Social Science & Medicine 212 (2018) 203–218

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Social capital interventions in public health: A systematic review

E. Villalonga-Olives[a,b,*,1], T.R. Wind[c,1], I. Kawachi[b]

[a] Pharmaceutial Health Services Research Department, University of Maryland School of Pharmacy, Baltimore, MD, USA
[b] Department of Social and Behavioral Sciences, Harvard T.H, Chan School of Public Health, Boston, MA, USA
[c] Foundation Centrum '45, Arq Psychotrauma Expert Group, The Netherlands

ARTICLE INFO

Keywords:
Social capital
Interventions
Classification
Typology
Multilevel
Public health

ABSTRACT

Despite two decades of research on social capital and health, intervention studies remain scarce. We performed a systematic review on social capital interventions in public health and searched the Pubmed and PsychInfo databases. The majority of interventions we identified focused on individual level change (e.g. encouraging social participation), as opposed to community level change. We included 17 manuscripts in the systematic review. We categorized studies according to the role of social capital in the interventions (as the direct target of intervention, as a channel/mediator, or as a segmenting variable) as well as the levels of interventions (individual, community levels vs. multilevel). We conclude that the majority of interventions sought to directly strengthen social capital to influence health outcomes. Our review reveals (i) a lack of studies that incorporate a multilevel perspective and (ii) an absence of consideration of specific groups that might selectively benefit from social capital interventions (segmentation). Future research is needed on both questions to provide a more nuanced picture of how social capital can be manipulated to affect health outcomes.

1. Introduction

Social capital is defined as the resources –for example, the exchange of favors, the maintenance of group norms, the stocks of trust, and the exercise of sanctions– available to members of social groups. A social group can take different forms, such as a workplace, a voluntary organization, or a tightly-knit residential community. Resources can be accessed by the individuals belonging to the group, or by the group as a whole (Porta, 2014; Villalonga-Olives and Kawachi, 2015a; Villalonga-Olives and Kawachi, 2015b). The importance of social capital for health outcomes has been underscored by both interventionists and researchers (de Jong et al., 2003; Hobfoll et al., 2007).

Literature on the beneficial nature of social capital – especially at the community level – has grown, moving from its infancy by defining social capital (Kawachi and Subramanian, 2006) to empirical research on *how* social capital is related to health outcomes (e.g. Wind et al., 2011; Wind and Komproe, 2012). Recently, scholars have called for research that addresses the translation and *implementation* of social capital (i.e. interventions) to improve health outcomes (Ehsan and De Silva, 2015; Verduin et al., 2014). One benefit of community interventions to foster social capital is that these interventions have the potential to impact the health of individuals targeted by the interventions as well as people who are connected to these individuals (i.e. spillover effects, also known as "collateral benefits"). Yet despite two decades of (mostly observational) research on social capital and health (Moore and Kawachi, 2017), there is no clear discourse on how social capital can be created. Brune and Bossert (2009) are one of the few scholars to describe general principles on how to build social capital, such as building on existing organization in communities and developing participation mechanisms. As there is little consensus on what specific interventions can actually build or strengthen social capital, studies on social capital interventions within the public health domain remain scarce (Andersen, 2015; Verduin et al., 2014). And the diverse interventions that claim to foster social capital have ranged from physical exercise (Andersen et al., 2015; Ottensen et al., 2010) to cognitive behavioral therapy (Hall et al., 2010), health education in groups (Im and Rosenberg, 2016; Wingood et al., 2013) and building community groups to facilitate decision making (Brune and Bossert, 2009; Verduin et al., 2014). Within this disparate body of knowledge we sought to perform a systematic review of studies that claimed to have fostered social capital interventions in public health.

* Corresponding author. University of Maryland School of Pharmacy, Department of Pharmaceutical Health Services Research, 220 N Arch St, 12th floor, Baltimore, MD, USA.
E-mail address: ester.villalonga@gmail.com (E. Villalonga-Olives).
[1] First authors (equal contributors).

https://doi.org/10.1016/j.socscimed.2018.07.022
Received 1 March 2018; Received in revised form 6 May 2018; Accepted 14 July 2018

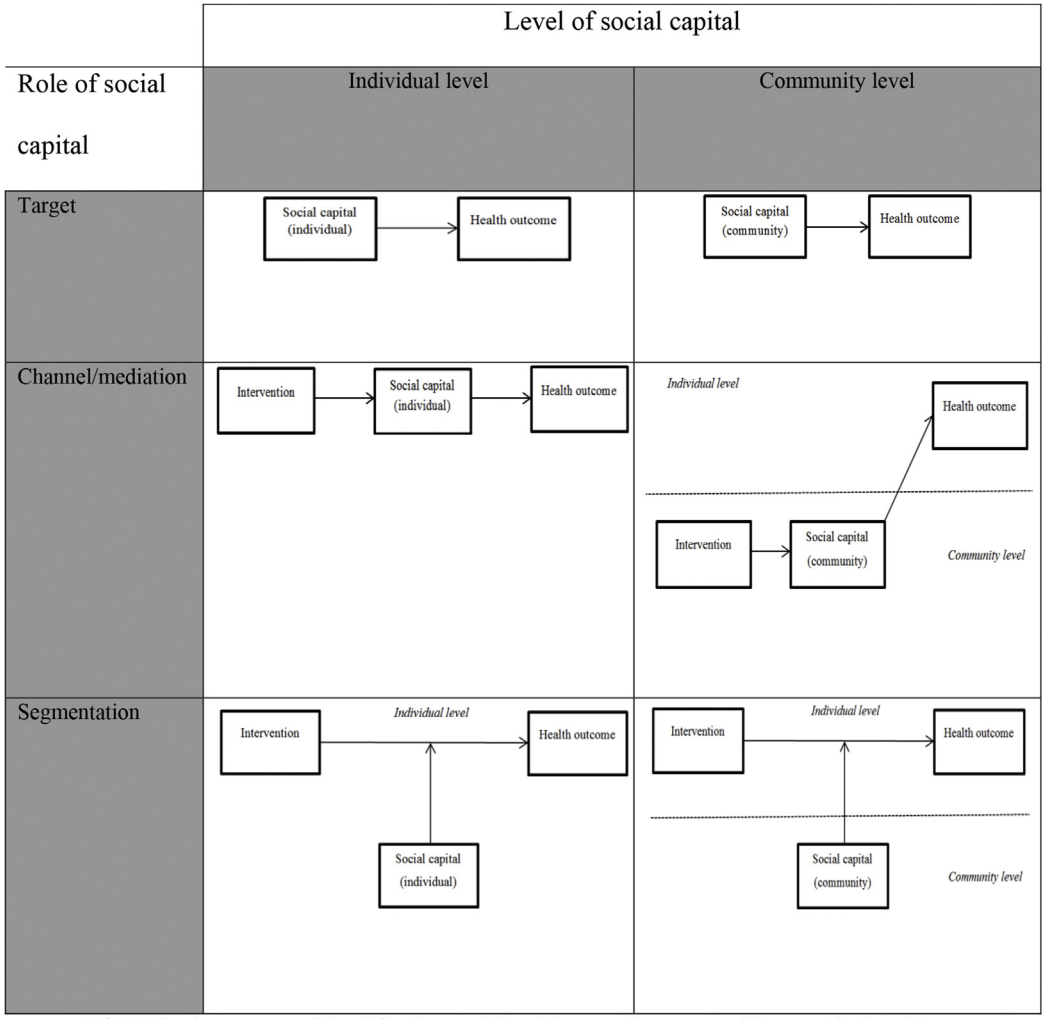

Fig. 1. Classification of social capital interventions by combining two typologies. NOTE: for the purpose of simplification, multilevel interventions are not illustrated in the table.

1.1. Classification of social capital interventions

We formulate two premises to include studies in this review. First, a social capital intervention in the domain of public health should improve health outcomes. Second, we argue that a social capital intervention should involve either a structural alteration or a behavioral induction. A structural alteration involves, for example, adding links between nodes (actors) or between groups (segments) in a social network. A behavioral induction involves, for example, activating peer-to-peer interactions within existing network structures to induce behavioral cascades. The aim of this paper is twofold: (i) to identify social capital interventions in the domain of public health, and (ii) to categorize papers in terms of individual, community and multilevel interventions, with social capital as the target, channel or mediator, or the segmenting variable.

We sought to classify the interventions following the framework developed by Moore and Kawachi to understand the role of social capital in the intervention and if the interventions intentionally target the community or the individual (Fig. 1). The intervention framework of Moore and Kawachi (2017) is the consequence of decades of empirical and conceptual research: Social capital can serve as the target (De Silva and Harpham, 2007), channel or mediator (Wind et al., 2011; Wind and Komproe, 2012), or the segmenting variable of an intervention (Valente, 2012; Wind and Komproe, 2012), depending on the intervention's aims (Moore and Kawachi, 2017). When social capital is the intervention target, the manipulation consists of activities that directly build or strengthen social capital. For example, support groups, such as Alcoholics Anonymous, are often used to recruit new people to an existing network to facilitate behavior change (Valente, 2012). Channel or mediating interventions seek to leverage social capital as an intervening factor between the intervention and the desired outcome. For example, interventions on the built environment – e.g. improving the walkability of neighborhoods by upgrading the quality of parks and recreational spaces – is often advocated on the basis of aesthetics and promoting physical activity. However, the health impacts are also mediated (channeled) by changes in social capital, e.g. an increase in informal interactions between residents. Segmentation involves the identification of sub-groups in the population who may selectively benefit (or not) from interventions. As Moore et al. suggested when they developed this framework, segmentation may provide insight that would allow practitioners to anticipate and forestall potentially negative effects of social capital on the health of certain subgroups (Takao S, Kawachi I and Subramanian SV, 2013).

Additionally, social network interventions can be distinguished between those that target individuals (e.g. identifying influential peer influencers based on their network position, e.g. centrality) versus intervening at the level of the group (e.g. identifying segments & intervening on the whole group). Nonetheless, Schölmerich and Kawachi noted that public health interventions predominantly focus on achieving intrapersonal change (Schölmerich and Kawachi, 2016a,