



## Social capital and the neighborhood alcohol environment

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### ARTICLE INFO

#### Article history:

Received 30 November 2007

Received in revised form

21 April 2008

Accepted 19 June 2008

#### Keywords:

Social capital

Social organization

Alcohol outlets

Neighborhoods

### ABSTRACT

We examine whether neighborhood alcohol outlet density is associated with reduced social capital and whether this relationship is mediated by perceived neighborhood safety. Hierarchical models from a random sample of Los Angeles, CA, and Louisiana residents ( $N = 2881$ ) from 217 census tracts were utilized. Substantial proportions of the variance in collective efficacy (intraclass correlation coefficient,  $ICC = 16.3\%$ ) and organizational participation ( $ICC = 13.8\%$ , median odds ratio = 1.99) were attributable to differences between neighborhoods—suggesting that these factors may be influenced by neighborhood-level characteristics. Neighborhood alcohol outlet density was strongly associated with reduced indicators of social capital, and the relationship between collective efficacy and outlet density appears to be mediated by perceived neighborhood safety. Findings support the concept that off-premise alcohol outlets in the neighborhood environment may hinder the development of social capital, possibly through decreased positive social network expansion.

Published by Elsevier Ltd.

### Introduction

Social capital is often defined as those features of social life and structure (i.e., social networks, norms of reciprocity, and trust in others) that facilitate cooperation for mutual benefit (Putnam et al., 1993). Despite numerous critiques, social capital is still regarded as an important concept in understanding health disparities and poorer health (Baum, 2000; Carpiano, 2006; Muntaner and Lynch, 2002; Poortinga, 2006; Portes, 1998; Szreter and Woolcock, 2004; Ziersch et al., 2005). The health benefits of social capital are achieved at the neighborhood or individual levels through information resources and diffusion, social influence and control, and social solidarity. Communities with higher levels of social capital are often thought of as cohesive and thriving communities.

Most public health research on social capital refers to the original definitions of Bourdieu (Bourdieu, 1986), Coleman (Coleman, 1990), and Putnam (Putnam, 2000) that characteristically include two components of social capital—a structural and a cognitive component—that represent the norms and networks that enable people to act collectively. The structural component of social capital includes aspects such as networks, connectedness,

associational life and civic participation. The cognitive component includes aspects such as perceived support, trust, social cohesion and perceived civic engagement. Social capital has also been theorized as having both horizontal and vertical dimensions, each with its own forms of cognitive and structural influences (Szreter and Woolcock, 2004).

There now appears to be general agreement that the core concept associated with social capital is the network of interpersonal and organizational ties that exist in the social environment (Putnam, 2004). While the effects of social capital may have individual-level consequences (e.g., access to information or other goods and services, sense of belonging, social support), the construct of social capital itself is a collective phenomenon (Lochner et al., 1999; Subramanian et al., 2003, 2005). Defined in this way—as a context (i.e., social network) in which individuals are embedded—paves the way for research into how the social and physical environment can influence social capital by shaping social networks. In fact, a number of studies have explored the relationship between the environment and social networks (Carpiano, 2006; Cattell, 2001; Freeman, 1992; Leyden, 2003; Sampson and Groves, 1989; Sampson et al., 1997). For example, Leyden observed that walkable, mixed-use neighborhoods (i.e., more “traditional” neighborhoods that allow residents to perform daily activities without the use of a car) may encourage the development of social networks given that residents are more likely to know their neighbors, resulting in trust and social

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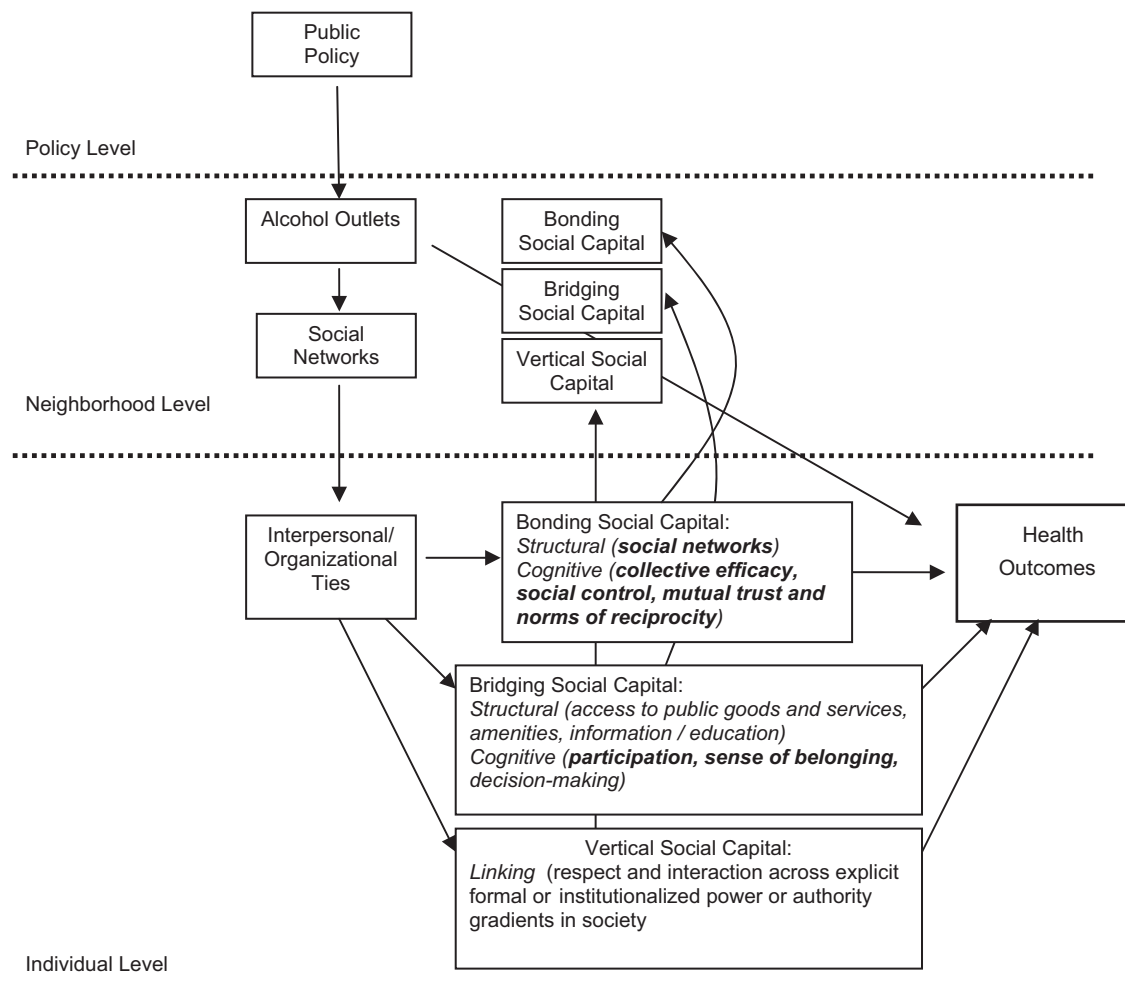
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engagement (Leyden, 2003). In this study, we add to the existing literature by examining how the physical neighborhood environment (i.e., off-premise alcohol outlets) is related to indicators of social capital, as measured by perceived cognitive and structural social capital.

We hypothesize that off-premise alcohol outlets, e.g., liquor stores—or establishments that sell alcohol purchased for consumption “off” the premises—may directly or indirectly affect health through their impact on the development of positive social networks and therefore social capital (Scribner et al., 2007). This effect may work in one of two ways: (1) contraction or expansion of existing social networks and/or (2) competing social networks. The effect is dependent on whether the outlet is an asset or a detriment to the neighborhood. In the case of network expansion or contraction, a well-run outlet could provide a meeting place for residents to expand their social interactions; alternatively, it could lead to network contraction if the outlet does not cater to local neighborhood residents and instead threatens residents with loud noise, unruly patrons, trash, late hours of operation, and other incivilities that have been linked to off-premise alcohol outlets (e.g., crime). In the case of a competing social network, a poorly run alcohol outlet represents an even greater detriment to the neighborhood if it has a competing social network of individuals who do not share the same neighborhood goals as the neighborhood residents (i.e., drug dealers, gang members, prostitutes). A greater concentration of poorly run outlets may then result in a

reduction of positive social networks in those neighborhoods, resulting in a potential decrease in social capital formation and its consequences (i.e., perceived collective efficacy or capacity for a neighborhood to intervene on problems and active participation) (Cattell, 2001). Fig. 1 summarizes these relations.

While a well-run alcohol outlet may be beneficial to the neighborhoods, the theoretical underpinning of our conceptualization is linked to the role of incivilities in urban communities (Taylor, 2005; Taylor et al., 1985) and in previous research on the impact of alcohol outlets on health outcomes. In research on the effects of alcohol outlets on neighborhoods, multiple studies have found that outlets (liquor stores, but also bars and nightclubs) are associated with social and physical disorder, particularly as manifested in violence. Specifically, alcohol outlet density has been associated with violence in Austin and San Antonio, Texas (Zhu et al., 2004), Camden, New Jersey (Gorman, 1998), Kansas City, Missouri (Reid et al., 2003), Los Angeles, California (Scribner et al., 1995), New Orleans, Louisiana (Scribner et al., 1999), Newark, New Jersey (Speer et al., 1998), and California (Gruenewald et al., 2006; Gruenewald and Remer, 2006). However, the mechanism of this association has not been carefully studied, although various theoretical explanations have been offered. Some include social contextual models, niche theory and assortative drinking (Gruenewald, 2007) that are closely related to social network formation and behavior as defined in our conceptualization of social capital.



**Fig. 1.** Conceptual model alcohol outlets, social capital, and health outcomes. *Note:* In the current study, indicators of structural and cognitive forms of social capital are examined, with constructs capturing both bonding and bridging dimensions. In the absence of information on interpersonal and organizational ties, we test the association between alcohol outlet density at the neighborhood-level and both individual-level and aggregated (mean responses across neighborhood) indicators of social capital.

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