

weak foundation for all future learning, behavior, and health.”⁴ So, it seems prudent to put the hypothetical resources into the development of our young peoples’ brains.

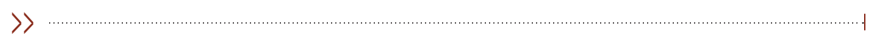
We need to enhance the ability of parents, child care providers, early childhood educators, and other community members to interact positively with young children in stable and stimulating environments so that they can build a sturdy foundation for later school achievement, economic productivity, and responsible citizenship. To do that, we need to spend more money on such things as improving teacher salaries and reducing class sizes.

Wouldn’t it be nice if all of our teachers could feel as if they were not only preventing blisters on feet but putting new wrinkles on brains and helping create health? And that their work was leading to “national championships” of one kind or another? That is not too much to ask, and I bet Coach Wooden would agree.

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Build Social Capital

By Sanne Magnan, M.D.

I am a strong believer in the social determinants of health. Our state’s recent decline in America’s Health Rankings points directly to the importance of “upstream” factors. Although we were still ranked the fourth healthiest state in the nation, it was not as high as we have come to expect—and that indicates that we face some challenges. To make substantive, lasting improvements to the health of our population, we must improve education, create well-paying jobs, increase the supply of affordable housing, ensure access to preventive health care, and address other determinants.

But is it all about the money? As I consider this \$64 million question, I am also looking at Minnesota’s state budget deficit of nearly \$5 billion for the coming biennium. As tantalizing as the idea of having \$64 million to spend on health care may be, I have to wonder if monetary capital is the only solution. Whether our funds are finite or seemingly limitless, we still need to prioritize our efforts to make the biggest difference in health. And I believe that an important factor that is often overlooked and underappreciated is social capital.

Not long ago, a public health nurse in northwestern Minnesota who had just finished emergency preparedness train-

ing said something I found interesting. “Commissioner,” she said, “I now know the fire chief, and he knows me. I now know the school board chair, and she knows me. These are new relationships. And with these relationships, we can solve lots of problems.”

What that nurse was talking about is social capital, the crucial interconnectedness between individuals and groups of people. Her comments strike a chord with me and reflect the message of a book that has influenced my thinking, Robert Putnam’s *Bowling Alone: The Collapse and Revival of American Community*. A Harvard public policy professor, Putnam argues that our social connections with each other create far-reaching benefits that include a sense of belonging, trust, reciprocity, and commitment to our communities. Two kinds of social capital are important: social bonding within similar groups and social bridging between diverse groups. Putnam argues that the current decline in our social networks adversely affects our safety, productivity, prosperity, happiness, democracy—and even our health. He cites a number of studies that have linked lower death rates with joining volunteer organizations, taking part in cultural events, attending church, calling and visiting friends and



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relatives, and taking part in other social activities. In fact, he notes that a person who belongs to no groups but decides to join one actually cuts in half his or her risk of dying in the next year.

Whether we're dealing with a \$64 million windfall or the constraints of our current state budget, improvements in the determinants of health can be magnified through our connections with others. How can we build much-needed social capital?

One way is by increasing informal social ties. Involving diverse groups of citizens in developing a plan to prevent obesity in the community can help stem the tide of preventable chronic disease and, at the same time, build new relationships. Walking groups are an effective way of both increasing physical activity and building social relationships. For millions of people, social networking websites such

as Facebook have redefined community. Can we use social networks to reduce tobacco use or increase high school graduation rates?

Another way to build social capital is by encouraging political and civic involvement. We must engage our citizens in the process of building and uniting our neighborhoods. Consider Minnesota's participation in National Night Out each year. It brings together neighbors so they can get to know each other, which fights crime and promotes safety. Can we develop a similar method of engagement for community health?

As part of Minnesota's 2008 health care reform legislation, we are developing health care homes. We should think creatively about how these homes can reach beyond clinic walls to build community and improve public health. Recently, a family physician said the concept of health care homes may be too limiting. He wondered if we could instead create "health homes" in the community that would engage patients differently. For example, can we build intergenerational communities where citizens care for one another? Can we highlight the social connections that are good for people's health—and that transcend the latest medicine, test, or procedure?

A third way to increase social capital is by building understanding and trust. We must look for ways to include varied perspectives as we address the social determinants of health. Our work must span multiple generations, ethnic and racial groups, geographic areas, and socioeconomic groups. For example, as we strive to eliminate health disparities among racial and ethnic groups, we must work across populations to increase understanding among diverse groups of people. By building understanding, we can cultivate trust, and trust is essential to solving some of our most vexing problems.

Regardless of our budget situation, we can build informal social ties, engage people in social and civic activities, and cultivate understanding and trust in order to create a sense of belonging and a feeling of community. As the nurse in northwestern Minnesota discovered, having relationships to draw from bolsters our ability to tackle problems of all sorts. Building social capital, I argue, will make Minnesota—and Minnesotans—healthier.

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