

**THE FORT ERIE SOCIAL CAPITAL REPORT**  
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**COMMUNITY HEALTH AND WELLNESS , FORT ERIE**

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## **ABSTRACT**

This Social Capital Survey was conducted by telephone interviews with 304 respondents in the rural community of Fort Erie, Ontario. The survey was part of a community health and wellness action strategy to enable the community to develop strategies to improve health and health care access for its citizens. The community decided to assess the social capital and health status of the community before setting priorities and developing action plans for implementation. The dimensions of social capital that were included in this study were: trust; sense of belonging and inclusion; civic and community participation; volunteerism; safety and security; communications and media. A significant positive relationship was found between ratings of sense of belonging and ratings of trust, overall health, happiness and general ratings of the community. The findings of this study along with the Health Status Survey on lifestyle and health access formed the baseline data from which the Town Council and its Community Health and Wellness Project and teams could set priorities for action.

## **ACKNOWLEDGEMENTS**

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- To the 100 plus volunteers and team members of CHW who met regularly to help set the stage for this study and were willing to examine the results along with other data to set priorities and to take action on the findings.
- To the participants who took time out of their precious lives to spend approximately 30 minutes to answer the questions and explore dimensions of social capital.
- To the researchers and writers who mapped a path and marked a trail of evidence in the field for us to follow.
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## 1.0 INTRODUCTION/ BACKGROUND

Social capital is a term used to refer to how people in a community form connections, relationships and social networks with each other for common purposes. Social capital has several dimensions: trust; reciprocity; a sense belonging and inclusion; civic participation and voluntarism; social networks and; collective action. Social Capital is believed to have positive outcomes related to economic development, human capital and health. Social capital forms the stocks of trust, norms and networks that people can draw upon to solve problems together and to influence their health in positive ways. The search for measurements, tools and the relationship of social capital to other positive outcomes has been extensive.

### 1.1 Rationale for the study ...

The Town of Fort Erie established a Community Health and Wellness Committee (CHW) for the purpose of enabling the community of Fort Erie to plan and develop as a holistically healthy community (physically, mentally, emotionally environmentally, economically, intellectually, educationally, socially, and spiritually) now and in the future. They adopted a plan to assess, plan and implement strategies and approaches to enable the community to improve its health. The first phase in the process adopted was to assess the health of the community and its citizens. To do this, they developed 8 teams around various health targets and determinants of health and brought together citizen's and leaders in the community to share their knowledge, to study existing reports and information and to prepare an interim report in each of the areas with initial recommendations. Over 100 leaders participated in focus groups and teams to assess the community in their respective areas. In addition, the Town Council and CHW commissioned two research studies: A Social Capital Survey and a Health Status Survey. Dr. Heather Lee Kilty from Brock University Nursing Department was engaged to work with CHW to develop those studies. This report is about the findings of the Social Capital Survey.

This study was conducted:

- To investigate the dimensions of social capital in the Town of Fort Erie.
- To yield findings on the levels of social capital (trust, belonging and inclusion; participation; safety; volunteering; civic participation) that will serve as a base-line for setting priorities and planning initiatives to improve health and social capital.
- To pilot methods and questions to measure dimensions of social capital that could be used in future studies.
- To study dimensions and variables of social capital and their relationship to each other and to health.

### 1.2 Research questions ...

- How do the citizens of Fort Erie presently rate the various dimensions of social capital?
- How can that information be used to plan strategies to increase social capital and therefore improve the health of individuals and of a whole community?
- How are various dimensions of social capital related to each other and to rating of overall health, happiness, satisfaction and general ratings of the community?

Possible hypotheses:

- Social capital has a positive effect on health and the determinants of health.
- There is a positive relationship between how participants rate dimensions of social capital and how they rate their health, happiness, satisfaction and rating of the community.

## 2.0 UNDERSTANDING SOCIAL CAPITAL

### 2.1 Definitions ...

Social Capital is being examined and defined in the lexicon of health promotion, economic development, community development and organizational development. In social capital, the concept of "capital" is not referred to in the usual sense, but in a human connection, and figurative sense, as a resource that is available to the individual and to the whole community. It does not refer to cash or property, although connections have been explored in the literature that indicate that social capital can translate into good economic development and the socio-economic well being of its citizens and the community as a whole.

Economic capital is the money in our bank accounts; human capital is the talent in our heads; and social capital is in our relationships to each other and the community. Social capital exists when it is shared and broadened to include others and creates allies in the community at other levels. It is these connections and relationships that are often leveraged to plan and share and that creates more capital together.

"Questions abound as academics attempt to describe the nature and dynamics of this seemingly threatened resource. As the discussions enter the arena of community development, it is obvious that the term itself has captured the imagination of practitioners as well as social scientists" (Lemmel, 2001, p.97).

Putnam (1995) "By analogy with notions of physical and human capital - tools and training that enhance individual productivity -- 'social capital' refers to features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit (p. 66)." "Social capital has gained a wide acceptability as a fruitful theoretical perspective for understanding and predicting the norms and social relations embedded in the social structures of societies. It is these patterns of social interrelationships that enable people to coordinate action to achieve desired goals" (Putnam, 1993).

Coleman (1990) pointed out that social capital is defined by its function and is not just one single entity. It consists of the sum total of all the social structures, and they facilitate certain actions of individuals who are within that structure. "Like other forms of capital, social capital is productive, making possible the achievement of certain ends that would not be attainable in its absence."

Bourdieu (1980), a French sociologist, was one of the first authors to systematically analyze the properties of social capital, defining it as " the sum of resources, actual and virtual, that accrue to an individual or a group by virtue of

possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition."

Portes (1998) defined social capital "as the ability of actors to secure benefits by virtue of memberships in social networks or other social structures."

"Social capital refers to those stocks of social trust, norms and networks that people can draw upon to solve common problems. Networks of civic engagement, such as neighbourhood associations, sports clubs, and cooperatives, are an essential form of social capital, and the denser these networks, the more likely that members of a community will cooperate for mutual benefit. This is so, even in the face of persistent problems of collective action (tragedy of the commons, prisoner's dilemma etc.), because networks of civic engagement:

- foster sturdy norms of generalized reciprocity by creating expectations that favors given now will be returned later;
- facilitate coordination and communication, and thus create channels through which information about the trustworthiness of other individuals and groups can flow, and be tested and verified;
- embody past success at collaboration, which can serve as a cultural template for future collaboration on other kinds of problems;
- increase the potential risks to those who act opportunistically that they will not share in the benefits of current and future transactions" (CPN, p. 1).

## **2.2 Types of social capital...**

Social capital can be distinguished from other forms of capital. Burt (1998) suggests that social capital refers to a quality created between people, whereas human capital is the quality of each of those individuals. In Burt's view, social capital refers namely to the good will, fellowship, sympathy, and social intercourse among individuals and families who make up a social unit. This includes the community, schools, and organizations.

## **2.3 Levels of social capital ...**

Thomas Ford Brown (1997) outlined social capital at different levels: the micro level is embedded in the ego perspective (trust, sense of belonging); the meso level is in the structural perspective of ties and networks (participation, voluntarism); and the macro level is embedded in the system of political economy and cultural and normative structures (organizations, councils).

## **2.4 Outcomes of social capital ...**

Portes (1998) and Coleman (1990) believed social capital should be defined not by its antecedents (trust, participation, networks), but by its outcomes as well (health, economic development, social justice). Allen (2001) also described social capital as a consequence as well as a cause of community action. This involves how a community can manage resources and develop as a consequence of collective action, such as its ability to resolve local conflicts.

Social Capital has been researched and addressed in order to respond to a variety of community problems, and its relevance and supporting research is international in scope and history. Cities are also looking to create socially cohesive, healthy, and economically successful cities.

### **2.5 Developing social capital over time ...**

It takes time to develop trust and social capital before the benefits can be harvested in a community. In community capacity building, as in business organizations, there must be an accumulation of capital before constructive work can be done" (Hanifan, 1920, cited in CPN definitions). " the community as a whole will benefit by the cooperation of all its parts, while the individual will find in his/her associations the advantages of help, the sympathy, the fellowship of neighbours. First, there must be an accumulation of community social capital. "When the people of a community have become acquainted with one another and formed a habit of coming together occasionally for entertainment, social discourse, and personal enjoyment, then by skillful leadership this social capital may easily be directed towards the general improvement of community well-being."

Social capital is embedded in the social networks, institutions and social relations between individuals and groups. Trustworthy social settings appear to be where social capital is most likely to flourish. It makes possible and facilitates other achievements and desirable outcomes.

" Social capital requires both willingness and skills " It is created by changes in persons that bring about skills and capabilities that make them able to act in new ways. Social capital ... comes about through changes in relations among persons that facilitate action" (Coleman, 1988, in Lemmel, 2001).

"Our experience suggests that social capital is an emergent phenomenon, it appears in groups where it formerly was absent and can be increased in groups where already present as a direct result of activities specifically designed to engender trust among group members and to enhance the trust worthiness of the social environment. " (Lemmel, 2001, p. 99).

When social capital, networks and trust have been developed, it is important to nurture them and to maintain them or they will diminish. Jacobs (1961) points out that " a network, when it is lost, from whatever cause, the income from it disappears."

Social capital also tends to accumulate when it is used, and can be depleted when not, thus creating the possibility of both virtuous and vicious cycles that manifest themselves in highly civic and uncivic communities (CPN,p. 1).

## **2.6 Social capital, community leadership, empowerment and activism ...**

Purdue (2000) identified two different types of trust: relations that community leaders engage in: communal social capital with the local residents in neighbourhoods; and through collaborative social capital in regeneration partnerships. " Community leaders are social entrepreneurs or community representatives. Social entrepreneurs resemble 'transformational leaders' , combining entrepreneurial skills with a vision for the neighbourhood" (Purdue, 2000, p. 2211). Purdue also suggests that strong and transformational leaders are why groups are active, and the lack of leaders is why they are inactive.

Vision and resource management are required to connect access to governing bodies by the grassroots. Trust and partnership are required, whereby the leadership of community leaders acts as key points of contact between governmental regeneration initiatives and the local residents. (Purdue, 2000, p. 2216).

Castells (1983) pointed out that community activism tends to resemble other urban social movements and he suggests this leadership can involve building bottom-up links and leverage to banks, companies, funding bodies, and research networks.

## **3.0 DIMENSIONS OF SOCIAL CAPITAL**

There has been an attempt in the research to identify the major dimensions of social capital and to test their validity, relationships and predictability. Some of the dimensions will be introduced here and developed further in the section mapping the research and survey questions that have been used to study these phenomena. Trust; reciprocity and efficacy; sense of belonging and inclusion; civic, political or community participation; security and safety; and social support networks of family, friends and community have been included in studies over time.

### **3.1 Trust ...**

- Trust is an empirically and consistent dimension studied as part of social capital in all studies. Measures of trust have been surveyed, including trust in people in the neighbourhood, in the community, at work, in government, in the media, in education, and in the criminal justice system.
- Fukuyama (1995) wrote about the core argument of low and high trust in societies and communities. High trust societies tend to develop greater social capital, and consequently enjoy greater economic growth, particularly in the transition to a post-modern economy. Likewise, groups and cultures who build trust accumulate greater social capital. Trust appears to act as the social glue to bind people and structures together.
- Coleman (1990) wrote that " Trust and trustworthiness facilitate action and a groups can accomplish much more than a comparable group without that trust worthiness and trust."

### **3.2 Sense of community belonging and inclusion ...**

- This dimension has been measured by self-ratings of how individuals feel about their sense of belonging and inclusion in their community and how they have been included.
- Inquiries about what contributes to the individual's sense of belonging and their major sources have often been included (family, friends, work, community, culture, religion).

### **3.3 Reciprocity ...**

- Reciprocity is " the ability of people to work together for common purposes in groups and organizations" (Coleman, 1980).
- Mauss (1969, p. 70) points out that we have reciprocity that can be observed in various areas and exchanges of goods and it is this that produces common norms, common identity, trust and solidarity and strong economic ties on other outcomes.
- Reciprocity is often measured by how neighbours help each other in times of need and sickness, how they share resources or how they take care of each other's children.

### **3.4 Civic participation in the community and voluntarism ...**

- Community participation has often been a strong indicator of social capital and measured by the number and degree of involvements, memberships, participation and leadership in variety of community groups and associations.
- Political activism has often been measured by the exercise of voting, attending rallies and working on community change initiatives and projects with others. The results of surveys to date indicate that political engagement may indeed be a meaningful determinant of social capital.
- Verba, Scholzman and Brady (1995). interviewed more than 15, 000 Americans about their civic and organizational life. They also took a sub-sample of 2, 500 activists to see what characteristics separate activists from their less active fellow citizens. They found many similarities but found inequalities among the active along the lines of ethnicity, race, and especially, class. Family income, education and job skills accounted for the gap between Afro-American, Latinos and Anglo-white.
- Bucek and Smith (2000, in Docherty, Goodlad & Paddison, 2001) examined the renewal of neighbourhoods, and described this as partnerships between locally elected representatives and citizen participation and saw true civic action as "the best combination of complementary procedures of representative and participatory democracy."
- Docherty, Goodlad and Paddison (2001) were unable to show fully what determines civic culture, but were able to show that citizen participation can be affected by our political institutions.
- Centralization and monopolization of community groups seem to weaken communication and leads to the erosion of social capital.

- Volunteering has often been measured by involvement in volunteer activities, donating money, donating blood, and the number of hours and leadership offered.
- Smith (2000) saw volunteering "a gift to exchange," and challenged governments "to wake up to the economic and social benefits of volunteering, but should not rely on it as a stopgap for solving society's ills" (p.20). Kofi Annan, UN Secretary General stated "Societies need to recognize and promote volunteerism as a valuable activity. And they need to encourage volunteer action at home and abroad" (in Smith, 2000, p. 21).

### **3.5 Connection with friends and family ...**

- This dimension has been included in all the major social capital studies and is often measured by data on number of friends, time spent with friends and family, and the diversity of friendships with people of different backgrounds.

### **3.6 Safety and security ...**

- This dimension has been measured by examining how safe and secure citizens feel, their experience with crime, and evidence of collective community action to deal with safety and crime such as Block Parents.

### **3.7 Tolerance and diversity ...**

- This dimension is growing in importance. Without evidence of this, a community cannot work together well, and include all persons and talents to build its social and human capital to its fullest potential.
- Strong evidence that high racial and diversity conflicts erode social capital.

### **3.8 Other determinants/ predictors of social capital ...**

- Communication has been investigated to see if it is a predictor. Only one of the communications variables has emerged as a major predictor. It may be that communication nourishes social capital, but does not directly predict it. Recently, it is suggested that communication should be added as a determinant and researched further.
- Community solidarity (togetherness) initially was seen as a determinant and now is seen as a dimension of social capital.
- Empowerment has been suggested as a determinant, not an outcome.
- Temple and Johnson (1998) selected indicators such as ethnic diversity, social mobility, and the prevalence of telephone services as indicators of the density of social networks.
- Kreuter, Young, and Lezin (1998) adopted a qualitative methodology based on the content of local newspapers and included: civil participation, trust, social engagement, and reciprocity by conducting a content analysis of positive and negative newspaper mentions, plus interviews with local leaders and a community telephone survey.
- Health, economic, education, employment, child care, use of media, ethnic groups, religious and demographic variables have often been part of social capital results. There are impressive results across virtually all variables

representing major outcome dimensions. What appears to predict political involvement, perceived competency and honesty of government institutions, feelings of safety and so forth are the fundamental components of social capital: trust, social interaction, group involvement and affiliation; volunteerism for instance.

- Sense of pride and identity in the community and self.
- If the variables recommended as measures of social capital are of intrinsic worth, they should be able to predict a substantial amount of the variance in key outcome variables. The variable contributing the most to the sense of pride and identity is the social interaction variable. They have a face validity; that is they are sensible.

### **3.9 Who and what contributes to social capital ...**

From the literature, it is suggested that individuals, groups, institutions, and organizations all contribute to developing social capital. Libraries have particularly been studied as indicators and creators of social capital (Preer, 2001; Kranich, 2001). They offer information, and a place of networking, across generations, and cultures (Kranich, 2001). Kranich saw libraries as "An institution rich in social capital, and poised to usher in an era of civic awareness and community revival" ( 2001, p. 40). " The free exchange of ideas and information and the opportunity for people to connect with each other lie at the heart of a civil society" according to Paul LeClerc, President of the New York Public Library (NYPL) right after the September 11 attack.

Bubolz (2001) saw that family capital and social capital can have both positive and negative outcomes. Strengthening the family can build social capital in a community and families use social capital in a community and flourish more when it is present. Nurturance, care-giving and social and moral function builds the positive foundations of trust and networks especially in older adults and networks for adolescents.

Civic leaders in government, and leaders in religious and cultural groups contribute to social capital. Every person, source of information, and other capital resources in a community can contribute to or destroy the social capital of the whole.

### **3.10 Mobilizing social capital in new ways...**

Sirianni and Friedland (1995) focused on civic innovation in the environment and community organizing. They argued that there has been significant innovation and community capacity building, even amidst some indicators of social capital depletion, and they argue for an approach focused on the specificity and complexity of public problem areas. Some of those specific forms of acting on social capital in recent times have been through civic environmentalism, congregation- based community organizing, participatory school reform, working

on child and women's issues, responses to violence, grassroots networks, criminal justice efforts, and business clubs, and health coalitions.

### **3.11 Specific examples of social capital...**

Two farmers exchanging tools can get more work done with less physical capital; voluntary associations sharing space and leadership can survive and accomplish more; pools of financial capital can be generated for increased entrepreneurial activity; and job searches can be more efficient if information is embedded in social networks.

### **3.12 Social capital and racial, ethnic and socio-economic issues...**

Stocks of social capital in churches and associations can mobilize new stocks across denominations and ethnic and racial lines

"It means understanding how homogeneous forms of social capital based on common racial, class and ethnic ties can complement heterogeneous forms that create broader linkages across these boundaries, and how policy designs and institutional partnerships can provide the needed supports" (CPN, p. 2).

## **4. 0 LITERATURE REVIEW**

### **4.1 Literature related to outcomes ...**

Literature and studies abound regarding the outcomes and connections to social capital. There is a belief that high levels of social capital in a community can lead to economic prosperity, individual health, lower crime, effectiveness of government institutions and shared goals that can be realized by a community (Putnam, 1995; World Bank, 1999).

" Furthermore, social capital is seen as an intangible, but vital, policy ingredient for ensuring the effectiveness of various interventions" (Lomas, 1998; Szreter, 1999).

Putnam (1995a, cited in Mohan & Mohan 2002) states that social capital is the property of a collectivity. He refers to this as " features of social life - networks, norms, and trust - that enable participants to act together more effectively to pursue shared objectives" (664-665).

Unlike other stockpiles of resources it does not wear out with use (Ostrom, 2000) Krishna (2000, in Mohan & Mohan, 2002 ) suggests that it can be "treated as stock from which future benefits flow ."

It has been suggested that increased social capital can lower health inequities " the suggestion being that in more egalitarian societies disparities in health are less great and overall levels of health are greater." Working together on health projects, establishing community health centres, removing barriers to access,

helping our neighbour who is sick, and providing friendly visiting at home and in the hospital all can contribute to lowering inequities.

Psycho-social links, health, environment and income together form a more ecological analysis of social capital. Kawachi et al (1997) assert that on the basis of ecological analysis, that " income inequity leads to increased mortality via disinvestment in social capital." However, Muntaner and Lynch (1999) link the differences to class (in Monahan & Monahan, 2002).

#### **4.2 Critiques and challenges related to social capital...**

- The application of social capital in particular contexts creates a problem with connecting the patterns of social behaviour to social capital and social capital directly to beneficial outcomes.
- We don't fully understand the mechanisms through which belonging to bird-watching, and participating in sports actually materializes in social capital.
- Jordan and Maloney (1997) point to a growing concern with more "chequebook participation" and not individual involvement in the social networks and this could change the nature of social capital..
- Chin and Mittelman (1997) debate the imagined communities created through a disembodied internet and the possibilities this holds for "cyber democracy."
- Not all associations are alike or open to all, and people join them for different reasons.
- Rubio (1997) indicates it is important to look at "perverse social capital" such as gangs, KKK, Mafia, elitism, and lobbyists.
- Halpern (1999) argues that the stronger the social capital within the group, the greater the hostility develops to outsiders.
- Social capital can itself be used by certain groups to exclude or to dominate other groups in society, thereby deepening health inequities (Kawachi, 1999).
- Mohan and Mohan (2002) looked at variation of social capital by geography and found that political participation and volunteerism vary (by age, class, ethnicity and gender) and there are place to place variations . They suggest that other factors could be affecting outcomes, such as uneven development, institutional structures, a decline in civility and increasing levels of crime (Campbell, 1993 in Mohan & Mohan, 2002).They suggest that this may call for the development of spatially disaggregated indicators of social capital to be developed.
- " The way social capital is embedded in social structures may contribute to the public good "(Narayan, 1998). Conversely, the negative impact of social capital embedded in powerful, tightly knit social groups, not accountable to the citizens at large, is evidenced, for example, in corruption and cronyism in political and government institutions (Evans, 1989; Mauro, 1995; World Bank, 1999).
- Income disparities appear to disrupt social cohesion (Wilkinson, 1996).

### **4.3 Literature related to methodology and the measurement of social capital ...**

Scholars and community leaders continue to refine the measurement of social capital and to establish quantifiable indices, domains and methods of measurement. Quantitative methods of surveys have been used world-wide. However, qualitative narratives, stories, and membership outcomes may also need to be explored. Some of the newer examples of social capital, such as getting together around environmental issues, health promotion mobilizations, helping those who are sick and dying, multi-cultural diversity projects, collaborative partnerships, flexible non-profits, hospital closing responses, health issues mobilization, and issue-oriented networks may require new methods and new research questions. This would examine social capital beyond the historical activism indicators of participation through places of worship, bowling leagues, and fraternal organizations,

Labonte (1999) and van Komenade (2003) developed a report to focus on the methodological aspects of social capital research:

- The first three parts examined data sources, indicators selected as part of social capital research, and the difficulty of adapting to sources of indicators that were not specifically designed for social capital research;
- The fourth part looked at existing sources of data and surveys conducted by Statistics Canada and proposes seven basic and two complementary indicators for measuring social capital within the framework of health surveys.

The field of social capital research and measurement, while well developed, still has its challenges "This is a complex task because, as with a large number of concepts used in the social sciences field, social capital is a construct (Labonte, 1999). Social capital needs to be further deconstructed and new indicators constructed.

"In a majority of studies, the purpose of measuring social capital in a given community is to learn about certain indicators, especially those relating to social networks, norms and social trust, that are apt to facilitate coordination and cooperation within the community (Putnam, 1995)."

"This is no easy task, however, and researchers have encountered a certain number of difficulties (Krishna & Shrader, 2000).

### **4.4 History of studies and their measurements of social capital ...**

The first type of study used surveys on values or general social surveys.

- The World Values Survey has measured interpersonal trust and social capital in over 29 countries and conducted extensive studies in Columbia, Uganda, and Tanzania. The World Values Survey has aimed to monitor worldwide socio-cultural and political changes. The Social Capital Initiative of the World Bank (1999) has conducted over 15 projects to build community capital.
- Knack and Keefer (1997) borrowed indicators relating to trust and civic norms from the World Values Survey to study 29 market economies to identify

growth in their dimensions of social capital. They compared countries as the unit of analysis. Knack and Keefer (1997) demonstrated a strong relationship between generalized trust and levels of investment in 29 countries.

- Ronald Inglehart (1997) conducted the earliest cross-country work on dimensions of social capital. Over the last decade he and collaborators collected data from 43 societies in the World Values Survey to understand the role of cultural factors in political and economic development. Inglehart found no association between economic growth and group membership, however, levels are affected and supported by Putnam's (1993) thesis that voluntary organizations play a role in the early stages of economic development.
- Narayan and Pritchett (1998) created a measurement of social capital by using the data that was specifically designed for this purpose, and a survey on poverty in Tanzania. Narayan (1998) in Ghana piloted tested a questionnaire in 1, 471 households in four regions: 3 rural, and 1 urban. Narayan and Cassidy (2001) established a set of statistically validated survey questions for measuring social capital in developing communities and described a dimensional approach for measuring social capital in developing communities.
- Early studies were based on the European Values Surveys 1981 1990-1991 1995-1996.
- The Australian and New South Wales Study, by Onyx and Bullen (1997) developed a practical measure of social capital for voluntary organizations and collected data from 5 Australian communities. They looked at social capital and community development. They identified an underlying factor (participation in the local community) and 8 primary independent or orthogonal factors that collectively account for 50% of the variance in social capital (participation in the local community; proactivity in social context; feelings of trust and safety; neighbourhood connection; family and friend connections; tolerance of diversity; value of life; and work connections. Baum et al (1997) in Australia used a questionnaire on health and participation that was designed for the purpose of exploring those dimensions.
- The Social Capital Assessment Tool (SCAT) was created by Krishna and Scrader (1999) includes: a community profile, a household survey and an organizational profile (29 questions) plus qualitative interviews. SCAT is a very comprehensive measuring tool that helps in the study of social capital in small and medium-sized communities and provides useful information to financial groups.
- The Barameter of Social Capital (BARCAS), was developed by John Sudarsky (1999) to measure social capital and citizen's participation in Columbia. He 8 identified dimensions of social capital (institutional trust; civic participation; mutuality and reciprocity; horizontal relationships; hierarchy; social control; civic republicanism; political participation; information; and media). It was based on the empirical sense of Inglehart's work (1997) and the World Value Survey (WVS).

- Svendsen and Svendson (2000) in a study in Denmark measured social capital " defined as people's ability to co-operate, may enhance economic growth in society."
- The Roper Survey has been used extensively in the United States to give access to data on civic participation and participation in religious and volunteer activities. The Harvard Kennedy School of Government has developed an extensive tool based on this and conducted studies in over 22 states.
- Hence, Putnam (1995) constructed an index based on indicators from a number of sources such as organization data banks, the Roper Survey , and the DDB survey. Putnam referred to social capital as the trust that lubricates society when added to physical and human capital. He posed further questions to explore, including "Can we find out why people learn to trust each other and cooperate in the first place?"
- Putnam (2000) compared provinces and regions. Trusting others was a question used in Italy since 1959 with only 9% of the sample responding affirmatively. By 1990 it had risen to 35% up 55 per year (Putnam, 1993, 1995). In 1960 58% of the US population trusted their neighbour and it went down to 37% in 1993.
- Kawachi (1997, 1999) in his analysis of social capital and health used the General Social Survey (GSS) and the Behavioural Risk Factor Surveillance System.
- Kreuter, Young and Lezin (1998) conducted studies at the small community level and compared 2 rural communities in the United States to determine whether there was a correlation between social capital and efficacy of community-based health promotion.
- In some studies, social capital was used as an independent variable. There is some debate as to whether social capital variables should be used as dependent variables. "One reason to treat social capital measures as dependent variables is that they can provide a cheaper, faster way to evaluate intervention. Previous studies correlating social capital with outcomes such as improved health, reduced crime, and better education suggest that if an intervention improves social capital it will probably lead to other positive outcomes as well."

#### **4.5 Social capital and data sources in Canada ...**

- The General Social Survey (GSS) was introduced in Canada in 1985 as a tool. In Cycle 14 (2000) the focus on voluntarism and trust for social capital was big. In Cycle 16 of GSS (2001) more measurements were included related to social support in general, and in particular on the provision of care for persons aged 65 and older and 18 and under in the community. Information was collected on social networks, family, friends, and neighbours. The General Social Survey (GSS) of Statistics Canada was conducted in 10 provinces and included present social indicators. (Statistics Canada, 2003).
- The Federation of Canadian Municipalities (FCM) developed a series of indicators to measure the quality of life in Canadian cities. They also included

living conditions, trends and issues that often go unnoticed when conventional methods of measurement are used. 16 municipalities in Canada established a series of indicators to measure community well-being grouped on a community participation index. Political participation such as donating and community initiatives (recycling) were also included.

- The National Population Health Survey () is a longitudinal survey on population health status and includes some indicators of physical illness and health indicators (income, social support, employment). Health status is measured by self-ratings (Statistics Canada, 2002).
- Kitchener(2001), Sudbury (2001) and Chatham (2001) in Ontario have conducted smaller studies for health and community capacity building purposes.
- Veenstra (2000) in Saskatchewan developed a self-administered questionnaire to measure social capital.
- The Canadian Community Health Survey (CCHS), (2000) in a 2 year cycle conducts 2 surveys: a socio-health region survey in the first year among a total sample of 130,000 people and a provincial survey in the second year with a provincial sample of 30,000 and includes some social support indicators (Statistics Canada, 2002).
- The National Survey of Giving, Volunteering and Participating in Canada (1997, 2000) examines time given to volunteering and donating.
- The Research Group, a sub-group of the Social Cohesion Group in Canada, the University of British Columbia (2000) launched the first phase of a nation-wide survey in 2000 combined with income distribution and poverty indexes.

## 5. 0 SOCIAL CAPITAL AND ITS RELATIONSHIP TO HEALTH

### 5.1 Social capital as a health determinant ...

- Muntaner, Lynch and Smith (2000) wrote *Social capital and the third way in public health*, and pointed out that the construct currently used in the public health literature, lacks depth compared to its use in social science. In addition, "social capital presents itself as a alternative to materialist structural inequities (class, gender, and race) by bringing to the forefront of social epidemiology an appealing common sense idealist psychology to which everyone can relate (e.g. good relations with your community are good for your health). The use of social capital invokes a romanticized view of communities that exist without social conflict. We argue that the evidence on social capital as a determinant of health is still scant and ambiguous - depending on the definition used should not take the place of living wage, full employment and insurance" (p.107).
- Hendryx and Ahern (2003) put forward the hypothesis that the variation in reported access to health care is positively related to the level of social capital present in the community. Those in metropolitan areas featuring higher levels of social capital report fewer problems accessing human capital." The results observed for 22 major US cities are consistent with the hypothesis that

community social capital enables better access to care, perhaps through improved community accountability mechanisms "(p. 87).

- Cattell (2001) wrote about *Poor people, poor places and poor health* and the mediating role of social networks and social capital using qualitative research methods and case studies. He was interested in exploring the relationship between poverty and exclusion: neighbourhood and well being. There appears to be a relationship between inequality, social capital and health.
- Whitehead and Diderichsen (2001) wrote *Social capital and health: tip-toeing through the minefield of evidence*, and explored the strong and weak points in the connection to date.
- At the individual level, and within communities, social participation and supportive social relations appear to be good for your health:
  - . People with strong social networks, for instance have mortality half or a third that of people with weak social links.
  - . Low control at work and low social support predict coronary heart disease
  - . Sometimes extrapolated to whole populations to propose the hypothesis that the quality of ties or mutual cooperation explains why some countries and communities have healthier populations than others hard to test
  - . Community spirit and horizontal relations in a community - how about internet wider family friend sphere re mobility. .
- Campbell and Gillies (2001) conceptualized social capital for health promotion particularly in small local communities and used 3 hour structured interviews with participants in a south-east English town.
- Macinko and Starfield (2001) explored the utility of social capital in research related to health determinants.
- Hawe and Shiell (2000) reviewed the literature on social capital and health promotion and explored the relational, material, and political aspects of social capital. They suggest testing more theories and interventions and while social capital as a metaphor may be of value, the underlying constructs of health and social capital have not been captured adequately to date.
- Veenstra (2002) wrote about social capital and health (plus wealth, income equity, and regional health governance) and studied 30 health districts in Saskatchewan with reflections on health needs. It was found that social capital was related negatively to mortality; income inequity related positively to mortality; and showed no evidence of a relationship between social capital in health districts and the performance of District Health Boards (DHB's).
- Hyde (1999) wrote *Health system reform and social capital*. The author suggests that the research on building the capacities of communities and the accumulation of social capital shows how we organize our health systems - in both micro and macro contexts and that it is important. He argues that collaboration, flexibility and community participation must be central in health structures.
- Rose (2000), wrote *How much does social capital add to individual health? A survey of Russians* and found that social capital increases physical and emotional health more than human capital, but together they raise an individual's self-rated health from just below average on a five-point scale to

approaching good health (p. 1421). Some are healthy, some are not. To what extent does their health vary with involvement or exclusion from social capital networks?

- Veenstra (2000) in his article *Social capital, SES and health: an individual-level analysis* found no significance between social capital and individual health, however attendance at religious services and participation in clubs were found to be related to health for the elderly, and socialization with colleagues at work was found to be relevant. Studies of social capital and health indicate that community trust and networks can improve health. Although there is no apriori basis for assuming social capital will always lead to good health, he suggests that investment in social capital for human development by strengthening social networks, building social organizations, strengthening community ties and strengthening civil society could well lead to improved health, especially for the poor.
- Studies at the larger geographical and national levels suggest that social capital might also influence health in neighborhoods and smaller communities

### **5.2 Social capital and immigrants ...**

Marger (2001). *Social and human capital in immigrant adaptation: the case of Canadian business immigrants*. Social capital is a vital resource enabling immigrants to find their economic and social niches in the host society. Social capital is a key factor in the immigrant adaptation process. Ethnic networks help to build social capital and may have a positive effect on health.

### **5.3 Social capital and adolescents ...**

Loury, (1977) social capital is the set of resources that inhere in family relations and in community social organization and that are useful for the cognitive or social development of a child or young person. Those resources differ for different persons and can constitute an important advantage for children and adolescents in the development of their social capital (in Leeder & Dominello, 1999). Lee and Croninger (2001) in their study of social capital in six high schools outlined six perspectives on forms of school based social capital to guide the research.

## 6.0 METHODOLOGY

### 6.0 Type of study...

This was a quantitative, cross-sectional, telephone survey research study of Social Capital conducted in Fort Erie, Ontario.

### 6.1 Participants in the study...

Persons over 18 years of age, living in households in the Town of Fort Erie, in the Region of Niagara, in the Province of Ontario who could be reached by a listed telephone number were included in the target sample.

### 6.2 Sampling approach...

A standard random sampling technique was used to contact every 7<sup>th</sup> phone number in Fort Erie after a randomly selected starting point. Phone lists included all parts of Fort Erie including the Town of Fort Erie, and the villages of Stevensville, Ridgeway, Crystal Beach and Black Creek starting with 905-871 or 905-994. Participants were contacted by telephone and asked to participate in the study. Households were contacted by calling every 7<sup>th</sup> number on a list and a person over 18 in the household was asked to participate. It was hoped that a diversity of ages, genders and ethnic backgrounds would be reflected in the sample but no control measures were put into place to ensure this.

### 6.4 The survey instrument and interview guide (Appendix A) ...

Various existing instruments and tools were collected and reviewed. Articles were reviewed that rated the statistical significance of various questions on each dimension and rated the best of each. Several smaller 36 item and 70 item surveys indicated they could be used if cited. Others could only be used if approved as their official project and permission was required if used in their totality. The survey used has many of the basic dimensions covered by the questions generated after decades of development and used in all instruments (re trust and belonging). Questions that were included were adapted from various other approaches. Questions were also developed with community consultation on which dimensions of social capital that the Community Health and Wellness Project leaders particularly wanted included. They intended to use the findings to assist in planning and to create a base-line data for future comparisons to evaluate the outcomes of any plans and strategies to improve the community and its social capital. The interview consisted of questions that were posed about each of the pre-selected dimensions of social capital and the responses and choices to be recorded on the interview sheet. Most questions were in Likert scales; binary responses of Yes and No; or single answer responses.

The interview guide included:

- an introduction that included a background of the study and the purpose of the study
- an invitation to voluntarily participate.
- a statement of confidentiality.
- instructions for the interviewer to begin the survey.
- specific questions to ask the respondent related to the variables of social capital (trust, belonging ..) and demographic information (age, gender...) and places to record the answers on the survey.

### 6.5 Time for each survey ...

Approximately 30 minutes was allotted for each survey.

**6.6 Timing of the survey ...** The survey was conducted from 12:00 noon to 8:00 p.m. over a 8 day period in January, 2003.

**6.7 Research location ...**

Research Assistants were hired and attended a 1 day training program at Brock University. The telephones were used at the Nursing Department at Brock University, St. Catharines, Ontario. Originally, plans were to conduct the interviews at the Fort Erie Town Hall or at a local business. Practical arrangements regarding telephone costs, access phone time and confidentiality of information influenced the decision to conduct the interviews at Brock University.

**6.8 Research Assistants ...** Brock University students conducted the interviews under the supervision and training of the Principal Investigator, Dr. Heather Lee Kilty. Most of the students were from Community Health Sciences at Brock University. One community person returning to university was also hired. They received prior training and orientation to the instrument and questions and conducted several sample interviews for the purposes of developing consistency and comfort in conducting the interviews and for reliability of the instrument.

**6.9 Scope and limitations of the study ...**

We had 300 survey participants as our target population over a 1 week period and this was extended to cover 9 days instead to reach our target numbers. We did not include those under 18 years of age; the institutionalized elderly (in nursing homes); those without telephones and those who could not speak English.

Only those who had telephones could participate. Some indicated they did not want to participate or did not have the time to complete the survey. Some asked to be called at a specific time later when they had time to participate. The Fort Erie Community Health and Wellness Project put articles and advertising in the newspaper ahead of time and the Mayor and Town Council announced this was going to be conducted. It had been hoped to conduct the survey before the December holiday time. However, it was decided to conduct it early in 2004 and it may have lost some of the pre-heralding that took place earlier. Also not as much pre-advertising occurred as anticipated.

**6.10 Data input ...**

Data was organized and input into SPSS. Research Assistants were also involved in some of the data input and preparing tables and charts.

**6.11 Data analysis ...**

Data was analyzed and findings prepared for written and group presentation, distribution and study. Mostly descriptive statistics and frequencies were generated for presentation to the community. Correlational data will not be presented in this report.

**6.12 Recruitment of participants ...**

The Fort Erie Community Health and Wellness Coordinator arranged to write a regular article in the local press on aspects of health promotion and the healthy community strategies and to report on the progress of the research and the committee deliberations. Several articles had previously appeared that have given some information about the research and more will be produced closer to the survey to encourage residents to participate. Advertising appeared in the

local newspaper to explain the purpose of the study and to invite citizens to participate when it was conducted.

The Mayor, Town Council, the Community Health and Wellness Committee that coordinated the efforts of 8 health determinant committees (and 100 volunteers) had been established to work on the health determinants identified in the summer (housing, transportation, health of people over 50, women and children's health, the environment, health care access, literacy) These groups had been meeting regularly since the summer and set the climate for participation and response to the study.

The research project has been on the agenda of Town Council, the meetings of the Community Health and Wellness Committee, the Refugee Health Centre and each of the 8 health determinants planning committees throughout the fall and these community leaders are preparing the way for people to participate and they have circulated their reports and minutes widely.

The Town and CHW hired an advertising specialist, who also met with the Principal Investigator to prepare possible inserts into the local press and posters regarding the first Social Capital Survey. A second mail-out survey on health status and health access in Fort Erie was also advertised to take place in January, 2004..

### **6.13 Compensation and feedback to participants ...**

No compensation was offered to participants. Feedback to participants was offered in several ways during and after the study: words of appreciation were provided routinely to participants over the telephone; the details about the purpose of the study was covered in the interview schedule; a "thank you for participating" appeared in the regular article written by the Coordinator of the Community Health and Wellness in the local press; after the survey was conducted the Mayor gave thanks at the next scheduled Council meeting and some of this appeared in the minutes and in the press; an executive summary of findings and descriptive data was distributed to and presented to the Town Council; the 8 health determinants planning committee meetings and; the Community Health and the Wellness Co-ordination Committee and offered in the newspaper.

The residents of the Town were also invited to a Community Forum in April of 2003 for a presentation, discussion and priority setting based on the results of this survey, the Health Status Survey and the Team Interim Reports.

### **6.14 Potential benefits from the study ...**

The Participants in the project will benefit by participating in shaping community life and the health of their community by sharing their experiences and perceptions related to social capital and community trust, belonging and involvement. These elements are believed to be positively associated with the overall health of a community and of its citizens.

The Town of Fort Erie and its planning committees will benefit by having the valuable input of its residents for strategic health and community planning. The committees of the Town have been gathering and studying other reports and available data on health (housing, access, transportation, environment ...)The

findings of this study was also included in their deliberations, recommendations and the implementation decisions of the future.

The scientific community will benefit in the following ways:

- the development of further theoretical knowledge about dimensions of social capital (trust, belonging, participation ...) in a small community.
- an understanding of how dimensions of social capital might relate to the health of individuals and the community.
- an understanding of how information on social capital might be used in planning and decision making processes involved in a healthy community strategy.
- the further testing of specific questions and measurements related to social capital.

#### **6.15 Procedures to maintain informed consent and confidentiality ....**

Consent was provided verbally and offered verbally in the script offered by the interviewers. The study and purpose was explained to the potential participant along with the voluntary nature of the participation and the confidentiality of the information. They were then asked "Will you participate/or may I continue."

Each survey was assigned a number and not a name. Participants were asked the street they lived on and the closest intersection, but not their address, for the purposes of assessing what locations were covered in the sample. The phone number lists were used for making the calls only and not for individual identification and were not retained on the survey after completion. The names of participants did not appear in the written and oral dissemination of the research study and only summary information was reported in the frequencies and descriptive statistics presented here and at the community meetings and in the press.

To ensure the confidentiality of the data, no participant was identified by name in any written or verbal discussions related to the study. All discussions between the Principal Investigator and the research assistants was held in a secure location and not in public place. In the reporting of the study, participants were described collectively, in general terms and in aggregate and percentage numbers and statistics (egs, number of males, ages, gender etc). Research Assistants were asked to sign forms indicating their understanding of and acceptance of the responsibility to keep all information confidential related to the project and participant and survey information.

The surveys were retained by the Principal Investigator and surveys to be shredded after 1 year. Electronic data will be retained for any further analysis and future comparison surveys.

## 7.0 RESULTS AND FINDINGS

### 7.1 Introduction...

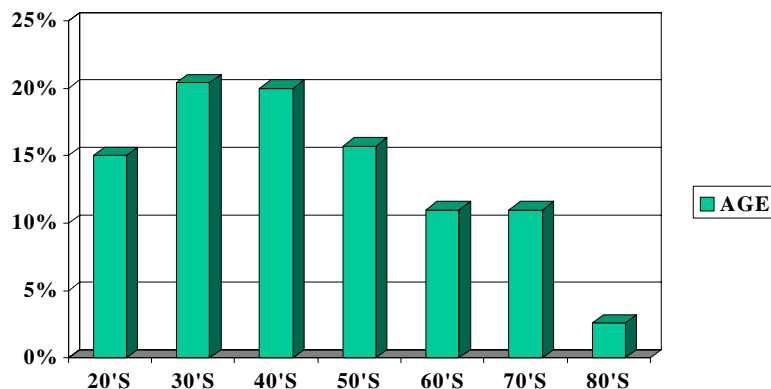
The Fort Erie Social Capital Survey was conducted by telephone in January of 2003 by a trained team of 6 interviewers, utilizing a standard randomized sample approach. All interviews were conducted in one place, at the Nursing Department offices at Brock University under the supervision of the Principal investigator, Dr. Heather Lee Kilty. Interviews took place over a 9 day period from 12:00 noon until 7:00pm.

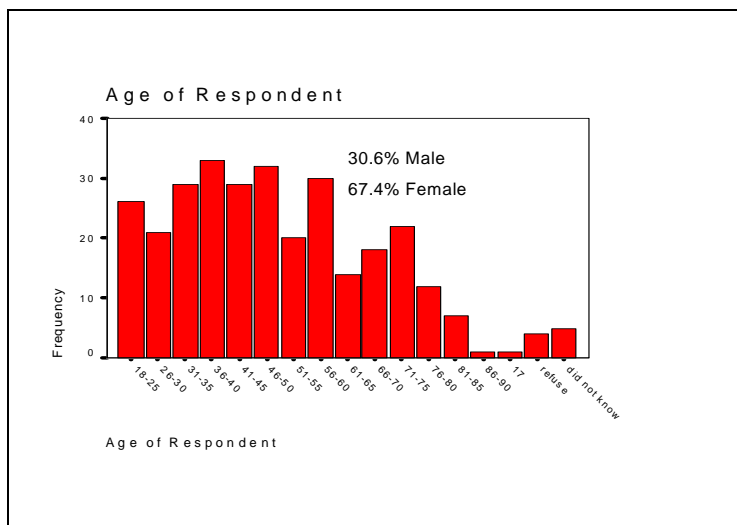
**7.2 Time to complete ...** 89.8 % of the surveys were completed in under the target time of 30 minutes and 98% were completed in under 40 minutes.

### 7.3 Survey respondent data ...

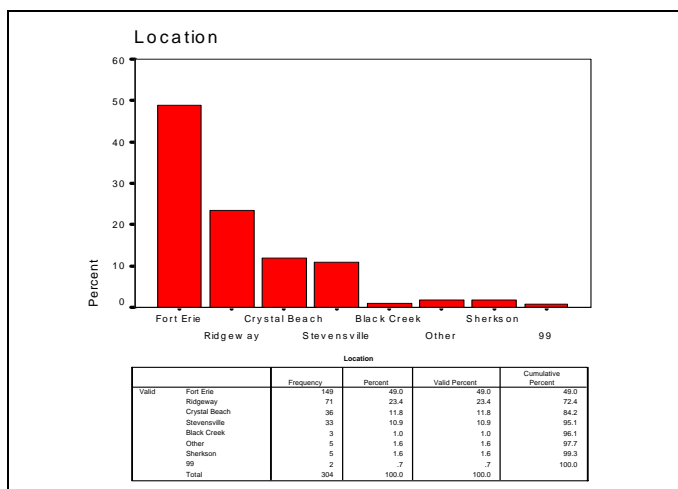
- **Number ...**304 participants completed the survey interviews using the randomized sampling method established from alphabetical telephone lists.
- **Gender ...** Of those who were interviewed 30.6% were male; 67.4% were female.
- **Marital status ...** 66.4% of the respondents indicated they were married; 4.9% separated; 4.3% divorced; 7.9% widowed; 15.1% single; and 1.4% not known.
- **Age ...**The age distribution of respondents was: 15% in the 20's; 20.4% in 30's; 20.0% in 40's; 15.7% in 50's; 11% in 60's; 11% in 70's; 2.6% in 80's.
- **Family ...** 52.3% have family in Fort Erie.

## AGE OF RESPONDENTS





**Location of respondents across the Town:** There was a good representation across the locations in the Town, with the largest numbers from the main population area in Fort Erie and representation from all of the smaller areas of Ridgeway, Crystal Beach and Black Creek. 49% were from Fort Erie; 23.4% from Ridgeway; 11.8% from Crystal Beach; 10.9% from Black Creek; 1.6 % from Sherkston, and 2.3% not indicated.



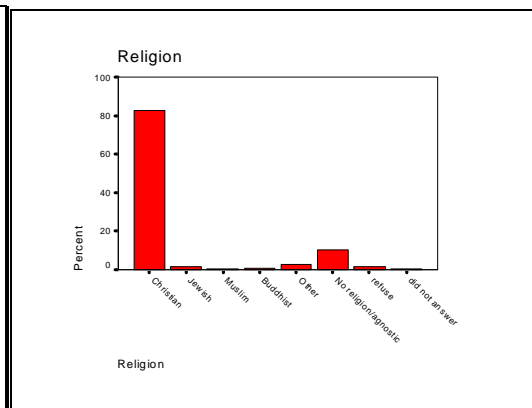
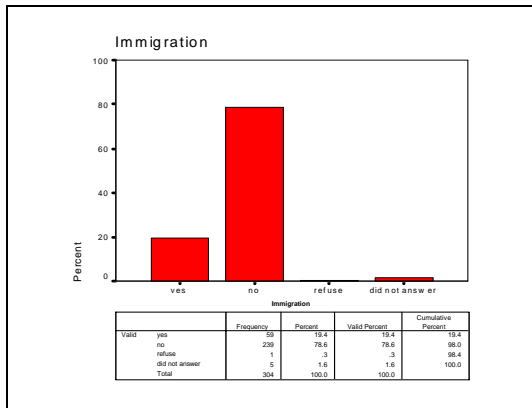
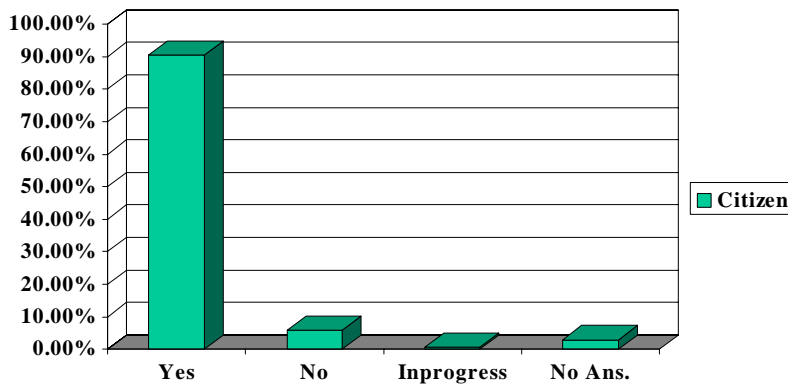
**Immigration...** 19.1% of the respondents indicated they had immigrated to Canada and 5.1% of them had immigrated within the last 10 years.

**Canadian citizenship...**

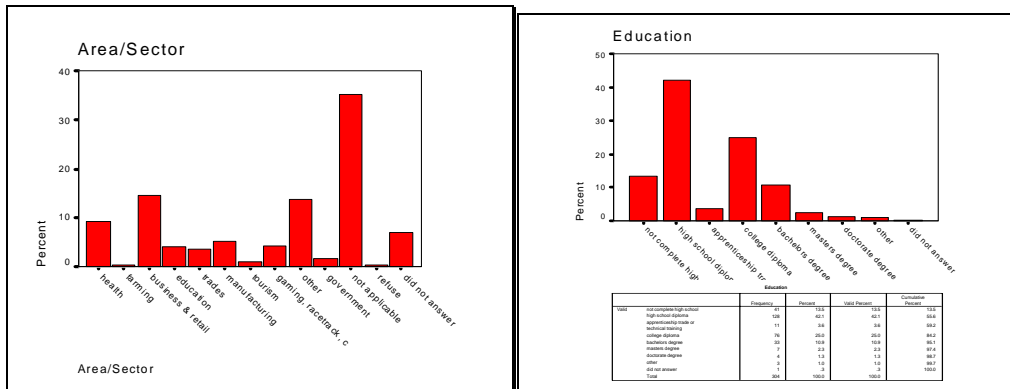
- 90.5% indicated they were Canadian citizens;
- 5.9% indicated they were not Canadian citizens;
- .7% indicated they were in the progress of becoming a Canadian citizen;
- 3% gave no answer.

**Ethnicity...** 92.1% indicated they were White (Caucasian); 2.0% indicated they were Black; 3% indicated they were Aboriginal/Native; 1.7% indicated they were Asian; and .6% refused or gave no answer.  
 Time in the Fort Erie community: 18.8% indicated they had been in Fort Erie 1-5 years; 14.1% 6-10 years; 10.2% 11-15 years; 11.5% 16-20 years; and 42.9% had been in the community over 20 years (2.3% no answer).

## CANADIAN CITIZENSHIP

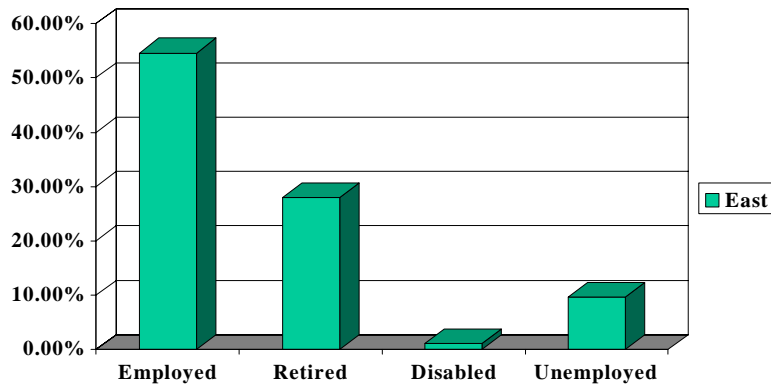


**Employment...** 54.6% indicated they were employed (for others or for themselves); 28% were retired; 1% indicated they were off work and disabled; and 9.6% were unemployed.

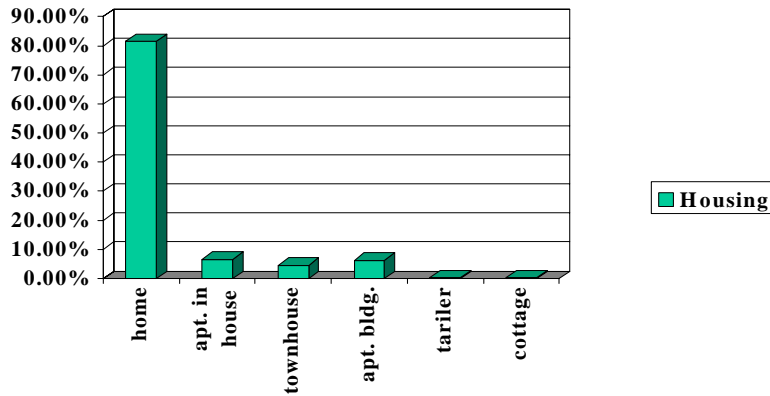


**Income ...**8.8% lived on an income below \$20,000 a year.

## EMPLOYMENT STATUS



# HOUSING

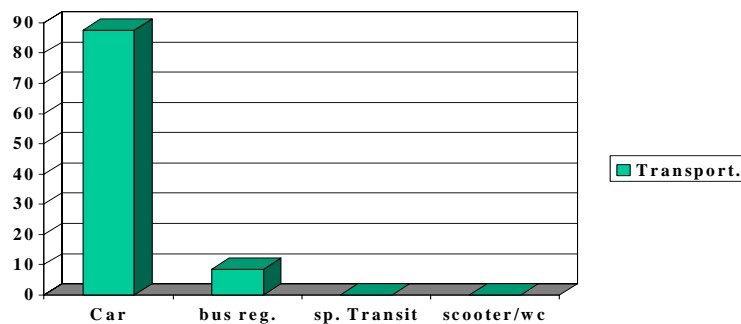


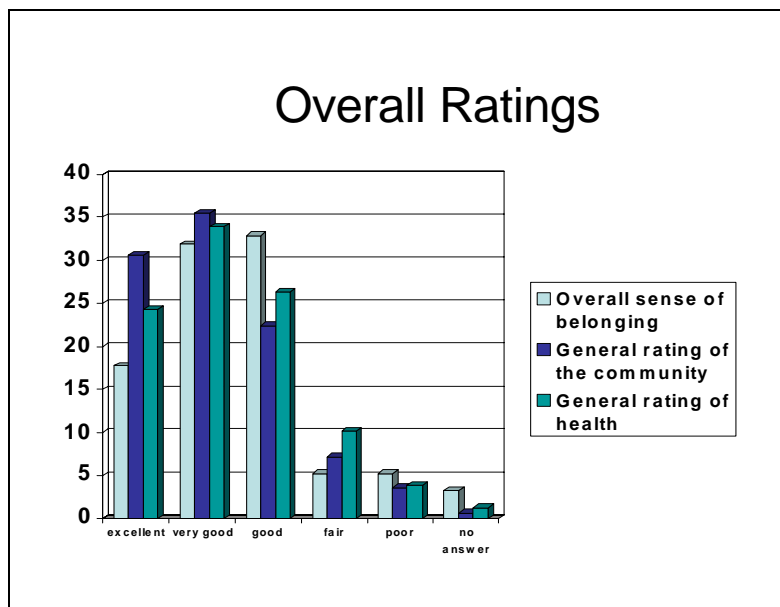
**Housing** ...81.6% live in a home; 6.6% an apartment in a house; 4.6% in a townhouse; 6.3% in an apartment building; .3% in a trailer; .3% in a cottage.

**Distances from services.** People in Fort Erie indicated they lived within 10 km or less to grocery shopping, Town Hall, the library, the hospital and the YMCA. Those in other parts of Fort Erie indicated they could be 5-15 km away from those services. Distances from family doctors were further for many who had family doctors in other parts of the region. Distances from employment varied the most. A majority of those who worked were within 15 kms from work, while 14.8% were 20 kms and more from work and some worked out of the region.

**Transportation** ...87.5% have a car; 8.6% use the bus regularly; 1.6% require special transit; 1.3 % use a wheel chair or a scooter .

# TRANSPORTATION





#### 7.4 Ratings of community, health, sense of belonging and happiness ...

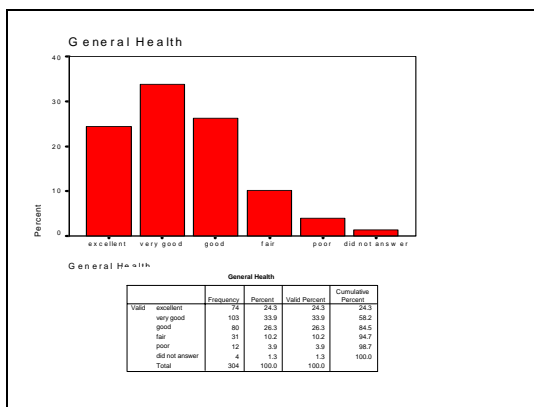
**General ratings of the community ...** 30.6% rated their community as excellent; 35.5% as very good; 22.4% as good; 7.2% as fair; 3.6% as poor; .7% no answer.

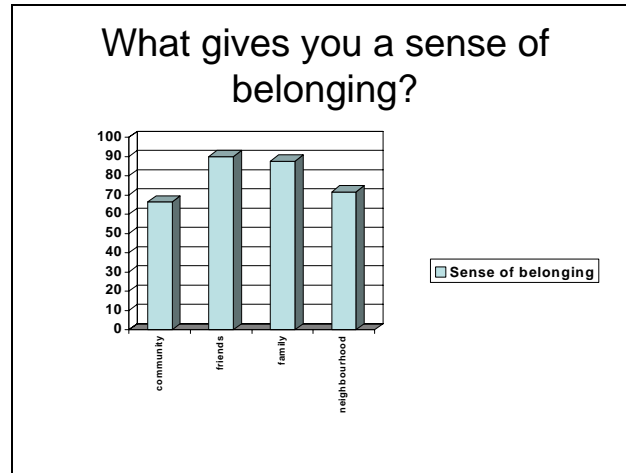
**General ratings of health ...** 24.3% rate their health as excellent; 33.9% as very good; 26.3% as good; 10.2% as fair; 3.9% as poor; 1.3% no answer.

**General ratings of happiness ...** 37.5% rate themselves as very happy; 53.6% as happy; 6.6% as not very happy; .7% as not happy at all; 1.6% no answer.

There was a positive relationship between how respondents rated social capital in regards to a sense of community belonging and how they rated their community in general, and their health and happiness.

There was also a positive relationship between how respondents rated social capital in regards to trust and how they rated their community in general, and their health and happiness.





### 7.5 Feelings a sense of belonging in the community ...

66.4% said "yes" felt they had a sense of belonging in the community; 28.3% said "no" they did not feel a sense of belonging in the community; and 5.2% didn't know or gave no answer.

17.8% rate their overall sense of belonging in the community as excellent; 31.9% rate them as very good; 32.9% good; 9.2% as fair; 5.3% as poor; 3% no answer.

### Main sources of the feeling of a sense of belonging ...

- 66.4% indicated they got their sense of belonging from the community;
- 90.1% indicated they get a sense of belonging from their friends;
- 87.5 indicated they get a sense of belonging from their family; and
- 71.7% indicated they get a sense of belonging from the people in their neighbourhood.

### 7.6 Reciprocity ...

- 91.4% believe the community would cooperate in an emergency.
- 34.5% very likely ask a neighbour for help if they were sick.
- 24.3% likely ask neighbours for help if sick.
- 18.8% unlikely ask a neighbour for help if sick.
- 11.2% very unlikely ask a neighbour for help if sick.
- 11.3% neither or no answer

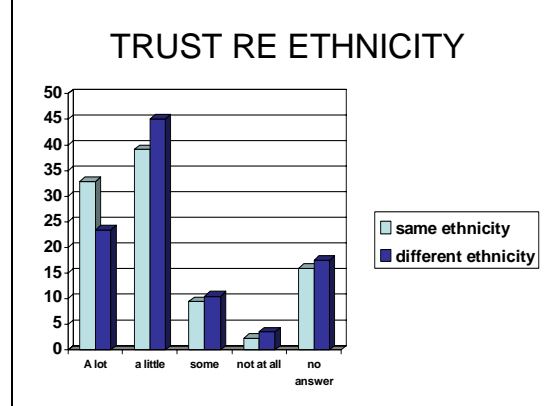
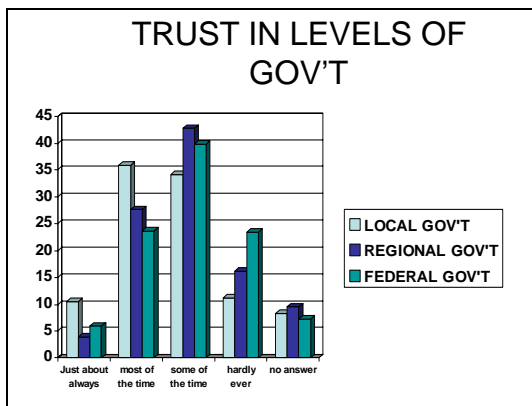
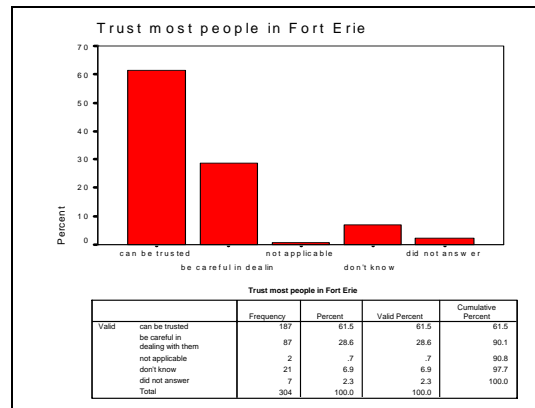
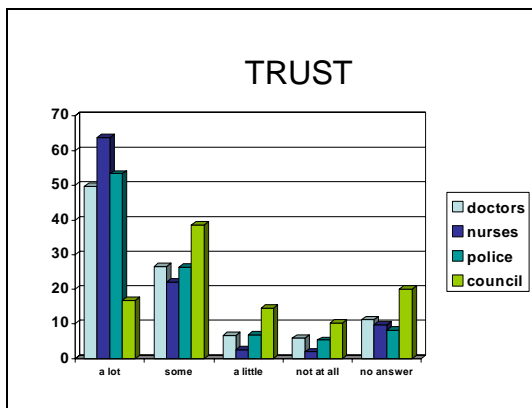
### 7.7 Trust ...

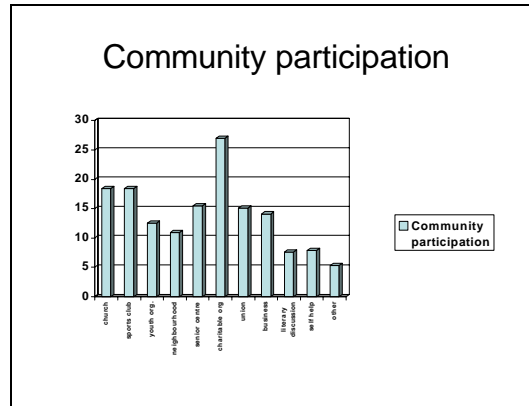
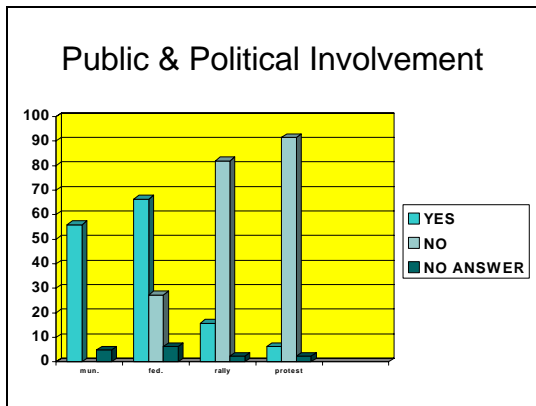
- 61.5% believe that the people in Fort Erie can be trusted; 28.6 believe you can't be too careful in dealing with the people in fort Erie; 6.9% didn't know; 3% did not answer or said it was not applicable.
- 52% trust the people in their neighbourhood a lot;
- 29.9% trust them some;
- 12.5% trust them a little; and
- 2.3% don't trust them at all.

### Trust and specific groups ...

Nurses in this study as in others had the greatest ratings for trust from the community.

- 63.8% of nurses were trusted a lot; 22% some; 2.6% a little; 2% not at all; 9.6% no answer.
- 49.7% of doctors were trusted a lot; 26.6% some; 6.6% a little; 5.9% not at all; 11.4% no answer.
- 32.9% of those of the same ethnicity were trusted a lot; 39.1% some; 9.5% a little; 2.3% not at all; 16% no answer.
- 23.4% trusted those of a different ethnicity a lot; 45.1% some; 10.5% a little; 3.6% not at all; 17.4% no answer.
- Local government was rated higher in trust than regional or national levels of government

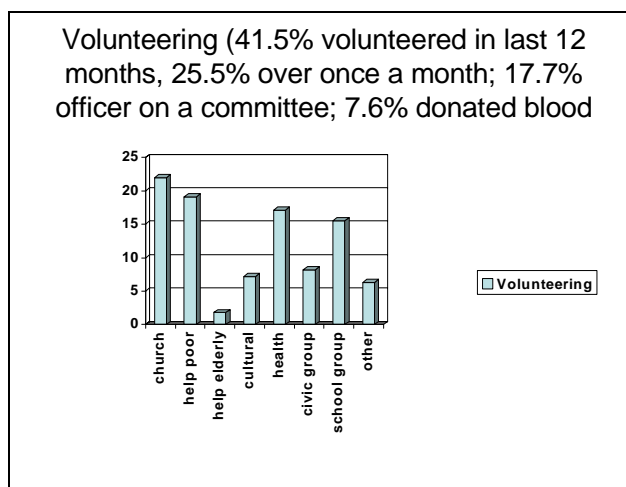




**7.8 Public and political involvement ...** 43.4 % have signed a petition; 15.8% have attended a rally; 6.3% have been in a demonstration; 28.9% attended a political meeting in the last 12 months. 81.3% are registered to vote and 66.4% voted in national election and 55.9% voted in the municipal election.

5.6 % rated themselves as politically and socially very conservative; 16.4% as moderately conservative; 45.1% as middle of the road; 13.5% as moderately liberal, 8.6% as very liberal; and 10.8% no answer.

**7.9 Community involvements ...** 44.1% are members of a religious community or church; 18.4% a adults sports club/league; 12.5% a youth organization; 10.5% a parent's association; 6.9% a veteran's group; 10.9% a neighbourhood group; 15.5% a senior's centre; 27% a charitable organization; 15.1% a union; 14.1% a business/trade group; 14.1% a service club; 6.3% a cultural/ethnic group; 6.3% a political action group; 7.6% a literary/discussion group; 14.8%; 7.9% self help support groups; 8.2% organizations affiliated with religion; 5.3% other groups.



**7.10 Volunteering ...** 41.5% volunteered in the community in the last 12 months and 25.4% volunteered over once a month. 17.7% were an officer on a committee in the last 12 months. 7.6% donated blood in the last 12 months.

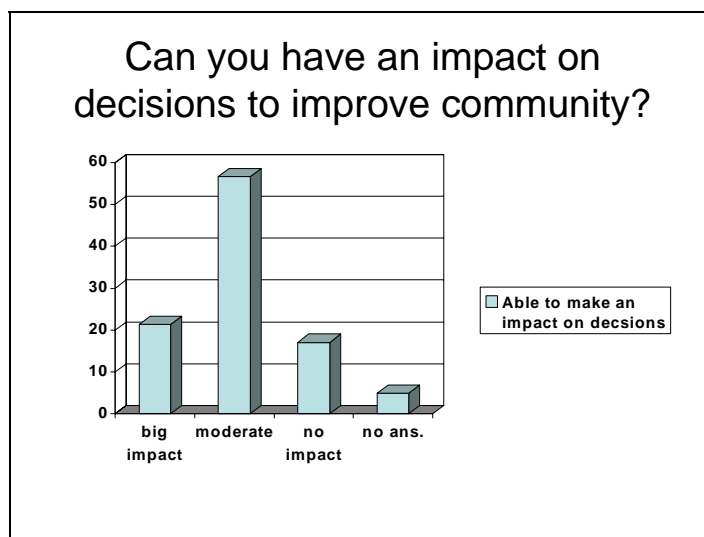
**Places /organizations where they volunteered ...** 22% volunteered in their church/place of worship; 19.1% to help the poor; 17.1% for health organizations or a particular disease; 16.8% to help the elderly; 15.5% for school groups; 8.2% for a civic group; 7.2% for cultural organizations; and 6.3 % for other community groups.

**Barriers to volunteering ...** 48.7% said the main barrier to not being able to volunteer was an inflexible work schedule; 33.2% inadequate transportation; 24.7% not knowing where to begin; 23% inadequate day care; 16.1% a feeling they can't make a difference; 15.8% feeling unwelcome; 7.2% concerns for safety. 58.2% believe that people are expected to volunteer and 49.0% believe most people make a fair contribution to volunteering in the community.

31.6% indicated they had worked with people in their neighbourhood/ or community to help improve or fix something in the last 12 months.

### 7.11 Ability to have an impact ...

- 21.4% believe they can have a big impact on the decisions that affect their community and their health;
- 56.6% believe they have a moderate impact on the decisions that affect their community and their health;
- 17.1% believe they have no impact on the decisions that affect their community and their health.



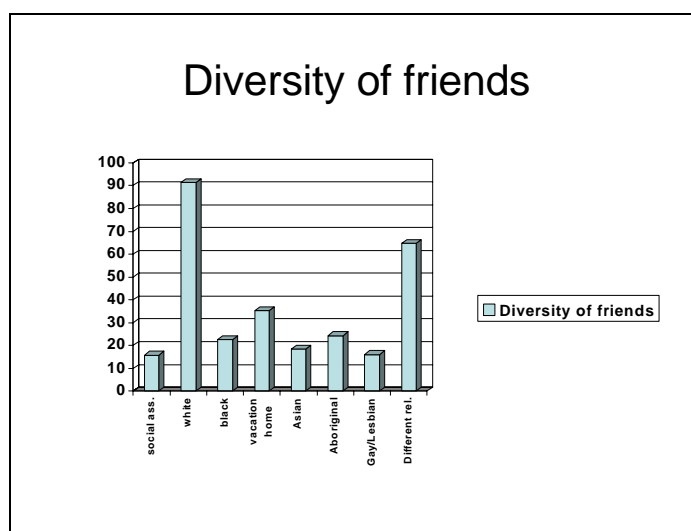
### 7.12 Friends and family ...

1% indicated they had no close friends; 38.8% had 1-5 close friends; 36.2% had 6-11 close friends; and 19.5% had over 11 close friends; 4.6% no answer.

2.3% indicated they have no close friends with whom they share deep confidences; 64.5% have 1-5 friends they share deep confidences with; 18.4% have 6-11; 10.3% have over 11 ; and 4.6% no answer.

### Close friends and diversity of friends across cultures, religions and socio-economic status...

- 91.4% have friends who are white;
- 64.8% have friends of a different religion than their own;
- 43.8% have friends who own their own business;
- 35.2% have friends who have a vacation home (have money);
- 24.3% have aboriginal/native friends;
- 22.7% have friends who are black ;
- 18.4% have friends who are Asian;
- 16.1% have gay or lesbian friends;
- 15.8% have friends who are on social assistance;
- 13.5% have friends who are community leaders or politicians



### Recreational activities with family and friends:

85.5% visited with relatives and family and many of them daily and weekly;

80.9% had friends over to their home and many did this regularly;

65.5% played cards or board games with friends;

59.2% have attended a parade or local art or sports event in the last year;

56.7% have socialized with coworkers outside of work;

41.1 % have traveled to the US for pleasure;

28% have engaged in artistic activities (eg. theatre) with friends;

23.6% have made arts and crafts with friends;

17.7% have played on a sports team;

13.5% have traveled to another foreign country for pleasure.

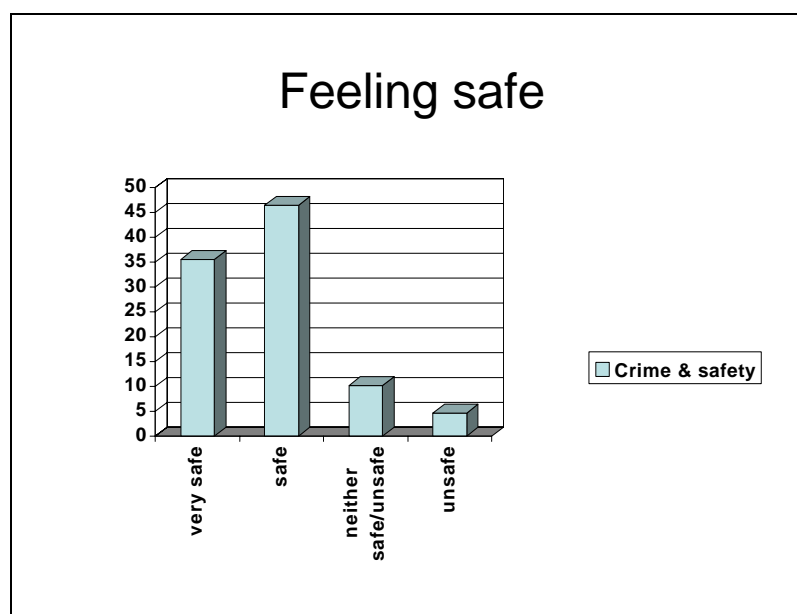
### 7.13 Crime and safety in their neighbourhood...

- 35.5% rated their neighbourhood as very safe;
- 46.4% rated their neighbourhood as safe;
- 10.2% rated their neighbourhood as neither safe nor unsafe;
- 4.6 % rated their neighbourhood as unsafe.
- .7% rated their neighbourhood as very unsafe
- 2.0% no answer

Participants also rated their perception of the safety of their home and rated this as slightly higher than their feelings of safety in the community as a whole: (38.2% very safe; 50.7% safe; 2.9% as unsafe or very unsafe).

28.9% rated walking on the street after dark as very safe; 34.9% as safe and 17,8% as unsafe or very unsafe.

Participants were asked if they had any personal experience with rape, assault, abuse, or violence. 3.3% had experienced mugging/ assault; 30% theft; 3.3% elder abuse; 3.0% domestic violence; 3.3% no answer.



### 7.14 Use of communications and media ...

It has been suggested that the area of communications should be explored further to investigate its relationship to social capital. In the past the number and density of people having a telephone was an indicator of social capital in a community. With many people having telephones and more than one in a household plus cell phones, we need to understand this phenomenon more. In addition the role of other communications devices and methods to keep in touch need to be investigated for its impact on social capital and health (e-mail, video cam). We asked respondents about their use and access to telephone,

newspapers, television, internet, e-mail, FAX machines. It is suggested that communication links assist people to meet and consult in ways other than face-to-face and can increase or potentially decrease social capital. The usual social networks and community participation measures and how they are created and maintained warrants a closer look.

**Newspaper:** 14.1% did not read the newspaper; 49.7% read it 1-5 times a week; 34.9% read it 6-10 times a week; .3% over 10 times a week; 9% no answer.

**Television:** 3% did not watch television; 20.4% watched 1-5 hours per week; 21.1% watched 6-10 hours per week; 17.1% watched 11-15 hours per week; 11.2% watched 16-20 hours per week; 9.2% watched 21-25 hours per week; 6.6% watched 26-30 hours per week; 3.6% watched above 30 hours per week (7.8% no answer).

Only 1% indicated they didn't have a television. 25.3% had 1 TV in the home; 39.1% had 2 TV's; 18.4% had 3 TV's; 11.5% had 4 TV's; and 4% had more than 4 TV's in the home (.6% no answer).

**Internet access:** 57.6% had internet access at home; 31.6% had internet access at work. Most have one computer at home.

**Personal e-mail:** 31.6% did not deal with e-mail at all; 40.8% indicated they spent 1-5 hours per week on personal e-mail; 8.6% 6-10 hours per week; 4.9% over 10 hours per week (14.2 no answer, or not applicable).

**Fax machines:** 73.4% do not have a fax machine. Most of those who have one. have only one.

**Telephone:** Obviously to participate in the study 100% of our sample had a telephone. However, 22% had 1 phone in the home; 31.9% had 2; 23.4% had 3; 10.2% had 4; and 11.3% had over 4 phones in the home. (1.3% no answer)

### 7.15 Suggestions from the respondents in the Social Capital survey as to approaches to improve the community.

#### Suggestions for improvement on the survey

- Attract more doctors ...
- Keep hospital services/ set up a Wellness/ or community health clinic
- Improve transportation in town and Region
- Improve services and recreation for youth
- Improve the environment
- Improve safety and police services

## **8.0 CONCLUSIONS AND RECOMMENDATIONS**

### **8.1 Discussion of findings ...**

One of the problems with assessing one time base-line data collected such as this is deciding whether the community is doing well or not. You could decide this by comparison with other like communities. In that regard you could decide that you are doing better or worse than comparative communities in different aspects of social capital development and set goals. This report has not included comparative data. The data can also be reviewed not in comparison to other communities but with a view towards continuous improvement. In this case, it may be that when any percentage of the citizenry feel no sense of belonging or inclusion, have little trust in their neighbours and leaders, can't participate in the community life because of barriers that could be removed, or feel unsafe in their neighbourhood, that it is worthy of attending to and making plans to improve something in each of the identified social capital areas.

Some work is already in progress in the community. Other communities have ideas for us and projects to share. In other communities such as Halton, Kitchener their Social Capital Survey led to the establishment of a like organization to Community health and Wellness to engage citizens in dialogue. Fort Erie has established the vehicle to work with citizens and organizations already. Over 100 volunteers participating in health planning is an example of the development of social capital.

### **8.2 General recommendations regarding social capital from the review of the literature ...**

- Social capital needs to be developed, nurtured, used, exercised and cultivated, and accumulated over time for the best results.
- Social capital involves community development and community capacity building so that the developed positive trust and relationships over time can lead actual health promotion and improvements at both the macro and micro levels.
- The roots of democracy, involve inclusion, sense of belonging, participation, and equal opportunity.
- Social capital abundance raises the entire community pride, resources and its overall health and economic development and can attract further betterment.
- The building of social capital requires leadership from the citizenry and elected officials to work in partnership.
- Social capital involves the empowerment of the citizenry to work on issues of importance to them and their community.

- Social capital supports the sharing of resources and potential talents of everyone in the community and this can improve health, employment and business connectiveness in real and tangible ways.
- Social capital brings people, teams and networks together and provides vehicles for dialogue, planning, innovation, collective problem solving and positive collective action.
- Relationships, structure, leadership, and networks can be used to leverage money, support, projects and ideas for health improvements.
- We need to develop close synergy and trust of relations and strategies between official leadership (Town Council) and voluntary leadership efforts (Lomas, 1998).
- Racial and interpersonal conflict resolved can build social capital; unresolved and persistent conflict can erode existing social capital.
- A strategy of social capital development particularly has been proven to help adolescents, the elderly and immigrants, although it is of benefit to all.
- We need to support and sustain cultures of voluntarism; greater support for the voluntary sector seems a prerequisite for enhancing social capital (Mohan & Mohan, 2002).
- New policies and vehicles for social capital are needed to build it consciously with prescriptive and specific strategies to increase trust, inclusion, safety, belonging and participation.

### **8.3 Specific Recommendations ...**

- Encourage citizen participation in existing groups, community capacity building and in the work of Community Health and Wellness, out of which further ideas will emerge.
- Challenge all existing groups in Fort Erie (churches, organizations, employers) to come up with strategies in their respective organizations that will build increased social capital trust, inclusion, tolerance of and celebration of diversity, safety, networks, voluntarism and increased citizen participation.
- Make a commitment to bring together community partners to design specific strategies to increase each of the areas of social capital using this baseline data to set objectives and to measure any changes over time.
- Increase voluntarism supportive incentives and remove barriers such as lack of information and transportation so that it can occur. Citizens need to know what opportunities there are for volunteering and participating in community leadership and be welcomed to join in.
- Increase tangible neighbourhood improvement projects; community safety initiatives; recreational and social activities; group networking; welcoming and visitation strategies; and cross-racial, cross-generational, and cross-cultural dialogues.

"It is questionable whether simply promoting social capital makes sense in abstraction from policies to reduce socio-economic disparities. Strategies such as this should work hand and hand with social justice, and access to health care

and economic and equity strategies. Effective strategies need to be developed and tested to develop social capital, to sustain it, and to institutionalize it" (Lemmel, 2001, p. 102).

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