Community Capacity and Its Influence on Health and Family Violence

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Community Capacity as an Aspect of Social Organization

• Community capacity: sense of shared responsibility; a collective competence that addresses community needs and threats (Bowen, Martin, Mancini, & Nelson, 2000).

• Social organization: “the collection of values, norms, processes, and behavior patterns within a community that organize, facilitate, and constrain the interactions among community members” (Mancini, Martin & Bowen, 2003).
More on Social Organization

• Aspects:
  – formal and informal networks;
  – social support;
  – levels of effects.

• Products of social organization:
  – community results

• Sense of community is influenced by level of participation in community, ease in connecting with others in community, and the extent of shared responsibility and collective competence among members.
Defining Community (1 of 3)

Coulton (1995) discusses four types of boundaries:

(1) phenomenological - agreed upon geographic area;

(2) interactional - interaction among residents in a given area - daily activities, friendships;

(3) statistical - i.e., U.S. Census;

(4) political - wards, districts, cities, towns.
Defining Community (2 of 3)

Furstenberg & Hughes (1997) discuss community in regard to:

• physical infrastructure (streets, buildings, parks);
• social and demographic infrastructure (SES, race, age);
• institutional resources (schools, hospitals);
• and social organization (how people interact and support each other, social norms, controls that regulate behavior).
Defining Community (3 of 3)

• Community as a neighborhood - “a collection of people and institutions occupying a subsection of a larger community” (Sampson et al, 1997, p.919):
  – Indicates a defined physical area, and a sense of relationship among the people living in the space;
  – May be where prevention and intervention primarily occur.
“Community capacity mediates what transpires between the social capital that is generated by formal and informal networks, achieving community results” (Mancini, Martin & Bowen, p. 323).
Formal & Informal Networks

• Formal: organizations, agencies; includes:
  – leadership, policies, social norms

• Informal: work associates, friends, neighbors, includes:
  – mutual exchange, reciprocity

• Community capacity is best developed in a strong informal network that is supported by the formal network.

• Formal networks must avoid “over-functioning” (Bowen, Martin & Nelson, 2002).
Levels of Effects

• Based on Small & Supple (2001)
• Relationships within and among formal and informal networks
• Three levels of effects
Three Levels of Effects

• First-level: within a homogeneous network
  – produces cohesion, trust and positive regard
  – referred to as “bonding” (Gittell & Vidal, 1998)

• Second-level: between similar networks
  – how networks collectively address issues
  – referred to as “bridging” (Gittell & Vidal, 1998)

• Third-level: between dissimilar networks
  – may be formal and informal collaborating together to provide social care
Community Capacity and Family Violence

- Policy directive in 1981 established the Family Advocacy Program (FAP) throughout the Dept. of Defense
- Historically, approach has been psychoeducational - focus on problems and deficits within families
- Community-based activities would include advocacy, citizen involvement, resource mobilization, and collective action
Formal and Informal Networks

• Unit leaders and base agencies (formal):
  – promote connections b/t members & their units;
  – help members & families balance demands;
  – help families access & secure support services.

• Unit-based support groups; work associates; neighbors; friends; families (informal):
  – make connections, reach out;
  – exchange info and resources;
  – offer support.
Level of Community Capacity

- Above a certain level, further increases in capacity may not be associated with additional decreases in family violence rates.
- However, once community capacity declines past a certain level, rates of family violence may increase.
- Families may need community capacity to be particularly high at certain times.
Conclusions/Recommendations

FAP can strengthen its role in building community capacity by:
1) forming partnerships with unit leaders;
2) strengthening its interface with informal community networks, and
3) adopting a more collaborative approach in its work with other community agencies.
Community Capacity, Social Capital & Health

• Social capital is the sum of the resources (information, opportunities, support) that develop among relationships in social networks (formal and informal).
• Kawachi (1999) found a higher incidence of self-rated poor health among people living in states with low social capital.
Analysis of Research on Health, Well-Being and Social Support

• Research shows a strong correlation between social connections and mortality
• People with more social connections are less susceptible to common colds
• Social connections provide positive and negative protection of injection drug abuse.
Theoretical Base

Cohen et al (2000) - three models:

(1) Main effect
(2) Stress buffering
(3) Threshold or gradient
Main Effect Model

• Direct effects between social relationships and associated psychological and physical health.
• Social networks provide positive outlook on life.
• Provide information, awareness of healthy habits, and assistance (food, clothing).
Stress Buffering Model

• Social support acts as protective factor during stressful events.
• Provide advice or respite.
• “In the absence of specific stressors or risk factors, social network and social support may have few demonstrable effects” (James, Martin & Bowen, 2003).
Threshold or Gradient Model

• Once a certain level of social support is reached, additional support does not provide benefits.

• Once protective factors decline past a certain level, a person becomes vulnerable to stress.
Community and Place

“Area effects” on people’s health (Macintyre & Ellaway, 2000):

• compositional - some places are composed of people with similar characteristics.

• contextual - some physical/geographic areas have particular characteristics that influence the health of the residents.
Conclusions & Recommendations

• Focus on collaboration (among formal networks) and partnership (w/formal & informal networks) around health issues.

• Approach is oriented to ongoing, everyday support, so that support can also occur during crises.
References


References


References


