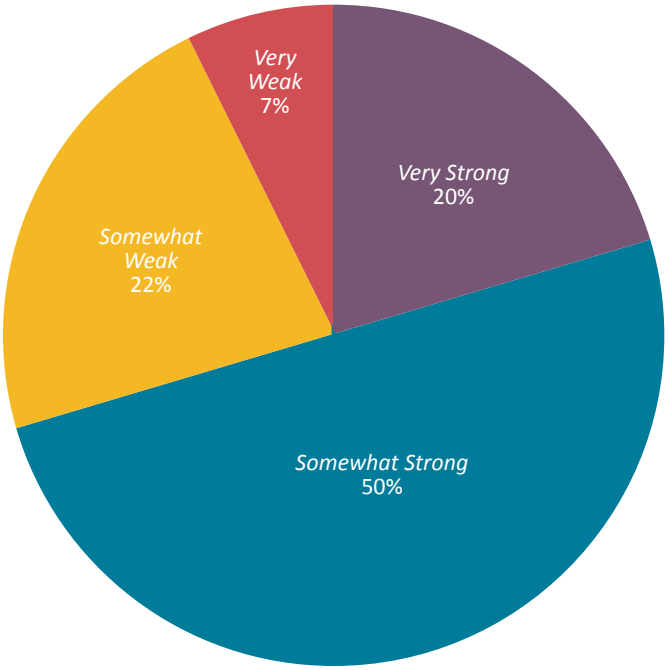
Social capital is generally measured using multiple questions, although single questions can illustrate aspects of social capital. In the following sections, the authors examine aspects of social capital, specifically sense of belonging and trust in others, as well as social capital as a whole through a composite measure.

Social capital is best measured by combining information from several questions. This is because the concept of social capital, "the degree of connectedness and the quality and quantity of social relations in a given population," is difficult to measure with a single question.[21] Spokane County's social capital measure was constructed from 15 questions based on the Social Capital Community Benchmark and the Canadian Index of Wellbeing (see Technical Appendix).[22, 23] Among the 15 questions, Spokane County individuals were probed on *sense of belonging*, *number of close friends* and *trust in others,* as well as questions on *volunteering*, *feeling of safety,* and *interest in local government*. Together, answers to these questions provided a picture of the social interactions of the respondent as well as perceptions of their social environment, including their relationship to their neighborhood, family and relatives, partner, and children.

Survey authors asked, "*How would you describe your sense of belonging to your neighborhood or community*?" Overall, 50% of Spokane County residents described their sense of belonging to their neighborhood or community as *somewhat strong* and 20% described it as *very strong*.

Education, employment status, marital status, general health, neighborhood, and years in residence were all related to sense of belonging. Age, sex, race/ethnicity, home ownership, having children, and mental health were not.

Figure 1: Sense of Belonging, Spokane County 2015



Note: Percentages do not sum to 100% because of rounding.

By education

Those with a high school education or less, and persons with a graduate degree, felt a stronger sense of belonging than persons with some college, no degree, or a college degree.

By years in residence

People who had lived in Spokane County for six or more years were slightly more likely to have a sense of belonging than those who had lived in the county for five years or less.

By health

Those who self-rated their general health to be fair or poor were less likely to have a sense of belonging than those who rated their general health to be *excellent*, *very good* or *good*.

By employment status

Persons out-of-work for less than a year, or in certain neighborhoods also felt a weaker sense of belonging. Employed persons were three times more likely to have a strong sense of belonging than those out of work for less than a year.

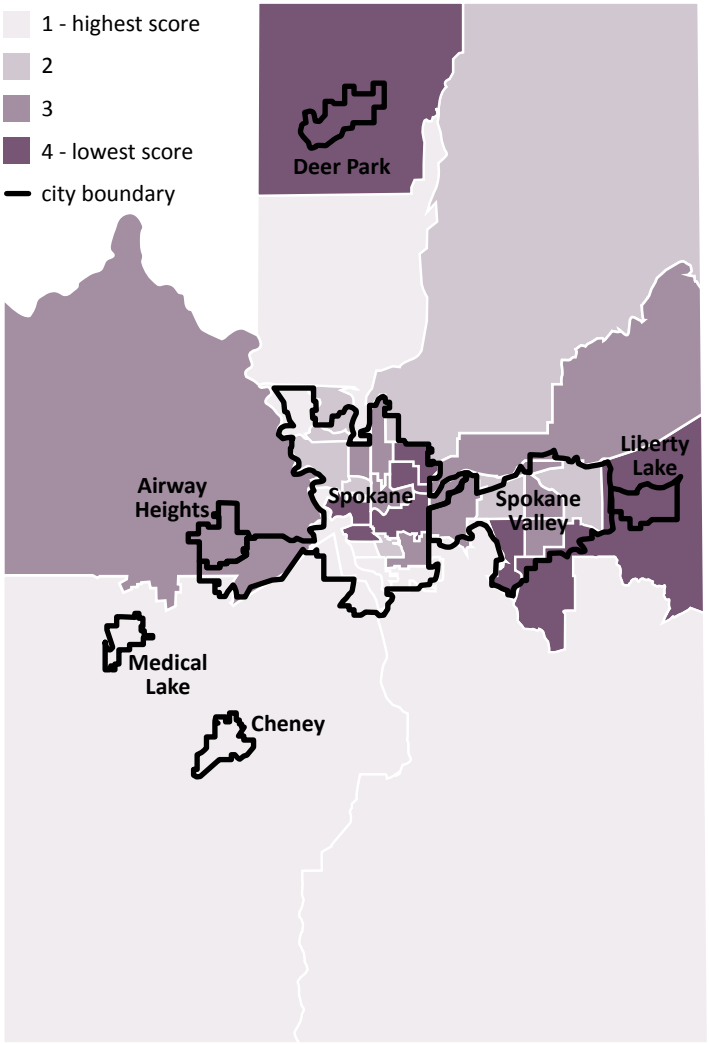
By neighborhood

Sense of belonging varied by neighborhood (see figure 2). Among neighborhoods surveyed, residents of Hillyard/Whitman neighborhood rated sense of belonging very low. Five percent of Hillyard/Whitman residents rated their sense of belonging as *very strong*, 30% as *somewhat strong*, 49% as *somewhat weak* and 16% as *very weak*. Accounting for other important factors, residents of Emerson/Garfield were eight times more likely to have a strong sense of belonging than Hillyard/Whitman residents and Comstock residents were fifteen times more likely.

Taking into account the factors previously discussed, sense of belonging was related to trusting others, but not other community-minded behaviors such as providing unpaid help or volunteering for a community organization.

FACTORS ASSOCIATED WITH SENSE OF BELONGING	
Associated	**Not associated**
Employment status	Age
Education	Sex
General health	Race/ethnicity
Neighborhood	Home ownership
Years in residence	Children under 18 in the home
	Mental health

Figure 2. Sense of Belonging by Neighborhood, Spokane County 2015.



Sense of belonging was higher among those who:

- *Were employed*
- *Had higher educational attainment*
- *Had better general health*
- *Had lived in the county for six or more years*
- *Lived in certain neighborhoods*

Trust in Others

Trust in others is a key component of social capital because it lies at the heart of social relations. Survey authors asked, *"Generally speaking, would you say that people can be trusted or that you cannot be too careful?"* The answer choices were: *most people can be trusted* and *you can't be too careful*. Spokane County residents were almost evenly split on the issue: 53% felt *most people can be trusted*, 47% felt *you can't be too careful*.

FACTORS ASSOCIATED WITH TRUST OF OTHERS	
Associated	**Not associated**
Race/ethnicity	Age
Employment status	Sex
Income	Marital status
Education	Home ownership
General health	Children under 18 in the home
Mental health	Years in residence
Neighborhood	


Stoop Doods, Adam Brock

Trust in others was associated with race/ethnicity, income, education, employment status, general health, mental health and neighborhood but not with age, sex, marital status, home ownership, length of residence in county and having children. Persons with higher annual household income had modestly higher levels of trust than those with lower incomes. Trust in others was notably lower among persons with an annual household income of less than $10,000. Persons in this group were more than five times less likely to trust others than persons with an annual household income of $25,000 to $50,000.

In comparison to whites, trust of others was lower among American Indian and Alaska Natives and Hispanics but was potentially higher among blacks.[24] American Indians and Alaska Natives were four times less likely than whites to report most people can be trusted. Hispanics were also four times less likely than whites to report that most people can be trusted. There was some evidence that blacks were three times more likely to report that most people can be trusted, but there were too few data to be sure.

Trust of others was higher among those with better self-reported general health. Those in excellent health were two and a half times more likely to trust others in comparison to those in good health. Those in fair or poor health were two times less likely to trust others in comparison to those in good health. Similarly, those in poor mental health (as defined as having 14 or more poor mental health days in the last 30 days) were one and a half times less likely to trust others than those in good mental health.

Even accounting for factors listed above, neighborhood of residence still played an important part in how much people trusted others. For example, even accounting for factors such as income, race/ethnicity and others, residents of Chattaroy/Deer Park were eight times less likely to trust others than residents of Comstock.[25] Similarly, residents of Hillyard/Whitman were six times less likely to trust others than residents of Comstock. In contrast, residents of Rockwood were 13 times more likely and residents of West Valley were two times more likely to trust others than residents of Comstock.

Other highlights from social capital-related questions:

were interested or very interested in politics. Men, older persons, and persons with higher educational attainment were more interested in politics.

followed local government at least once a week. Older persons and persons with higher educational attainment were more likely to follow local politics.

went to a movie, sporting event, concert or museum once a month or more, 42% went a few times a year, and 21% went once a year or less. Younger persons and persons with higher educational attainment were more likely to go to a movie, sporting event, concert or museum.

volunteered for a community organization a few times a year or more. 49% did not volunteer. Persons with at least some college were more likely to volunteer than those with lower educational attainment.

provided unpaid care to seniors, including members of their own family, once a month or more. Women, persons aged 30-39 and persons with lower educational attainment were more likely to provide unpaid care to seniors including members of their own family.

provided unpaid help to others apart from their family once a month or more. Women, younger persons and those with a four-year college degree were more likely to provide unpaid help to others apart from their family.

received support from their families or relatives and 50% did not. Women, older adults and persons with lower educational attainment were more likely to receive support from their family or relatives.

attended religious services once a week or more. Women, younger persons and persons with higher educational attainment were more likely to attend religious services.

Women were more likely than men to rate their relationship with their children as excellent or very good. Men and persons with higher educational attainment were more likely to rate their relationship with their spouse or partner as excellent or very good.

Composite Measure of Social Capital

As described previously, a composite measure of social capital was constructed from 15 questions relating to the social interactions of the respondent, their social environment, their relationships to their neighborhood, family, relatives, partner, and children. When taking a closer look at all demographic factors together, only certain factors were associated with the composite social capital score. These were sex, marital status, education, neighborhood, children and self-reported general health. Age, health insurance coverage and race/ethnicity were not associated.

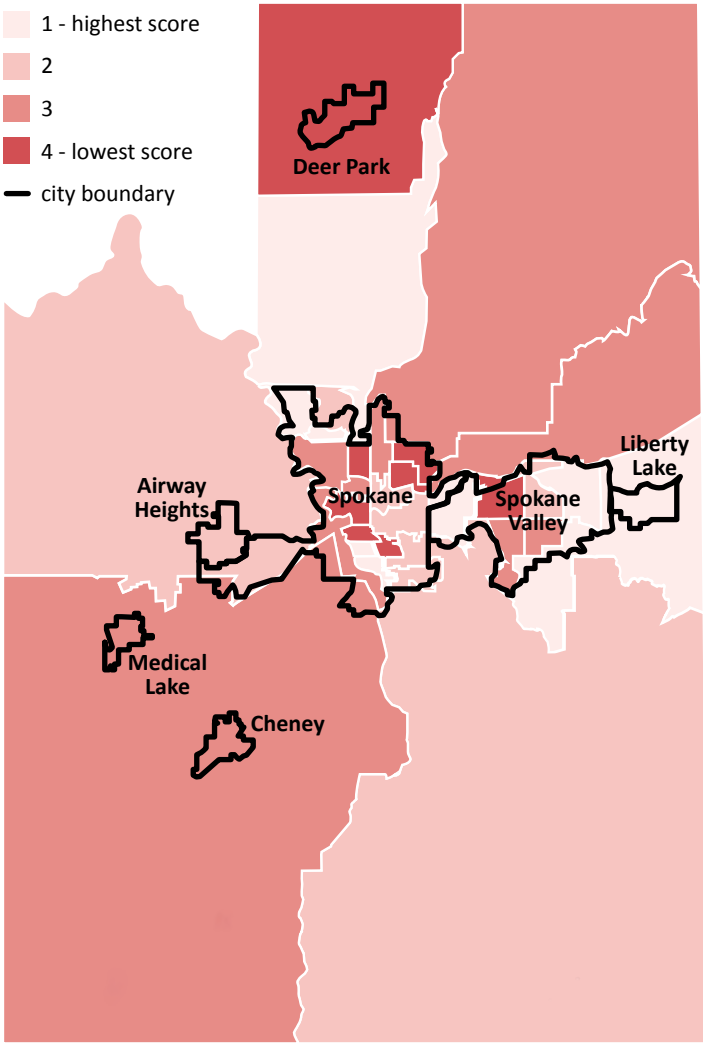
FACTORS ASSOCIATED WITH SOCIAL CAPITAL SCORE	
Associated	**Not associated**
Sex	Age
Education	Race/ethnicity
Employment status	Health insurance
Children under 18 in the home	Mental health
General health	Income
Home ownership	

Most notably, persons in excellent health had higher scores than persons in poor health. Men and married persons had higher scores than woman and persons separated, divorced, or never married. Students, retirees, and those out of work for one year or more also had higher scores, as well as persons with higher annual household incomes and those with higher educational attainment.

By neighborhood

Social capital varied by neighborhood, even when accounting for the factors listed above (see figure 3). For example, North Indian Trail and Nine Mile/Colbert neighborhoods were in the top 25% of neighborhoods by social capital score and Chattaroy/Deer Park and Hillyard/ Whitman neighborhoods were in the bottom 25%.

Figure 3. Social Capital Score by Neighborhood, Spokane County 2015



Highlights from social capital score:

- *Women had a lower social capital score than men. This was in part due to lower ratings of relationships, lower sense of safety and lower interest in politics.*
- *Married persons had higher social capital scores than those separated, divorced, never married, or living together unmarried.*
- *Persons with higher annual household incomes had higher social capital scores.*
- *Persons with higher educational attainment had higher social capital scores.*
- *Persons with better health had higher social capital scores.*
- *Persons with no children under 18 at home had lower social capital scores.*
- *Retirees and self-employed people had higher social capital scores than those employed for wages.*

Co-Occurring Social Behaviors

Several social behaviors included in the survey are known to co-occur with each other.[26,27] For example, if someone volunteers for a community organization, they may be more likely to help out a neighbor. Since social capital was measured using multiple questions across a range of social behaviors, the authors conducted a factor analysis of the social capital questions to understand which behaviors clustered together. Within the social capital questions, three groups of behaviors, attitudes and attributes were found:

1. One group was defined by behaviors such as volunteering for a community organization, providing unpaid care for family and persons outside of family, receiving support from family and relatives, and attending religious services. People in this group could be labeled "helpers."
2. A second group was defined by attitudes such as interest in politics in general, interest in local government, and better reported relationships with a spouse/partner and children. They were less likely to be long-term residents of the county. People in this group could be labeled "interested."
3. The third group of behaviors and attitudes was defined by satisfaction with neighborhood or community, strong sense of belonging to neighborhood or community, and belief that most people can be trusted. People in this group could be labeled "neighbors."

Additional analyses based on the factors described suggest that these groups are more likely in certain demographic subgroups and neighborhoods, but description of these analyses is beyond the scope of this report.

Figure 4. Selected Compilations of Best Practices Related to Social Capital.

SECTOR	TITLE	ORGANIZATION	URL
Public Health	Healthy People 2020	US Department of Health and Human Services	www.healthypeople.gov/2020/topics-objectives
	The Community Guide	US Centers for Disease Control and Prevention	www.thecommunityguide.org
Clinical Preventive Services	US Preventive Services Task Force	US Preventive Services Task Force	www.uspreventiveservicestaskforce.org
Poverty and Community Development	What Works for America	Federal Reserve Bank of San Francisco and the Low Income Investment Fund	www.whatworksforamerica.org
	Social Programs that Work	Coalition for Evidence-Based Policy	evidencebasedprograms.org
	The Campbell Library of Systematic Reviews	The Campbell Collaboration	www.campbellcollaboration.org
Education	The Best Evidence Encyclopedia	Johns Hopkins University	www.bestevidence.org
	What Works Clearinghouse	US Department of Education	ies.ed.gov/ncee/wwc
	Blueprints	State of Colorado; University of Colorado, Boulder	www.colorado.edu/cspv/blueprints/index.html

Conclusion

Social capital in Spokane's Quality of Life survey was linked to a number of factors: sex, education, employment, general health, home ownership, children under 18 in the home and neighborhood. Social capital differed notably by neighborhood even when taking into account factors known to be correlated with social capital. Said another way, the value of a person's social network is directly related to where they live.

These results are important because: 1) they highlight the importance of the social determinants in social capital, and 2) they allow local organizations to target interventions at the community level.

This report is not intended to provide evidence for identifying possible intervention methods. While it would seem natural to assume, given the results outlined above,

that improving an individual's education, improving their health or getting them to marry would improve their social capital, the results of this survey provide no direct evidence that intervening on any of these factors would cause a change in social capital.

These results are best used to identify possible target populations for intervention, or more explicitly, subpopulations with low social capital scores. These results do not identify which programs are likely to affect social capital in Spokane County or what the effect of those interventions would be. Choosing an intervention to improve social capital is particularly difficult because of the lack of evidence and caveats associated with social capital.[28-30] Choosing an intervention is best done through a systematic decision-making process that considers the information in this report together with the best practice solutions, available resources, other data sources and organizational and community contexts. For reference, a resource table of best practice solutions related to social capital is included below and selected references are noted here (see figure 4).[31]

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