

**Social Capital in Kansas:
The Garden City Case Study**

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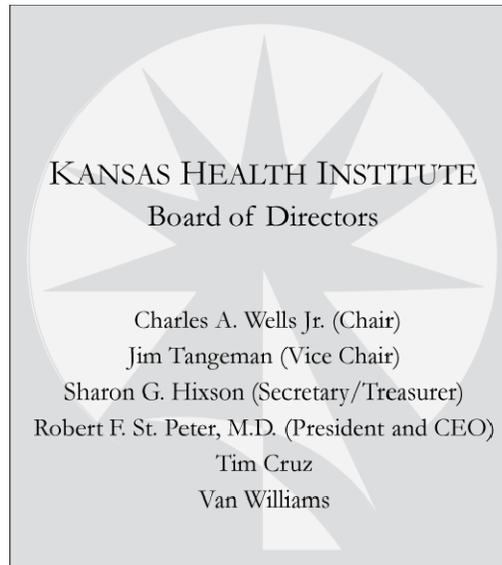
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Oliwier Dziadkowiec, M.A.
Caitlin McMurtry



KANSAS HEALTH INSTITUTE

212 SW Eighth Avenue, Suite 300
Topeka, Kansas 66603-3936
(785) 233-5443



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SOCIAL CAPITAL IN KANSAS: THE GARDEN CITY CASE STUDY

Garden City is an ethnically diverse city with a population of about 28,500 located in Western Kansas. Compared to the rest of the state, where only 48 percent of the population is under the age of 35, 54 percent of Garden City's population is younger than 35¹. The economy is agriculturally based and 37 percent of individuals in the labor force can be classified as blue collar workers². Garden City's recent history is highlighted by profound demographic, social and economic transformation from new businesses and international immigration.

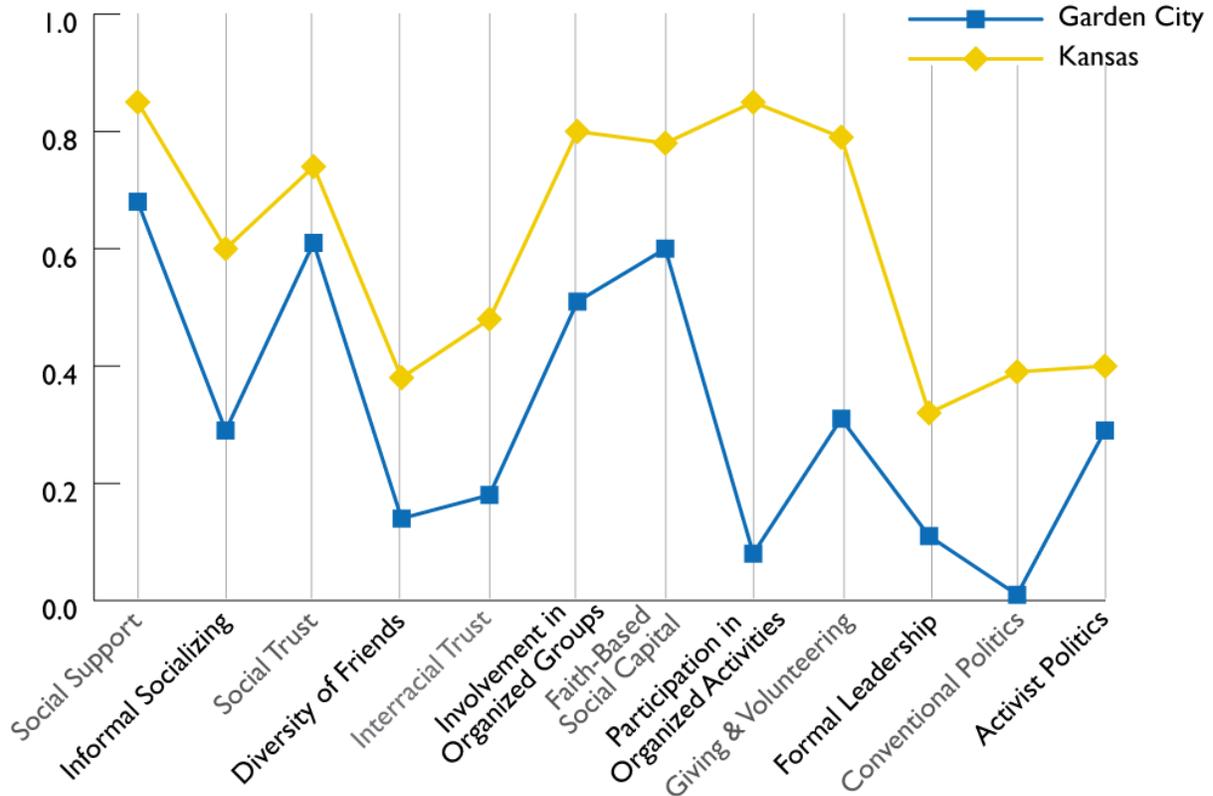
This report will first explain the meaning and importance of social capital and then discuss the strengths and weaknesses of Garden City's social capital profile, including how social capital relates to health in Garden City. A commentary will outline suggestions about how to best address social capital-related challenges in Garden City, 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).

The social capital profile of Garden City (Figure 1) illustrates the kinds of social connectedness (i.e., social support, social trust and faith-based involvement) that are strongest in Garden City. The profile also illustrates areas of social capital that are low, including participation in organized activities and conventional politics. Interviews with a variety of stakeholders in the Garden City area provided ground-level perspectives about these community challenges.

Figure 1. Garden City's 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 RESOURCES FOR SOCIAL CAPITAL FORMATION

Garden City key informant interview participants reported a high level of commitment to attending faith-based services, yet the number of reported church memberships did not match this degree of organizational and faith-based involvement obtained from the telephone survey (Figure 1). This finding suggests that there may be other instances of unmeasured informal participation elsewhere in the community. For example, although the telephone survey reported lower levels of informal socializing for Garden City, key informant interviews from the *Assessing Social Capital in Kansas: Findings from Quantitative and Qualitative Studies*³ report revealed a hearty willingness on the part of neighbors to help one another.

For instance the above cited study quotes one of the participants talking about how another resident casually offered to jumpstart his/her car:

“He came over and did it. He thought nothing of it.”

Another strength of the Garden City community is its residents’ involvement in activist politics. The Kansas social capital study revealed a long-standing initiative on the part of beef-packing plant workers to unionize. These residents’ perseverance, even in the face of repeated defeat, suggests a strong commitment to their work environment and their professional roles in Garden City.

Garden City was noted as one of the more diverse communities from the Kansas social capital study. Based on 2006 U.S. Census data⁴, Garden City was racially 83.4 percent white and ethnically 45 percent Hispanic. Although these categories overlap in the Census, the numbers highlight Garden City’s lower levels of racial minorities and higher levels of ethnic minorities. According to Kansas social capital study interviewees, despite the area’s diversity, the community has struggled with issues of racial intolerance and exploitative practices targeted at the Hispanic community.

LOCAL BARRIERS TO SOCIAL CAPITAL FORMATION

Though the area’s diversity should be regarded as an asset, Kansas social capital study interviewees indicated that some of the past practices of the city and its residents might have left the Hispanic population feeling alienated and unwelcome. Residents described numerous situations of immigrant victimization — where community members purposely took advantage of newcomers with a limited ability to communicate in English in order to gain a profit at their expense. Some interviewees described practices of unfair racial profiling tactics by police that left Hispanic residents feeling as if they had been targeted. Additionally, interviewees noted that some residents have written editorials advocating for legislation that would make English the official language used in business, government entities and schools, and some community members specifically choose to send their children to schools that are minimally integrated.

These findings point to a need for increased community awareness about the benefits of cross-cultural communication and understanding. Such improvements could help raise the levels of interracial trust among residents, especially within the Hispanic community.

One final barrier to social capital in Garden City is the community's limited professional opportunities. The concern about the shortage of middle-management positions in the area was raised numerous times during interviews with community stakeholders who noted that Garden City has an abundance of low-level, low-skilled jobs, a few upper management positions, but little employment in between. As a result, most residents consider Garden City to be a temporary residence and consider that their professional journey will eventually take them elsewhere in the state or country. Thus, if the city hopes to attract permanent residents who are committed to investing in the town and becoming active participants in the community, it must find a way to develop and support more mid-level careers.

SOCIAL CAPITAL AND HEALTH INDICATORS

Similar to other communities included in the Kansas social capital study, Garden City has both notable challenges and important assets when it comes to social capital formation and health improvement.

Findings from the Kansas social capital study and Kansas Health Institute's *Kansas County Health Rankings 2009*⁵ report indicate the importance of addressing the lack of activities for young people in Garden City. Interviewees for the Kansas social capital study mentioned an "exodus" on the weekend when residents leave the area in search of entertainment. Increasing the number of healthy activities for young people locally could have a positive impact on measures of violent crime, high school dropouts, teen pregnancy and binge drinking in Finney County.

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

Health Indicator	Finney	Kansas
Assets:		
Sexually Transmitted Diseases (per 100,000)	296.0	363.6
Smoking During Pregnancy (%)	9.1	15.1
Unemployment (%)	3.2	4.1
Respiratory Hazard Index (%)	0.5	1.5
Lead Poisoned Children (%)	0.3	1.1
Challenges:		
No Adequate Prenatal Care (%)	41.9	20.3
Violent Crime (per 100,000)	503.2	363.6
No High School Diploma (%)	32.6	14.0
High School Non-Graduation Rate (%)	19.9	10.9
Nitrate and Coliform Levels in Water (%)	32.4	3.1
No Health Insurance (%)	18.2	12.4
Did Not Receive Needed Health Care (%)	12.9	9.8
Teen Birth (%)	14.9	10.0
Binge Drinking (%)	16.4	14.2
Physical Inactivity (%)	33.8	24.2
Cigarette Smoking (%)	21.5	20.4
Children in Poverty (%)	20.6	15.2
Overweight or Obese (%)	64.6	60.9

HOPE FOR THE FUTURE

Although Garden City has a number of social and health challenges to address, the community has a number of assets that create a very advantageous starting point for major improvements. For instance, although the area’s teen birth rate is almost five percent greater than the state average, the area’s sexually transmitted disease contraction rate is substantially lower than that of Kansas in general. Additionally while many of the area’s expectant mothers do not utilize or have access to adequate prenatal care, most mothers in the community cease smoking during pregnancy. These findings point to a concerted effort among town residents to make healthy decisions regarding their personal and familial well-being. Beneficial health decisions and improved relationships among individuals from diverse populations will likely contribute to notable improvements in health behaviors and health outcomes, as well as social capital formation in Garden City. However, the city should look to further invest its resources in areas

that offer leadership opportunities for youth or expand job opportunities to its residents. These improvements will encourage young people to make more of a commitment to the community and possibly make Garden City their lifelong residence. However, these suggestions likely only go as far as motivated community leaders are willing to take them.

QUESTIONS FOR COMMUNITY LEADERS

- Knowing both Garden City’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 U.S. Census Bureau (2006–2008). *American Community Survey 3-Year Estimates*. Retrieved from <http://factfinder.census.gov/>

³ 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/>

⁴ U.S. Census Bureau (2006–2008). *American Community Survey 3-Year Estimates*. Retrieved from <http://factfinder.census.gov/>

⁵ 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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