# SOCIAL CAPITAL AND HEALTH

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# 12
# Social Capital and Health Communications

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The concept of social capital has fired the imagination of scholars, policy makers and even activists engaged in the study and practice of social change, both planned and secular. Its popularity stems partly from a promise that its presence could lead to greater integration into the community, participation in civic affairs, better public health and overall comity and cohesion among disparate social groups (Hendryx, Ahern, Lovrich, & McCurdy, 2002; Kawachi & Berkman, 2000; Kawachi & Kennedy, 1997; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Sampson, Raudenbush, & Earls, 1997; Scheufele & Shah, 2000; Subramanian, Kim, & Kawachi, 2002). This promise is partly responsible for its enormous popularity in a variety of fields including political science, sociology, communication and public health.

Yet, social capital is a "contested concept" with critics raising questions on its explication, measurement and even practice (Portes, 1998). This trenchant criticism and analysis not withstanding, its appeal remains unabated and continues to increase (Kawachi, Kim, Coutts, & Subramanian, 2004). In fact, Kawachi et al., drawing from their analysis of Pubmed, report a steady increase in the number of papers mentioning "social capital" from zero papers in 1992 to over 50 papers by 2002.

A question of empirical interest is the precise mechanism that connects social capital to outcomes of interest to us in public health. We posit that communication could potentially be one explanation that links social capital to public health outcomes.

Communication has been identified as playing a vital role in integrating people into their communities by helping to support and maintain their community ties and in promoting interpersonal trust (Cappella, Southwell, & Lee, 1997; Janowitz, 1952). Accordingly, the role of communication in social capital, at both mass and interpersonal levels, has attracted enormous attention from scholars for the purported reason that communication may lead to both an increase or in some cases a decrease in social capital, which in turn may affect public health. The relationship between communication and social capital, however, is not always direct and its association may often be with antecedents of social capital. A clearer delineation of the relationship between health communication and

social capital would not only be of academic interest but could be fruitful in the practice of social change in public health.

This essay focuses on the role of communication in social capital with specific relevance to public health. We will (a) define and identify some dimensions that have been commonly identified with social capital; (b) examine the relationship between mass media and social capital; (c) interpersonal communication and social capital; and (d) last, emerging issues such as communication inequality and how they may be related to social capital.

## 12.1. Social Capital: Definition and Characteristics

A precise definition of social capital, as averred earlier, has been elusive though there have been frequent efforts to capture it. There is, however, a broad agreement that social capital may be viewed as a resource (Loury, 1987) constituting the following dimensions: trust, norms of reciprocity, obligations, expectations, consensus and cohesion, and more germane to this chapter, information. Even though, possibly because of its seeming analogy to financial capital, some have proffered social capital as an individual property, a more appropriate characterization is that social capital is an emergent property that is constituted out of relations between two entities –person-person and person-organization. Thus even though it is considered an "individual asset" that one could draw upon to facilitate action, it "inheres in the structure of relations between and among persons" (Coleman, 1990). This later conception is critical since social relations are developed and maintained through communication thus giving it a centrality and the need for studying communication in social capital.

It is also worth noting the distinction offered by Szreter & Woolcock, (2004) who distinguished three forms of social capital: "bonding" social capital that is engendered by interactions with close groups and that could potentially result in social support. Bonding social capital could be affective or cognitive orienting people to their communities or community institutions. "Bridging" social capital among like minded social groups that could promote solidarity and fellowship, and "linking" social capital that ties individuals and groups with larger social institutions and that may be important in mobilization (Kawachi et al., 2004; Szreter & Woolcock, 2004). Bridging and linking social capital connect individuals and groups with community organizations ( Lochner, Kawachi, Brennan, & Buka, 2003; McLeod et al., 1996; Poortinga, 2006).

## 12.2. Communication and Social Capital

The study of communication has been pursued at many levels: individual, interpersonal, organizational and social levels (Chaffee & Berger, 1987). A cogent understanding of a relationship between different dimensions of social capital and health communication warrants an appropriate focus on the level of analysis and

in some cases, cross-level analyses. For example, watching a television program may engender discussions among co-workers, the so-called "water-cooler effect," cementing relationships between co-workers with a potential for trust and reciprocity. More often than not, the role of communication in social capital demands such cross-level analysis. We will next discuss the relationship between health communication and social capital at two levels: mass and interpersonal communications.

## 12.3. Mass Communication and Social Capital

### *12.3.1. Social Capital, Community Integration & Communication*

Though the interest in social capital is relatively recent in its origin, social integration and cohesion have long been concerns of social theorists. Students of social change have sought to understand the factors that bind a society together and how societal changes can disrupt those ties. The concern with the effects of industrial society on communitarian life has been a running theme among social theorists (Durkheim, 1964/1933; Toennies, 1964) though they approached the issue from different points of view.

By extension, the recent resurgence in scholarly interest in the role of mass media in community integration has its origins in a concern about the alleged declining levels of civic engagement and social capital among the American public (For example, see (Putnam, 1993a, 1993b, 1995, 1996) among others) partially attributed to television. The connection between civic engagement and its impact on democracy, however, has long and deep roots in American intellectual discourse including de Tocqueville who in his *Democracy in America* was impressed with the American propensity for associational life, a feature of "bridging social capital" (Szreter & Woolcock, 2004). It is commonly believed that engagement with community institutions and neighbors promotes community solidarity and interpersonal trust, social capital in short.

Subsequently, concern about community integration emerged in an era of intense immigration to US cities early in this century. The primary concern of early researchers such as Park, Burgess, and Wirth was how millions of new residents would blend into American urban society to become productive citizens (Park, 1922; Wirth, 1964). Park first observed, for example, that immigrants with stronger ties to their communities made more use of ethnic newspapers than those with fewer ties. This was an important insight because it suggested a major mass media function in supporting processes of community integration. Park and his colleagues regarded community integration as a crucial factor in determining the health and welfare of democratic societies.

Morris Janowitz (1952) later continued to study the role of the mass media in promoting social integration. However, he expanded the perspective in three ways. He broadened the study to include citizens generally. He defined the concept of

community integration as having affective dimensions that he called community "attachments." He also focused on the role of smaller local community newspapers. In this research, too, the more affective concept of "community attachments" (made operational as identification with, and participation in, community facilities and institutions) was strongly positive in its association with community newspaper use. Since Janowitz's initial study, others have continued to observe that community integration is related to use of local media especially community newspapers.

## 12.4. Mass Media Use and Social Capital

The association between media use and social capital in the context of health may occur through two mechanisms: the relationship between media use and community ties, and community ties and exposure to information on such topics as health.

### *12.4.1. Media Use and Community Ties*

The relationship between ties to the community through such dimensions as membership in voluntary associations, local shopping, church attendance, homeownership, and length of residence, among others, and local mass media use (especially newspapers) has been one of the most enduring findings in the literature (McLeod, Scheufele, & Moy, 1999; Moy, McCluskey, McCoy, & Spratt, 2004; Viswanath, Finnegan, Rooney, & Potter, 1990). Reasons why this is so include Demers' (1996) finding that citizen interest in media information about the community is largely "primed" by social ties to the community. Moreover, recent studies have found that newspaper use is associated with membership in organizations including volunteer groups and churches (Finnegan & Viswanath, 1988; Rothenbuler, Mullen, DeLaurell, & Ryu, 1996; Stamm & Fortini-Campbell, 1983; Stamm & Weis, 1986; Viswanath et al., 1990) which act as contact networks. Another study found that even subscription to cable television was related to such membership (Finnegan & Viswanath, 1988). Others have reported that newspaper non-readers are less active in their communities (Sobal & Jackson-Beeck, 1981).

Studies using other dimensions of community ties such as residential stability, usage of local services and local employment have also showed a consistent relationship between community ties and local media use (Bogart & Orenstein, 1965; Kang & Kwak, 2003; Sobal & Jackson-Beeck, 1981; Stamm & Fortini-Campbell, 1983; Viswanath et al., 1990; Westley & Severin, 1964).

This well-established finding of local media use and community ties is important in understanding exposure to information of all kinds including health in the local media. Consistent use of media—reading the newspaper, watching television or listening to radio provides greater opportunities for exposure to content within those media. Some recent reports suggest that the amount of health information has been steadily increasing in the mass media consistent with interest in information on health among people (Viswanath et al., 2006). "Media effects"

on audience awareness, knowledge, opinions, attitude about health, and such behaviors as purchasing healthy or unhealthy foods, physical activity or preventive behaviors, assume that such exposure to media content has taken place. In short, exposure is necessary for media to have an effect on people's health and local ties may enhance the opportunities for such exposure.

Another way community ties may influence media exposure is through social priming (Demers, 1996). Interaction with interpersonal networks and with members of local associations may "prime" audiences to attend to health information and as well as act as sources of information. In a recent study, (Viswanath, Randolph, & Finnegan, 2006) showed that members of communities who reported more ties with local voluntary associations were also most likely to have recalled a higher number of messages on cardiovascular health. In fact, those who reported active involvement in voluntary associations recalled more CVD messages than those who were less actively involved.

More recent research suggests that *how* media are used, may also matter to social capital. When media are used for "informational exchange," it is much more likely to contribute to social capital as opposed to using it for entertainment and "social recreation" (Besley, 2006; Brehm & Rahn, 1997; Newton, 1999; Shah, Kwak, & Holbert, 2001; Shah, McLeod, & Yoon, 2001). Broadly, use of news media (on television or through newspapers) has been positively associated with increased social capital, often in the form of group membership, civic engagement, and interpersonal trust (Beaudoin & Thorson, 2004) (Shah, Kwak et al., 2001). It is conceivable that news media provide greater opportunity for exposure to mobilizing information as well as arguments, opinions and frames that could promote engagement with civic affairs (Beaudoin, Thorson, & Hong, 2006; Shah, McLeod et al., 2001)

In summary, the role of mass media in social capital is possibly through an association between local community ties and local media use, which in turn provide the opportunity for greater exposure to media messages advocating or inhibiting healthy behaviors, and the exposure leading to either healthy or unhealthy outcomes.

## 12.5. Collective Action, Media Advocacy and Health

It is well documented that mass media are both agents of change and social control (Demers & Viswanath, 1999; Tichenor, Donohue, & Olien, 1980). Under certain circumstances, media may contribute to amplifying the agenda of organized social groups in support of social change, particularly when the advocated change is unlikely to threaten the fundamental power structure in the social system. Most organized efforts to promote public health such as public health communication campaigns work within the system and often use mass media as powerful advocates. One effort included using mass media campaigns to promote social capital including participation and positive perceptions towards youth, in essence, social capital (Beaudoin et al., 2006).

In sharp contrast, collective action to promote public health, often also called media advocacy, is not unheard of (Wallack & Dorfman, 1996). Radin (2006) offers the example of women suffering from breast cancer who organized "virtually" to support each other, for advocacy and to confront institutions and companies that may "penalize" women who are ill. Radin argues that the communication through the web started with trust before proceeding to collective action. Individuals who live in communities with high levels of social capital are able to work together and benefit from collective action, whether uniting to secure funding for police enforcement or through controlling the community in terms of domestic violence or alcohol abuse (Bracht & Tsouros, 1990; Kawachi & Berkman, 2000). When analyzing the community-level effects of social capital on individual health, Kawachi et al draw upon the research of Sampson et al (1997) to suggest that one of the mechanisms linking community-level social capital and individual health may be through the ability to mobilize to prevent loss of services from budget cuts, etc. and therefore have greater access to resources locally (Kawachi, Kennedy, & Glass, 1999; Sampson et al., 1997).

## 12.6. Community Characteristics, Social Capital and Health Communication

Drawing on the reports on the role of social capital in saving lives during the Chicago city heat wave in 1995, Kawachi et al. (2004), posited that residents in communities with higher levels of social capital –"richer social interactions" – were more likely to have been saved even if they were "socially isolated." This hypothesis draws attention to a factor that has not always received adequate attention in the literature–the characteristics of the community and how they may play out in promoting or inhibiting social capital.

Within communication, the structure of the community – its size, economic base, ethnic, racial and social class diversity, and centralization or decentralization of power among others—influence the availability of information, how media cover information, diversity of media choices and how people use the mass media. For example, Olien and her colleagues (Olien, Donohue, & Tichenor, 1985) studied whether diversity of community, termed "community pluralism" modified the relationship between newspaper reading and feeling "close" to the community and other community attachments. They reported that the relationship was stronger in more pluralistic communities but were virtually non-existent in the less pluralistic communities. They indicated that a reason for the finding was that news media serve a different function in more pluralistic compared to less pluralistic communities. Specifically, residents of large pluralistic communities rely more on the mass media than interpersonal communication to support and maintain their community ties and attachments. In contrast, Olien and her colleagues also implied, residents of smaller, less pluralistic communities depend less on the mass media and more on interpersonal communication to support and maintain their community ties and attachments.

Rothenbuler et al. (1996) also used a structural variable, population density, to examine its influence on community attachment and involvement. In their study they took the view that media exposure is a necessary intervening variable that led to community attachment and identification. They distinguished the two dimensions proposing that community attachment is an affective feeling with the community giving them the sense that they belong to the community. On the other hand, community involvement is a measure of more active and cognitive interaction with the community.

Rothenbuler et al. (1996) found that population density was negatively associated with involvement but was not related to attachment. They reported that local newspaper readership promoted involvement and attachment while local television was not related to attachment or involvement although it was influenced by population density. The denser the community, the greater the reliance on television to stay current with community affairs. Density was not related to newspaper readership. In our view, population density is another indicator of pluralism and supports the argument that the nature of the interaction between media exposure and community ties varies by community social structure.

We argue that residents of more pluralistic communities enjoy ties to a diverse range of community organizations, groups, and institutions unlike residents of less pluralistic communities. However, despite a narrower range, it is also possible that residents of smaller, less pluralistic communities enjoy stronger ties while their counterparts in larger communities have weaker ties to a greater diversity of community organizations, groups, and institutions. It is therefore possible that the strength of "weak ties" (Granovetter, 1973) in larger communities facilitates greater exposure to media messages both in quantity and content diversity such as health.

We also argue that the diversity of organizations, groups, and institutions in larger, more pluralistic communities (subsystem specialization), influences the information environment. Those residents who belong to, and participate in, such organizations, groups, and institutions should be more likely to be exposed to a range of information, especially on topics such as health.

In the study on the recall of CVD messages discussed earlier, Viswanath et al. (2006) examined if the number of messages recalled by the respondents was associated with the number of associational ties and if this relationship varied by the size and pluralism of the community. The data were drawn from people living in three different communities: small cities, larger independent regional cities and large exurban cities proximal to a metropolitan area. The number of CVD messages recalled not only increased with number of ties to different voluntary associations, but the relationship differed by the nature of the community. Residents from larger cities recalled more message than residents from smaller cities but more interesting, residents who reported most associational ties in the larger cities recalled greatest number of CVD messages compared to residents who reported no ties in the smaller cities. Viswanath et al argue that holding fewer ties *and* residing in a health information-poor environment "may result in a sort of double-dose of media isolation. This doubled impediment to media exposure may be a major source of gaps in health knowledge."

## 12.7. The Emergence of the Internet and its Role in Social Capital and Health

It is too early to predict the impact of the Internet and the World Wide Web (WWW) on interpersonal communications, social capital and health. Nonetheless, its unique characteristics are likely to heavily impact the nature of social interactions and consequently, trust, reciprocity, and dimensions of health communication. These characteristics of the Internet that are particularly relevant to health include:

- Its aynchronous nature that tempers or even eliminates the constraints of time and space;
- The ability to store and transfer large amounts of information quickly across geographical boundaries;
- Its characteristics that allow for one-to-one as well as one-to-many communications facilitating social interaction as well mobilization.

Given its recency, it is difficult to predict how Internet may promote social capital Some recent studies suggest that

- Informational uses of Internet may potentially enhance social capital while recreational uses may deter social capital (Shah, Kwak et al., 2001). The effects are more pronounced among the "Generation X" rather than among baby boomers.
- Internet is also increasingly being used to promote collective action to mobilize patients to advocate for their rights (Radin, 2006).
- Internet has emerged among patients as a forum to seek social support and information. Discussion groups and chat rooms are widely visited for social support and to obtain additional information (Lamburg, 1997).

While these findings are intriguing, the future trajectory of Internet in social capital and communication in so far as it is relevant to health requires more empirical work.

## 12.8. Interpersonal Communication and Social Capital

Interpersonal communication, that is communication among dyads, triads, small groups—in short, social networks, has been of abiding concern to the students of social capital. Most of the dimensions of social capital such as trust, reciprocity, expectations and information exchange are generated and sustained among social networks through interpersonal communications. Interpersonal communications may also reinforce, moderate and contradict information people are exposed to in mass media. The relationship between interpersonal communication, social capital and health may be discussed in two broad areas: patient-provider communication and social support.

### *12.8.1. Provider-Patient Communication and Social Capital*

The relationship and communication between physicians or providers and patients is usually been characterized by a degree of asymmetry with controlled exchange of information between the two parties. Physicians, by virtue of specialized knowledge, training and experience, have enjoyed power and control over this relationship and their ability to resolve immediate problems of patients allowing them to enjoy status and the perceived obligations of the patients. There was an inherent degree of trust between the two despite the asymmetry. Ahern and Hendryx (2003) find that community social capital is a significant predictor of trust in physicians and thereby impacts access of primary care providers. Trust and collaboration may very well be related to health care quality and access, Ahern and Hendryx contend (Ahern & Hendryx, 2003).

This sense of obligation and trust between the provider and patient, social capital, a singular characteristic in this relationship has come under severe strain over time because of information revolution. For example, over time, the monopoly over knowledge enjoyed by the physicians has been facing increasing challenge with widespread dissemination of health and medical information through mass media, and lately over the Internet.

The Direct to Consumer Advertising (DTCA), an effort by drug companies to aggressively market their brand named drugs, is having the effect of patients seeking advertised brand names again challenging the monopoly of the doctors.

### *12.8.2. Health Communication and Social Support*

There is some confusion and even disagreement whether social support is legitimately considered as an aspect of social capital (Kawachi et al., 2004). Without taking a position on that issue, it is nevertheless worth pointing out that support is unlikely to be countenanced without trust and a degree of expectations of reciprocity. Networks built through Internet, for example, were used to widen access to surgery for a chest deformity through provision of information and communication (Thakur et al., 2002). Demonstrations of concerns, aid and information could decrease stress and improve well-being (Duggan, 2006). Most of the work on interpersonal communication so far has focused on social support by understanding how interactions and relationships affect support. More work on how interpersonal interactions influence social capital and health remains to be investigated.

## 12.9. Communication Inequality and Social Capital

*Communication inequality* may be defined as differences among social classes in the generation, manipulation, and distribution of information at the group level and differences in access to and ability to take advantage of information at the individual level (Viswanath, 2006). One potential reason for the emergence of

inequalities in communication could be because of (a) the nature of one's social networks and (b) engagement with the networks themselves.

People who participate in voluntary associations are, in general, come from a higher socioeconomic position compared to those who do not. Such ties may potentially provide an opportunity to learn more about health (Viswanath et al., 2006) thus leading to inequalities in communication. The nature of association and the network itself may also matter. For example, Viswanath et al. show that networks may also provide specialized information in health allowing members to learn more about health. Heterogeneous networks facilitate the distribution and dissemination of new information –bridging social capital, and collective mobilization (linking social capital) compared to more closely aligned networks of family and friends (bonding social capital).

In short, it is intriguing to explore if the nature of social capital may influence what people may learn or do not learn from communications and if that varies by social class exacerbating inequalities.

## 12.10. Conclusions

Despite its controversy, social capital as a construct, is intuitively and intellectually appealing and has heuristic value. Its precise meaning remains elusive, yet the dimensions that constitute social capital –trust, reciprocity, engagement, provide a useful explanation for linkage among social groups and the larger society. It could be very well be the glue that holds the society together. Communication, we argue, is a critical ingredient that sustains the links and plays a different role in different types of social capital–bridging, bonding and linking-and health. From the point of view of health, communication facilitates diffusion of new information, reinforces social norms, mobilizes people for collective action and creates social support thus providing the base for understanding how social capital may impact public health. And communication may also be used to explain how different variants of social capital–bonding, bridging and linking –may be related to each other. A more rigorous, systematic and through understanding of the relationship between health communication and social capital could be valuable in improving public health and reducing inequities among different social classes.

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