Operationalizing Social Cohesion in Latin America – Implications for the United States

UCLA BLUM CENTER on Poverty and Health in Latin America

Michael A. Rodríguez, MD, MPH
Alexandra C. Mendoza-Graf, MPP
Ronald A. Brooks, PhD
Anne M. Dubois, BA
David Eisenman, MD, MSHS
Ondine von Ehrenstein, PhD

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Ondine von Ehrenstein, PhD

Expert Advisory Panel

Nancy Adler, PhD
Margarita Alegria, PhD
Mabel Berezin, PhD
Kathleen A. Cagney, MPP, PhD
Ana V. Diez Roux, MD, PhD, MPH
David Eisenman, MD, MSHS
Sandro Galea, MD, MPH, DrPH
Ichiro Kawachi, MBChB, PhD
Kenneth B. Wells, MD, MPH

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Contact

UCLA Blum Center on Poverty
and Health in Latin America
10945 Le Conte Avenue, Suite 2120
Los Angeles, California 90095
310.794.0392
blumcenter@ucla.edu

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Executive Summary: Operationalizing Social Cohesion in Latin America – Implications for the United States

Within this report, the UCLA Blum Center on Poverty and Health in Latin America presents findings from its research to identify informative approaches and strategies that use social cohesion principles to promote development, health and wellbeing in Latin American communities. We assess how policies to foster social cohesion have evolved in Latin America to better understand cultural, social and political factors that contribute to the prioritization of social cohesion strategies in policy. Based on our findings, we identify implications for promoting social cohesion in the United States. To conduct this research funded by the Robert Wood Johnson Foundation (RWJF), we used a case study research design coupled with a review of the literature related to social cohesion.

Aims

The specific aims of our research were:

1. To describe how social cohesion policies and interventions in Latin America have evolved, and to identify cultural, social, and political factors that contribute to prioritization of social cohesion strategies in policy;
2. To identify social cohesion interventions that have taken place or are currently taking place in Latin America;
3. To understand the components (policies, etc.) and processes (actors, etc.) of social cohesion interventions;
4. To provide recommendations on operationalizing social cohesion programs in the United States.

Where relevant, we describe how the operationalization of social cohesion can be expressed within the four Action Areas of the RWJF Culture of Health initiative: Shared Value; Cross-Sector Collaboration; Healthy, Equitable Communities; and Integrated Health Services and Systems.

Methods

For the case study research, we reviewed programs in various social cohesion initiatives and selected three programs to study. These programs met three criteria: 1) had a focus on social cohesion; 2) were ongoing or recent (ended in last 3-5 years); and 3) had key stakeholders who could be

contacted and interviewed. The three programs studied were: Social Cohesion Laboratory I (Mexico); Social Cohesion Laboratory II (Mexico); and Integration (Germany, Mexico, Brazil, Colombia, and Ecuador). Beyond these programs, interviews were also conducted with other stakeholders from groups working in the realm of social cohesion, including the Organization for Economic Cooperation and Development (OECD), URB-AL, and EUROsociAL. In all, we conducted 17 interviews with key stakeholders who were program team members, government officials, researchers, policy makers, planners and non-governmental organizations (NGO) representatives in Mexico, France, Belgium, Spain, Germany and the United States. In addition, supplemental materials from the three programs provided additional insights and program examples for consideration. Of the initiatives we studied, most included an evaluation component of varying scientific rigor.

In addition, we conducted a literature search for social cohesions principles and programming. Although we reviewed many articles to inform our conceptualization of social cohesion, the number of articles focused on the evaluation of implemented social cohesion programs was limited. Nevertheless, over the past decade, European and Latin America organizations have supported the implementation of wide-reaching social cohesion initiatives. Our literature review supported a need for more evaluation studies of social cohesion interventions to capture short- and long-term impacts.

Summary of Findings

The analysis and interpretation of our case study and literature review was structured around eight domains related to programming built on social cohesion principles: definitions, context, development, implementation, outcomes, evaluation, sustainability and interviewee recommendations. Brief highlights follow.

A Collaborative Effort

Members of an Expert Advisory Panel supported the work of the research team; membership included:

Nancy Adler, PhD, director, Center for Health and Community; vice-chair, Department of Psychiatry; and the Lisa and John Pritzker professor of Psychology, Departments of Psychiatry and Pediatrics at UCSF.

Margarita Alegria, PhD, director, Center for Multicultural Mental Health Research, Cambridge Health Alliance and Harvard Medical School; professor of Psychology, Department of Psychiatry at Harvard Medical School.

Mabel Berezin, PhD, professor, Cornell University Department of Sociology.

Kathleen A. Cagney, MPP, PhD, director of the Population Research Center, NORC & University of Chicago; associate professor, Departments of Sociology & Health Studies, University of Chicago.

Ana V. Diez Roux, MD, PhD, MPH, dean and distinguished professor of Epidemiology, Drexel University School of Public Health.

David Eisenman, MD, MSHS, professor at the UCLA David Geffen School of Medicine and the UCLA Fielding School of Public Health; associate natural scientist at the RAND Corporation.

Sandro Galea, MD, MPH, DrPH, dean and professor at Boston University School of Public Health.

Ichiro Kawachi, MBChB, PhD, John L. Loeb and Frances Lehman Loeb professor of Social Epidemiology; chair, Department of Social and Behavioral Sciences at the Harvard School of Public Health .

Kenneth B. Wells, MD, MPH, David Weil professor of Psychiatry and Biobehavioral Sciences at UCLA David Geffen School of Medicine; professor of Health Policy and Management in the UCLA Fielding School of Public Health; affiliated adjunct staff at RAND.

Definitions of Social Cohesion

The interviewed stakeholders defined social cohesion in a range of ways; yet, an underlying theme was that social cohesion is linked to the government's obligation to all people living within their territory, which contrasts from many definitions found in our review of the literature, as summarized in the full report and detailed in Appendix 6. Of note, scholarly definitions of social cohesion by Kawachi and Berkman and Berger-Schmidt are some of the most frequently cited in the literature: 1) Social cohesion is the extent of connectedness and solidarity among groups in our society (Kawachi and Berkman, 2000); and 2) Social cohesion involves two analytically distinct societal goal dimensions: a) reduction of inequalities and strengthening of social relations; and b) embracing all aspects that are considered social capital of a society. (Berger-Schmitt R, 2000)

Implications

Our findings describe how, in practice, the definition of social cohesion is informed by the literature and tailored by program stakeholders to address the issues, dimensions and strategies appropriate for achieving social cohesion under local or regional circumstances. Some definitions have social cohesion operating as both a driver or predictor factor as well as an outcome, i.e., programs hoped to strengthen social cohesion in the community while leveraging social cohesion to achieve improved social and health outcomes. In some cases, social cohesion can be used in negative circumstances (e.g., gangs) and may have unintended consequences. For example, in the United States, the concept of citizenship is often used as a way to exclude those who are not citizens. The government obligation to protect its people should be considered to encompass all of those who live in the nation, whether or not they are citizens.

Environmental Context of Social Cohesion

Major themes related to environmental context manifested from case studies and the literature as the cultural, social and political characteristics of an environment. They included: distribution of resources (how resources were provided and to whom); the justice system; inequalities; poverty; decentralization of governments; distrust; violence; corruption; and lack of transparency. Inequality and structural factors were among the most frequently cited.

Implication

Many social cohesion efforts conducted through these case studies were driven by growing inequalities; the inequalities that persist in the United States may also be leveraged as drivers to promote social cohesion programs and policies in the United States.

Development: Dimensions, Frameworks and Issues Addressed

The literature and case study data identified eight dimensions that contribute to a socially cohesive society including: belonging; inclusion; participation; recognition; legitimacy; trust; collectivism; and public provision of services. The most frequently cited framework came from the EUROsociAL initiative, which focused on 10 thematic areas that would improve social cohesion and mitigate inequality while creating rights and providing goods and services to citizens. Issues addressed by both the initiatives studied and published articles analyzed fell under one or more of the eight dimensions and included: citizens' rights; inequality; corruption; transparency; human rights; youth issues; social protection; formality (i.e., formal economy); structural factors; lack of trust in government; productivity and occupations; territory; civic institutions; health; and social protection.

Implications

Understanding the underpinnings of social cohesion and related frameworks that address community issues can help identify potential issues to incorporate when developing and implementing social cohesion programs. In the United States, communities may want to tailor their approaches to address issues at either the micro or macro level, while allowing social cohesion itself to become a driver of action.

Implementation of Social Cohesion Programming

Strategies and programming for each social cohesion initiative were as unique as the dimensions pursued and the issues addressed. Much of the programming analyzed was guided by a logic model that illustrated the operationalization of the strategies and programs used to reach short-, intermediate-, or long-term outcomes. Strategies most frequently cited included: cross-sector collaboration; cooperation in policy development; promotion of peer-learning environments; utilizing media (traditional and social); and engaging the community. Programming and actions often cited included: passing new public policy (e.g., conditional cash transfer programs); providing technical assistance; conducting surveys on social cohesion to assess community weaknesses, strengths; and creating spaces where leaders can be trained. In cases studied, programming efforts were driven by adverse situations (e.g., decaying community structures, inequality, etc). When asked about barriers to program implementation, several interviewees mentioned that multi-sector collaborations often proved difficult because of conflicting goals; others found challenges in collaboration between academics and policy makers; and several felt that distrust in government or other institutions created a significant barrier for engaging community individuals and organizations.

Implications

Logic models can guide programming and provide a useful roadmap to reaching desired outcomes; both the URB-AL III and EUROsociAL II programs used comprehensive logic models after receiving feedback and agreement from stakeholders on inputs, outputs and desired outcomes. Strategies and programming studied (e.g., cross-sector collaboration, individual engagement, participatory policy development) provide rich data and operational steps that may have potential for replication in other settings.

Outcomes of Social Cohesion Programming

The social cohesion initiatives and literature studied had well-defined intermediate and long-term outcomes, with the intermediate outcomes more easily measured and reported. For example, the Integration, URB-AL III Program reached short- and intermediate-term goals of creating city parks, public spaces and a city network, adopting interdisciplinary cooperation between public entities, and adopting a citizen participation model to generate social inclusion. The long-term goals of increased citizen engagement, greater inclusion of marginalized populations, more equitable and sustainable development in the territories, and increased sense of belonging were "hoped for" and, while some short-term proxies were achieved, more study is needed to assess sustainable success and long-term outcomes.

Implications

Social cohesion programming can achieve tangible intermediate outcomes; yet, there is a need for longer-term studies using specific methodologies to assess outcomes to prove sustainability of the outcome over time.

Evaluation, Sustainability of Social Cohesion-Driven Programming

Most programs measured the impact of factors that affect social cohesion (e.g., social participation, nutrition, inclusion, health, social security, development, education, culture, income, employment, habitat, security, violence, etc.). Others analyzed success by the core items that steered programming within the actors of social cohesion (government, civil society, community and education). Most programs sought to both strengthen social cohesion and utilize social cohesion to improve various social outcomes.

From the case study interviewees, contributing factors for sustainability were cited as: 1) a leader who understands the issues areas, process and goals of a project; 2) capability of project sites to implement projects over the long-term; 3) strengthening existing efforts vs introducing new projects; 4) building capacity through technical assistance; and 5) engaging community individuals. Factors thought to be barriers to successfully reaching sustainability were most frequently related to government leadership, lack of leadership, or changing leadership.

Implications

Most stakeholders who were interviewed agreed on the importance of evaluation, although long-term evaluation had not yet been conducted on any of the programs studied. Nevertheless, the stakeholders and literature provided good input on factors believed to contribute to the success and sustainability of social cohesion-driven programs. These factors expressed by the interviewees could be considered in programming within the United Sates: a) having an informed leadership with an understanding of the issues to be addressed, goals of a project and processes for implementation; b) building capacity in civilian, government and professional groups to lead to the effective implementation of programs and public policies for long-term sustainability.

Stakeholder Recommendations

When asked what actions might be important for the United States to translate social cohesion principles into action, stakeholders most frequently cited: building networks to generate public opinion and increase capacity through collaborations; identifying stakeholders, partners and leaders to spearhead social cohesion efforts; choosing an "entry point" with a tangible project that reduces social isolation (e.g., developing an urban space to help cities eliminate social and symbolic fragmentation); and building on existing programming that includes dimensions of social cohesion currently embraced throughout the nation.

Implications

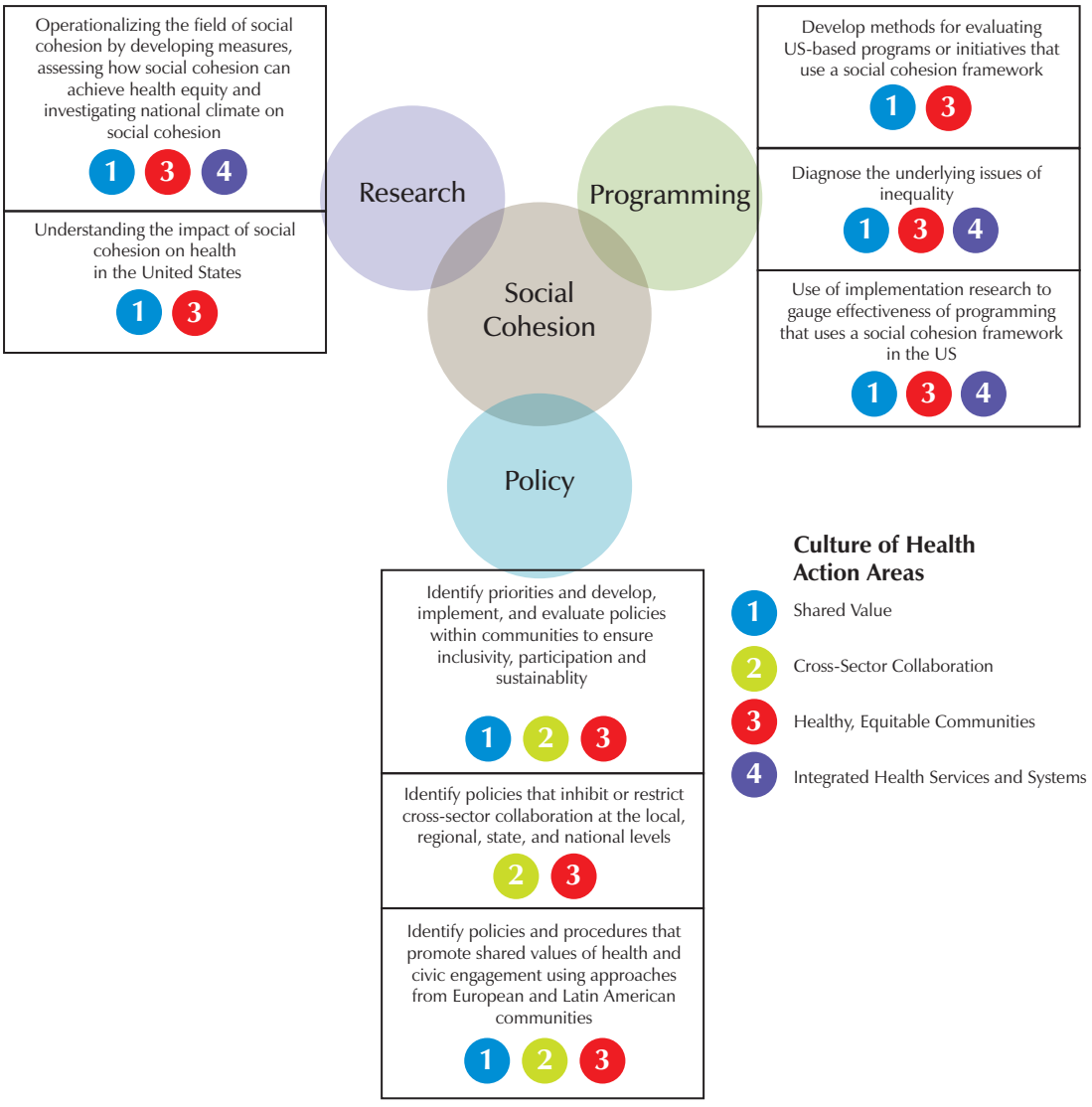
Perhaps summing up the sentiment from stakeholders and the literature, a member of our Expert Advisory panel suggested that an important goal for the United States could be to more effectively communicate to the public the importance of social cohesion and how it was used to create existing successful systems. For example, social cohesion and solidarity have formed the foundation for the US social security and Medicare systems. Likewise, if communicated and used effectively, social cohesion could propel programming to improve health outcomes and wellbeing among Americans.

Recommendations for Additional Research Needed

Our analysis of the body of research and active programming leads us to the understanding that social cohesion is a construct that acknowledges the need for equity and its importance to preserving human rights. Social cohesion involves the inclusion of all people, especially those most vulnerable, so that all individuals believe that there is a certain level of equity in society and can develop a sense of belonging and trust within their communities.

While many programs we analyzed were development projects (i.e., addressed a particular societal issue such as water, education, gender discrimination, etc.), the programs differentiated themselves from general development projects by focusing on the positive externalities, or broader benefits, that can result from the activities of a program, rather than just the expected activity outcomes. According to many of the people we interviewed, the added value of social cohesion projects was that the focus on increasing participation of individuals and increasing interactions between various groups of people achieved an increased sense of belonging and, thus, success in achieving project goals, which could be specifically useful in making health a shared valued to reach improved health outcomes.

Work needed in the areas of research, programming and policy development related to social cohesion



In this section, we present approaches and recommendations for future work in programming, policy and academic research to develop social cohesion principles, strategies and/or interventions (Figure). These recommendations are for consideration by the Robert Wood Johnson Foundation to weave into its research agenda for the Culture of Health, as well as for other grant makers or research institutions interested in advancing social cohesion. Within the recommendations, we illustrate how the various activities work toward achieving goals related to the four Action Areas of the Culture of Health.

Academic Research to Advance the Field of Social Cohesion

Research efforts in this area will offer evidence to support, inform and operationalize Action Area 1 (Making Health a Shared Value) and Action Area 3 (Healthy, Equitable Communities).

1. Operationalize the field of social cohesion by conducting the following:
   a. Develop and validate measures of social cohesion and its various dimensions at different societal levels (micro, meso and macro) by establishing shared conceptual and operational definitions to inform the development of the measurement tools;
   b. Assess how social cohesion programs and policies would contribute to achieving equity in health outcomes and how planning, implementation and evaluation would be affected;
   c. Investigate "national climate"/status on the dimensions of social cohesion by adding questions to existing surveys that identify gaps in programs or policies that seek to increase social cohesion and new surveys that examine individual perceptions on social cohesion.
2. Understand the impact of social cohesion on health in the United States:
   a. Examine associations between social cohesion and health outcomes. Does social cohesion directly or indirectly affect health outcomes (e.g. stroke risk, depressive symptoms, participation in physical activity, cigarette smoking, self-rated health, etc.)? If so, what are the pathways through which it does?
   b. Explore the influence (positive or negative) of social cohesion on health gaps to assess its ability to be a direct driver of health equality and attendant equity considerations.

Programming Research to Advance the Implementation of Social Cohesion Strategies

Programming research efforts in this area will offer evidence to inform, support and operationalize Action Area 1 (Making Health a Shared Value), Action Area 3 (Healthy, Equitable Communities), and Action Area 4 (Integrated Health Services and Systems).

1. Develop valid, systematic methods for evaluating emerging, US-based programs or initiatives that use a social cohesion framework:
   a. Examine the level of social cohesion in a community and compare to a levels of social cohesion found within a community project that uses a social cohesion framework (including any program that seeks to strengthen social cohesion, seeks to leverage social cohesion to improve other outcomes, or both);
   b. Assess the development of "positive externalities" (i.e. various dimensions of social cohesion) from a community project or activity focused on improving or promoting health and equity in a community setting. Explore conditions, if any, under which social cohesion engenders harmful external benefits.
2. Diagnose the underlying issues of inequality through diagnostic studies. For example, identify physical spaces that are detrimental to the environment and health of the community and engage stakeholders in development of plans for mitigation.
3. Gauge effectiveness of social cohesion programming in the United States through implementation research
   a. Conduct demonstration project to:
      i. Test and measure the benefits, feasibility, process implications, etc. of social cohesion strategies used to promote health and equity in the US community.
      ii. Evaluate the impact of social cohesion programming on creating healthier and more equitable communities.

Policy Research on Issues Relevant to Social Cohesion

Policy research efforts in this area will offer evidence to inform, support and operationalize Action Area 1 (Making Health a Shared Value), Action Area 2 (Cross-Sector Collaboration), and Action Area 3 (Healthy, Equitable Communities).

1. Identify priorities and develop, implement and evaluate policies within communities to ensure inclusivity, participation and sustainability.
2. Identify policies that inhibit or restrict cross-sector collaboration at the local, regional, state and national levels.

3. Identify policies and procedures to promote shared values of health and civic engagement leveraging approaches from European and Latin American communities, such as:
   a. Creating peer learning environments where community leaders and community groups can share and learn from their different strategies for civic engagement and for the improved performance of public services;
   b. Promoting cross-sector collaboration (between government agencies, NGOs, CBOs, private sector stakeholders, and community members) at the local, regional, state, and national levels to address health issues and improve health outcomes.

Recommendations for Operationalizing Social Cohesion in the United States

Our research in Latin American communities underscores the added value that work in the field of social cohesion could provide to the Culture of Health Initiative to improve health equality, sense of belonging, and cross-sector collaboration. More work is needed to determine, implement and evaluate effective social cohesion approaches that could be replicable within the United States. Taking this into account, the establishment of a National Program Center on Social Cohesion could serve as a central research and programming hub to advance the field of social cohesion. Through a focused grant mechanism, programs stemming from this Program Center would lead the nation in programming driven by social cohesion at a time when the United States is witnessing widespread evidence of social inequity, racial unrest and violence that inhibit wellbeing in the United States.

The National Program Center could be built on three cornerstones with the following areas of focus and preliminary objectives in each area:

Research to Advance the Field of Social Cohesion
- Support ongoing, current research and track work on social cohesion;
- Monitor development in policies that reflect a social cohesion perspective;
- Identify specific national and international social cohesion initiatives for replicability within the setting of achieving a Culture of Health.

Implementation Research for Evidence-Based Programming
- Engage in pilot testing and specific studies to improve measurement, understanding of key facilitators and barriers, and develop a US-appropriate logic model related to social cohesion.

Evaluation and Dissemination of Social Cohesion Programming and Messaging

- Examine, recommend and test common measures of social cohesion for both domestic and international use;
- Evaluate specific national and international initiatives that have promise to increase social cohesion;
- Disseminate findings robustly through traditional and social media.

Each of our research recommendations, based on our findings from Latin America, could be conducted under the umbrella of this National Program Center or through individual research efforts conducted through several channels including: RWJF or other grant-funded research; investigator-initiated research by program evaluators or implementation science researchers; or government agency scientists.

We envision that our recommended research topics can inform a long-term roadmap and that several topic areas might be combined into perhaps three or four distinct research efforts in tandem with the Culture of Health Action Areas. A fully operational National Program Center could convene researchers from across the country who would contribute to our understanding of the impact of social cohesion and the benefits derived from social cohesion programming to build a just, equitable and healthy society.