

**Social Capital in Kansas:
The Abilene Case Study**

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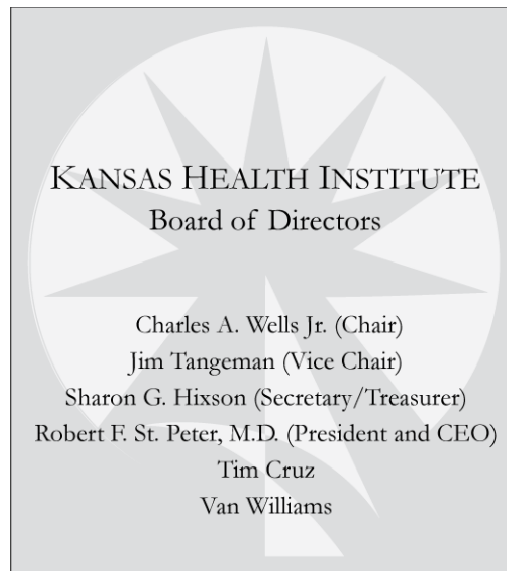
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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas.

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SOCIAL CAPITAL IN KANSAS: THE ABILENE CASE STUDY

Abilene, a small town with a population of 6,500 in Dickinson County, Kansas, is described as a stable, quiet and family-centered community. Data from the 2000 Census¹ indicate that 57 percent of Abilene's population is over the age of 35 and 20 percent of the town is over age 65. In comparison, 50.2 percent of Kansas as a whole consists of adults over the age of 35 while only 13.3 percent of the state's population is over age 65.

In the interviews from the *Assessing Social Capital in Kansas: Findings from Quantitative and Qualitative Studies*² report, most residents gave Abilene glowing reviews, commenting on the generosity of the residents and the safety and security of the town. Compared to other parts of the state, Abilene showed a high degree of social trust among its residents, as well as high levels of voter registration and participation in conventional politics, civic leadership, charitable giving and faith-based engagement. Interviewees also commented that many residents are involved in the community in ways such as volunteer coaching, assisting at sporting events and contributing letters to the editor, as well as other informal means of engagement.

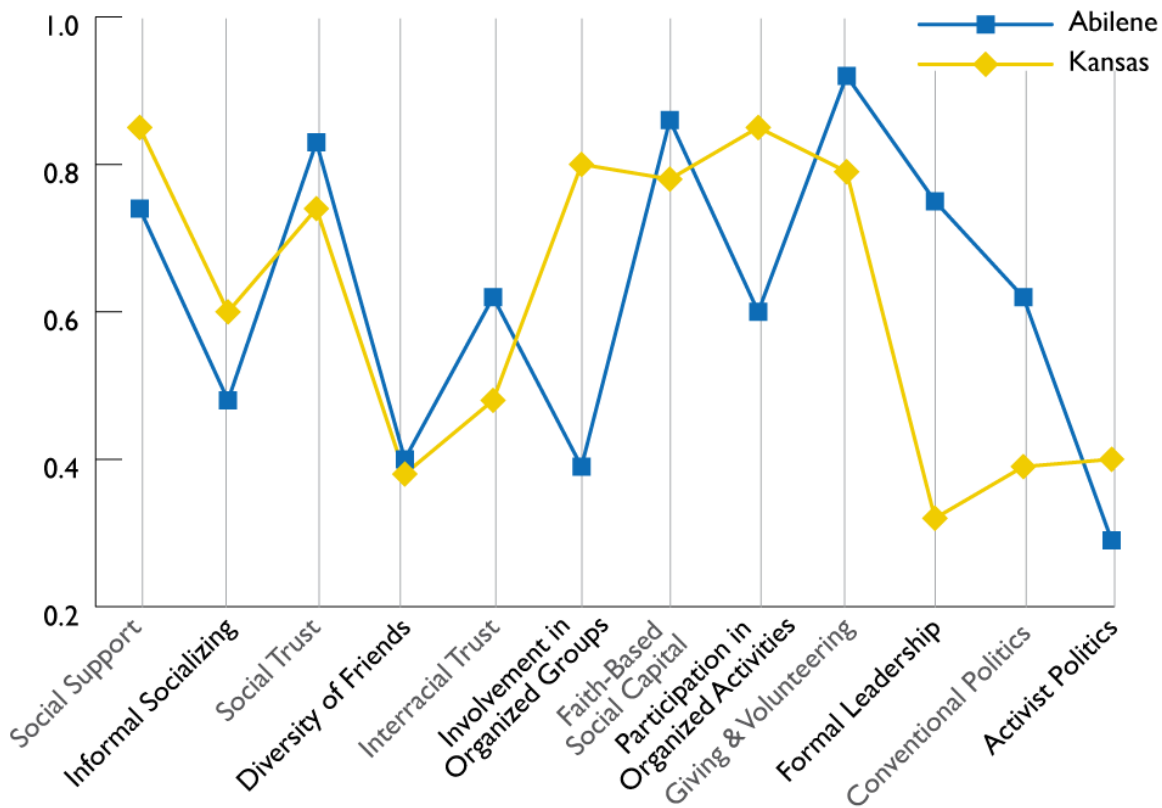
This report will first explain the meaning and importance of social capital and then discuss the strengths and weaknesses of Abilene's social capital profile, including how social capital relates to health in Abilene. A commentary will outline suggestions about how to best address social capital-related challenges in Abilene, and the report will close with a series of reflective questions for community leaders aimed at providing them with ideas for strengthening community involvement.

SOCIAL CAPITAL: A COMMUNITY RESOURCE

Social capital is a measure of the social connectedness among individuals and groups within a community. Social capital is beneficial to communities because it helps to create trusting relationships (bonding capital), increases the likelihood that organizations and institutions will collaborate and partner for change (bridging capital) and strengthens ties between community members and representatives of formal institutions such as law enforcement, business, health care and legislative bodies (linking capital).

Social capital can be a critical resource for improving the health and welfare of Abilene. The social capital profile of Abilene (Figure 1) illustrates the kinds of social connectedness (i.e., faith-based involvement and volunteering) that is strongest in Abilene. The profile also illustrates aspects of social capital that are low, including involvement in activist politics and diversity of friends. Interviews with a variety of stakeholders in the Abilene area provided ground-level perspectives about these community challenges.

Figure 1. Abilene Social Capital Indicators Relative to the State Average



Note: Scores here are adjusted to fit on a scale where one indicates the highest score among cities studied and zero indicates the lowest comparative score.

LOCAL HEALTH CONCERNS

Although Abilene city officials and community leaders have worked hard to meet the needs of the area’s residents, Kansas Health Institute’s *Kansas County Health Rankings 2009*³ as well as the Kansas social capital study reveal a few areas that might warrant improvement.

The *Kansas County Health Rankings 2009* profile for Dickinson County, which includes Abilene, shows a number of health behavior challenges among the residents. Although the county scored well on measures of children in poverty, violent crime and sexually transmitted diseases, other areas such as rates of binge drinking and smoking during pregnancy were among the highest in the state. The table below highlights Dickinson County’s health indicators.

Table 1. Leading Health Indicator Assets and Challenges of Dickinson County

Health Indicator	Dickinson	Kansas
Assets:		
Violent Crime (per 100,000)	194.4	222.9
Sexually Transmitted Disease (per 100,000)	160.0	363.6
Children in Poverty (%)	13.0	15.2
Respiratory Hazard Index (%)	0.6	1.5
Low Birth Weight (%)	6.2	7.2
Single Parent Household (%)	23.9	24.4
High School Non-Graduation Rate (%)	9.7	10.9
Challenges:		
Housing with Increased Lead Risk (%)	48.4	28.3
No Dentist Visit in Past Year (%)	37.0	28.6
Secondhand Smoking (%)	35.9	26.6
Binge Drinking (%)	20.1	14.2
Smoking During Pregnancy (%)	23.7	15.1
Overweight and Obesity (%)	65.4	60.9
Physical Inactivity (%)	28.8	24.2
Cigarette Smoking (%)	23.8	20.4
No Influenza Vaccine Shots in Past Year (%)	69.6	66.8
Teen Birth (%)	12.8	10.0
Not Always Wearing Seatbelt (%)	33.9	30.4
Did Not Receive Needed Health Care (%)	10.7	9.8
Low Fruit and Vegetable Consumption (%)	82.7	81.2

LOCAL BARRIERS TO SOCIAL CAPITAL FORMATION

Findings from the Kansas social capital study echo some of the health challenges listed above and highlight additional social challenges such as the area’s questionable tolerance of diversity,

low community engagement by newcomers and younger residents, and the consolidation of much social capital in the hands of relatively few town residents.

Data from the 2000 Census indicate that Abilene is 95.5 percent white. Due to the small number of racial minorities in town, the 2006 social capital study could not produce conclusive results regarding levels of interracial trust in Abilene. Additionally, even though the town is slowly becoming more diverse, there is some evidence, based on interviews from the Kansas social capital study that schools and other public institutions may lack the infrastructure to accommodate the possible needs of incoming populations, such as English language instruction for non-English speakers.

Connected to this diversity challenge are the feelings of alienation among newcomers to Abilene. The feeling of the exclusive nature of Abilene's social circles is highlighted in a quote from the Kansas social capital study:

Interviewee: “They’re friendly. They’re cordial. But you don’t get the phone call, ‘Oh, would you like to join us today?’ or, you know, ‘We’re going here,’ or you know, that kinds of stuff. It just doesn’t happen. It’s not just me either ... They know everything about each other. Their kids grew up together, you know, their mothers knew each other, and it’s just kind of ... it’s not like ... I guess there’s a wall there, but...”

Researcher: “Yeah? But you feel it?”

Interviewee: “You do. Sure. I mean, I think no matter how long you’re here ... there’s even one lady, she says, ‘I’ve been here 20 years and I feel like a newcomer still.’ So yeah. Because she didn’t live here her whole life. She moved from somewhere else at some point in time.”

The report also highlights the concern about access to community leadership opportunities for those who do not come from an affluent family:

“A dynamic that was perhaps particular to Abilene was that foundations or organizations were often perceived as turning to ‘families with names’ when constituting their boards. Longevity and prominence in the community (‘multiple

generations in the cemetery’) were criteria that were perceived to be important to the selection or nomination process to some, but not all boards of directors. Having ‘names’ on a board was felt to be especially important for organizations that dealt with priority issues of the community. Some interviewees found that they could nominate less well-known people to boards only for causes that donors and community members seemed to think were not important, such as the arts and cultural programs.”

Strong attachments between well-bonded, likely homogenous groups of residents coupled with a lack of important bridging bonds between different groups of residents, may make the task of uniting the community difficult. However, including individuals from all geographical areas of the town in meetings dedicated to addressing community-wide issues has a potential of building connections between people who don’t usually work together or socialize, which will contribute to increases in bridging social capital.

The Kansas social capital study interviews and the *Kansas County Health Rankings 2009* indicate a need to further engage the area’s youth. Behaviors such as binge drinking, teen pregnancy, physical inactivity and smoking during pregnancy suggest the need to develop programs aimed at integrating teens and young adults into the broader community and creating organizations that offer low-risk activities and other social or leadership opportunities.

HOPE FOR THE FUTURE

Despite the challenges laid out in the *Kansas County Health Rankings 2009* and the Kansas social capital study, the Abilene community seems to have the dedication and commitment to improving its weaker areas. With an engaged citizen base willing to volunteer their time to town causes, a variety of spaces for public use, a strong faith community and a town priority of caring for children and those in need, Abilene has the potential to improve health outcomes in the future, especially if it can harness the promise of its young people through widespread, community-supported leadership programs. However, this outcome is more possible if community leaders are willing to address the area’s strengths and weaknesses outlined in this report.

QUESTIONS FOR COMMUNITY LEADERS

- Knowing both Abilene’s assets and challenges, what are the next steps for creating change?
- Can the information in this report aid existing initiatives in your community?
- Who else should receive a copy of this report?
- Are there any important questions that, as a community leader, you would like to address?

These questions are not meant to uncover one best answer, nor do they require a single brilliant solution. Instead, they are intended to motivate and guide willing individuals who believe in the strengths of their communities and acknowledge that change is possible.

¹ U.S. Census Bureau. (2000). *2000 Census General Demographic Characteristics*. Retrieved from <http://factfinder.census.gov/>

² Easterling, D., Foy, C. G., Fothergil, K., Leonard, L., & Holtgrave, D. R. (2007). *Assessing Social Capital in Kansas: Findings from Quantitative and Qualitative Studies*. Retrieved from <http://www.khi.org/documents/2007/nov/12/report-assessing-social-capital-kansas-findings-qu/>

³ Pezzino, G. (2009). *Kansas County Health Rankings 2009*. Topeka, KS: Kansas Health Institute. Retrieved from <http://www.khi.org/news/2009/may/07/kansas-county-health-rankings-2009/?research>

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