

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

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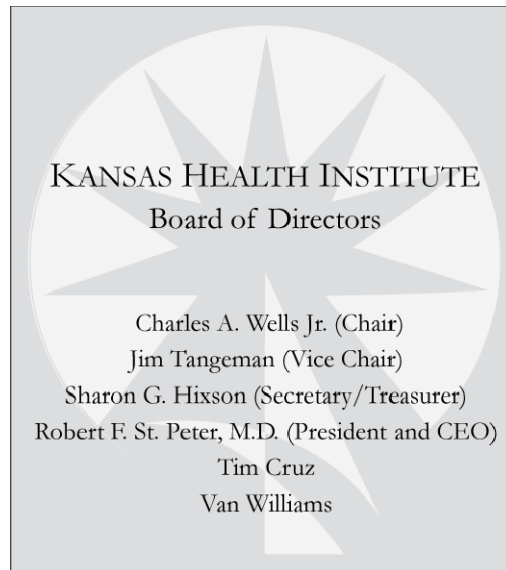
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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas.

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SOCIAL CAPITAL IN KANSAS: THE KANSAS CITY CASE STUDY

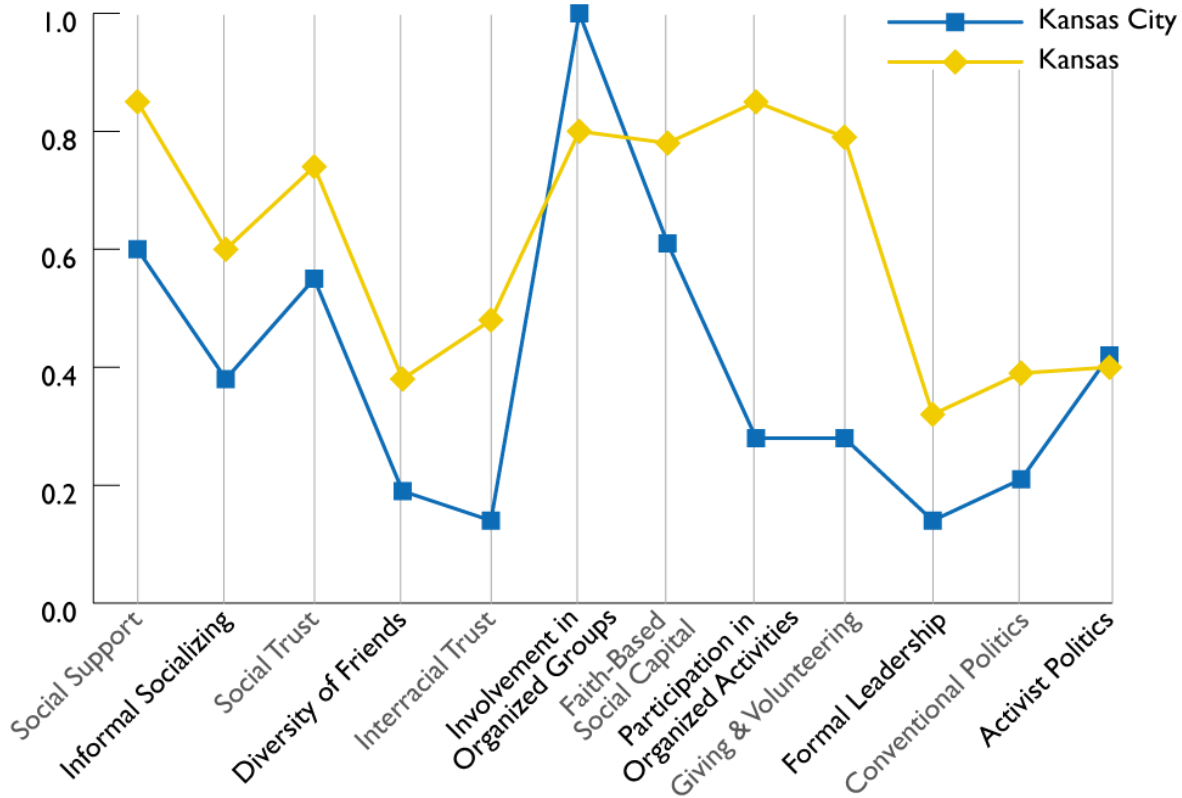
Kansas City is a metropolitan area in Northeast Kansas with a population of about 145,000. This city has a diverse, stable population, a highly active and mobilized faith-based community and elected officials who are interested in improving the city on a grassroots level. This report explains the meaning and importance of social capital, discusses the Kansas City social capital profile in terms of strengths and challenges, and connects social capital to health in Kansas City, Kan. The report also outlines some possibilities of how to address social capital-related challenges in the city. The report closes with a series of reflective questions for community leaders.

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 Kansas City, Kan., (Figure 1) illustrates the sub-scales or measures used to estimate the types of social connectedness (i.e., involvement in civic groups, faith-based involvement) that are both strong and weak in the community. Interviews with a variety of stakeholders in the area provided ground-level perspectives about these community challenges.

Figure 1. Kansas 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 BARRIERS TO SOCIAL CAPITAL FORMATION

Although Kansas City is exceptionally diverse, many stakeholders noted the segregated and insular neighborhoods. The Kansas social capital study, *Assessing Social Capital in Kansas: Findings from Quantitative and Qualitative Studies*,¹ indicates that specific neighborhoods, such as the “Quindaro Ruins” neighborhood located in the Northeast part of the city, are particularly racially homogenous:

“The Northeast section tends to be predominantly African American. The Quindaro neighborhood used to be a very affluent neighborhood. Now it’s considered one of the highest crime, most violent sections of the city.”

Another interviewee added:

“I think probably they [the African American community] are kind of concentrated in the Northeast area, and that’s probably one of the most depressed

areas in the city...Crime is a fairly frequent occurrence, even violent crime. People being shot and killed and such. That can undermine trust in a community.”

So although the city is more diverse than many other parts of the state, ethnically and culturally diverse groups remain segregated in different pockets of the city. This trend is also reflected in the low rates of friendships and trust reported among ethnically and culturally diverse residents.

Another factor that may limit social capital formation in Kansas City, Kan., is Wyandotte County’s transportation system. One interviewee from the Kansas social capital study noted:

“People in the Northeast and some people in the center city had the impression that efforts were made to keep them confined to these areas. They talked about the lack of transportation that would allow them to get to the new shopping mall (Legends) and racetrack in Western KCK, and how this made it impossible for them to compete for the jobs available there.”

Although expanding the transportation system would require considerable resources, it is important to recognize the connection in the mind of residents between scarce city services and a latent feeling of oppression and marginalization. The city’s ability to revitalize sinking neighborhoods may depend on its willingness to enhance the relationship between city officials and residents of marginalized neighborhoods.

Wyandotte County, which includes Kansas City, benefits from a fairly stable population. Unlike other locations in the Kansas social capital study, multiple generations of family members choose to remain in Kansas City. However, the area has seen micro-migration patterns. While the inner city houses a high number of African Americans and, more recently, Spanish-speaking immigrants, white Kansas City residents have tended to relocate either to western Wyandotte County or to other parts of the Kansas City metropolitan area. Because of this migration, much of Wyandotte County’s economic base has also traveled away from the urban core — Kansas City. Additionally, Kansas City is described as a “sunshine town,” a place where people work

during business hours, but leave when the sun sets. This economic migration in which outsiders travel to the area for work but leave at night not only drains the property tax base of the area, but also compounds the high unemployment rate in the city.

LOCAL RESOURCES FOR SOCIAL CAPITAL FORMATION

Faith-based organizations and neighborhood associations were described as pillars of the Kansas City community, sturdy institutions that help in both uniting residents in formal and informal settings and broadening the social opportunities within neighborhoods. While these organizations have proved to be critical components of community revitalization and engagement efforts, some interviewees felt that the institutions failed to focus enough attention on larger-scale socializing. Thus, even though faith-based institutions and neighborhood associations have done much to expand local social networks, they lack cooperation on a broader level. As a result, residents' social capacities are still dictated by geographical convenience, reifying socioeconomic homogeneity and racial segregation.

The community leaders that took part in the social capital study highlighted how the city's elected officials have pushed to strengthen community bonds through supporting neighborhood associations, brokering the construction of new grocery stores in areas with little food access and endorsing the establishment of significant economic attractions in western areas of Wyandotte County.

While the Unified Government of Wyandotte County's support of various grassroots initiatives to address challenges in Kansas City is commendable, and the city's organized group participation score is higher than other surveyed sites in Kansas, the Kansas social capital study points to a need for the government to adopt a more macro-oriented outlook. Interviews indicated that many believe Kansas City will remain a fractured community unless elected officials are able to rehabilitate inter-neighborhood trust, create targeted, systematic programs of economic stimulus (especially in the Quindaro neighborhood), expand the city's transportation system, work toward a concerted effort at transparent metro-area collaboration, focus more community educational efforts around political campaigns and educate residents about the benefits of political involvement.

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

Health Indicator	Wyandotte	Kansas
Assets:		
Not Always Wearing Seatbelt (%)	24.2	30.4
Smoking During Pregnancy (%)	14.4	15.1
Divorce Rate (per 100,000)	1.4	3.2
Nitrate and Coliform Levels in Water (%)	0	3.1
Challenges:		
Did Not Receive Needed Health Care (%)	20.3	9.8
No Dentist Visit in Past Year (%)	40.2	28.6
Sexually Transmitted Disease (per 100,000)	1,038.0	363.6
Children in Poverty (%)	28.8	15.2
High School Non-Graduation Rate (%)	20.1	10.9
No High School Diploma (%)	26.0	14.0
Violent Crime (per 100,000)	641.3	222.9
Secondhand Smoking (%)	43.6	26.6
No Adequate Prenatal Care (%)	33.2	20.3
Unemployment Rate (%)	7.1	4.1
Single Parent Households (%)	42.2	24.4
Respiratory Hazard Index (%)	6.4	1.5
Housing with Increased Lead Risk (%)	31.3	28.3
Teen Birth (%)	15.6	10.0
Physical Inactivity (%)	36.2	24.2
Cigarette Smoking (%)	27.7	20.4
No Health Insurance (%)	14.2	12.4
Low Fruit and Vegetable Consumption (%)	83.5	81.2
Overweight and Obesity (%)	64.3	60.9

HEALTH INDICATORS AND YOUTH

Relating this information to Kansas Health Institute’s *Kansas County Health Rankings 2009*,² it is important that Kansas City focus its attention on its younger residents. The behaviors of young people directly impact indicators such as sexually transmitted disease contraction rates, teen birth rates, high school graduation rates, violent crimes, single parent households, prenatal care, children in poverty and obesity. If Kansas City hopes to work toward improving the overall

health of its residents, it is necessary to focus on programs that target the engagement and education of the area's youth.

HOPE FOR THE FUTURE

Ways in which Kansas City can increase social capital of its community in order to benefit the overall health of its residents include: establishing community fitness centers where young people can exercise, informally socialize and entertain themselves; enhancing the scope of after-school clubs and subsidized school sports in order to build self-esteem, a sense of teamwork and develop leadership in student participants; and scheduling local block parties to not only offer residents a chance to form supportive social connections, but also afford government officials the opportunity to disseminate information to a broad audience.

However, these suggestions likely only go as far as community leaders are willing to take them.

QUESTIONS FOR COMMUNITY LEADERS

- Knowing both the Kansas City community'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 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/>

² 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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