



# The Importance of Community Social Capital in Building Sustainable and Resilient Health Systems

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**Editorial**

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## Abstract

Community resilience has been recognised and promoted as a vision and strategy for strengthening health systems in the post-COVID-19 era. The paper sets out the importance of health promotion and building social capital to achieve this goal; it briefly describes the concepts of community ownership, collective efficacy, community capacity and community competence as key categories for managing this process. We conclude with a call for reflection on the need for a clear understanding of these elements for a renewed vision of sustainable and resilient health systems.

**Keywords:** Community Resilience; Health Promotion; Citizen Participation; Community Social Capital

## Editorial

The COVID-19 syndemic has significantly affected health, lives and livelihoods and has caused a social and economic crisis. The critical path to recovery and progress will require a renewed focus on building sustainable health systems; to achieve this, community resilience is crucial: communities must be prepared with a unified plan and must work together with public and private sector entities to focus on the common goal of responding to people's health/wellness needs.

Community resilience is defined as the capacity of a community to absorb perturbations, respond to and influence change, sustain and renew the community, develop new trajectories for the future, and learn so that they can thrive in a changing environment [1].

In this, health promotion has a crucial role to play by addressing the factors that contributed to the excessive impact of COVID-19 in communities and that have wider

significance and impact [2]. As stated in the Ottawa Charter [3], it is about empowering communities and supporting contexts and activities that build solidarity, mutual trust and strengthen social relationships through supportive policies that enable people to increase control over their health, realise aspirations, meet needs and change or cope with the environment.

Health promotion is done by and with people, not about or for people. It enhances both the capacity to act resiliently on the determinants of health inequities and the capacity of groups, organisations or communities to achieve goals of greater individual and community control, their level of participation in community change, and their critical awareness of socio-economic or political contexts of social justice [4-6].

In this sense, the inclusive and meaningful participation of citizens and organisations at the local level has the potential

to better align policies with citizens' lived experiences and thereby increase a community's resilience to respond to adverse events [7]. This commitment requires strengthening and consolidating community social capital, defined as the set of norms, institutions and organisations that promote trust and cooperation among individuals, in communities and in society in order to contribute to the common good [8]. We focus our attention on four existing social capital constructs that would help to diagnose and explain a wide range of community resilience:

- The concept of psychological sense of community applies to communities in their geographical and relational interpretation and includes four dimensions: belonging or the sense of being part of a group; influence, a concept that refers to the individual's sense of self in relation to the group and that the group can have ascendancy over its members, creating cohesion through community norms; integration or the understanding that members' needs are met with the resources received through their membership of the group; and shared emotional connection that is linked to the meaning of the community's shared history [9].
- The second category is collective efficacy, defined as a sense of shared collective competence among individuals in allocating, coordinating and integrating their resources in a successful concerted response to specific situational demands [10]. According to Bandura [11], it embodies a group's judgement of his ability to achieve a specific goal; it is not simply the sum of individual self-efficacy, it is a property that emerges from the collective level combined with his willingness to intervene on behalf of the common good and represents a combination of two autonomous subcategories: social cohesion and informal social control [12].
- The third construct refers to community capacity, expressed as the characteristics of the community that affect his ability to identify, mobilise and respond to public and social health problems. The concept encompasses multiple dimensions, such as deliberative participation and critical reflection, leadership, supportive and responsive networks, skills and resources, understanding of history, articulation of values, and access to power [13,14].
- Finally, community competence mentions the components of the community that enable to collaborate effectively in identifying the problems and needs, reaching a worked consensus on goals and priorities, agreeing on ways and means to implement those goals, and collaborating effectively on the required actions [15].

## Conclusion

The social capital constructs presented can be useful to identify communities that are as similar as possible and for policy makers, together with organised communities, to make projections about the capacity to act resiliently in the face of proposals to restore and improve health/wellbeing in local settings. We encourage academics and practitioners from various sectors to channel greater attention to the importance of meaningful citizen participation in order to contribute to the strengthening of health systems as complex as those that currently exist.

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