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This paper has been peer-reviewed but dos not include the final publisher proof-corrections or journal pagination.

Published in final edited form as:

Title: Validation of French and German versions of a Perceived Neighborhood Social Cohesion Questionnaire among young Swiss males, and its relationship with substance use.

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Journal: Journal of health psychology

Year: 2016 Feb

Volume: 21

Issue: 2

Pages: 171-82

DOI: 10.1177/1359105314524010

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Validation of French and German versions of a Perceived Neighborhood Social

Cohesion questionnaire among young Swiss males, and its relationship with substance

 use^1

Abstract

This study main purpose was the validation of both French and German versions of a

Perceived Neighborhood Social Cohesion questionnaire (P-NSC). The sample group

comprised 5,065 Swiss men from the 'C-SURF' cohort study.

Multi-group CFA showed that a 3-factor model fit the data well, which substantiates the

generalizability of P-NSC factor structure regardless of the language. The P-NSC

demonstrated excellent homogeneity (α=.95) and split-half reliability (r=.96). The P-NSC

was sensitive to community size and participants' financial situation, confirming that it also

measures real social conditions. Finally weak but frequent correlations between P-NSC and

alcohol, cigarette and cannabis dependence were measured.

Keywords

Alcohol, cannabis, perceived neighborhood social cohesion, Switzerland, tobacco

¹ Article reference:

Dupuis, M., Studer, J., Henchoz, Y., Deline, S., Baggio, S., N'Goran, A., ... Gmel, G. (2016). Validation of French and German versions of a Perceived Neighborhood Social Cohesion Questionnaire among young Swiss males, and its relationship with substance use *Journal of Health Psychology*, 21(2), 171-182. doi: 10.1177/1359105314524010

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Introduction

Neighborhood social cohesion has been a major field of investigation in community health for around 15 years (Abbott & Freeth, 2008; Almedom, 2005; Diez Roux & Mair, 2010; Gilbert, Quinn, Goodman, Butler, & Wallace, 2013; Hawe & Shiell, 2000). Indeed, neighborhood social cohesion has been linked to different kinds of major health issues including psychiatric disorders (De Silva, McKenzie, Harpham, & Huttly, 2005; Fitzpatrick, Irwin, Lagory, & Ritchey, 2007; Stafford, De Silva, Stansfeld, & Marmot, 2008) and physical health issues (Echeverría, Diez-Roux, Shea, Borrell, & Jackson, 2008; Fujiwara & Kawachi, 2008). Furthermore, neighborhood social cohesion has been related to negative health behaviors including alcohol, tobacco and cannabis use (Cradock, Kawachi, Colditz, Gortmaker, & Buka, 2009; Lin, Witten, Casswell, & You, 2012; Patterson, Eberly, Ding, & Hargreaves, 2004), which are one part of the present study. However, there are few valid instruments measuring neighborhood social cohesion (Baum, Ziersch, Zhang, & Osborne, 2009) and the most frequently used (Sampson, Raudenbush, & Earls, 1997) consists of only 5 items, which is far too short for detailed investigation. Moreover, such instruments are hardly ever validated among multiple populations and in different languages. Due to such a lack, implementing comparable interventions among multilingual countries is not feasible. Besides, the lack of common valid instruments makes difficult to achieve international surveys (e.g. in the European Union). One aim of this study was to fill this gap by validating a questionnaire in both French and German versions. Neighborhood social cohesion now covers different fields of definition. It originally derived from Social Capital Theory (Bourdieu, 2002; Carpiano, 2007). Initially, social capital was defined as 'connectedness' within the community, which is also the definition of 'structural' neighborhood social cohesion (Harpham, Grant, & Thomas, 2002). Structural neighborhood social cohesion consists of participation in organizations, links with other social groups and resources, and general implication in collective activities (Bourdieu, 2002). This can be distinguished from 'cognitive' neighborhood social cohesion, which consists of reciprocity, sharing and a sense of belonging (Stafford et al., 2004). Furthermore, measures of neighborhood social cohesion can focus either on the neighborhood itself or on its individuals, depending on a study's scientific approach. Thus, despite the two terms having been used as synonyms until now, cognitive neighborhood social cohesion slightly differs from 'perceived' neighborhood social cohesion. In fact, cognitive neighborhood social cohesion consists not only of how people perceive and feel being part of a neighborhood, but also of how they enable that cohesion. Perceived neighborhood social cohesion, meanwhile, consists of a more restrictive definition namely to what extent people perceive their neighborhood as cohesive. Different studies (Echeverría, Diez-Roux, & Link, 2004; Pruitt, Jeffe, & Mario, 2012) underlined the reliability of measures of neighborhood social cohesion which are based on self-reported characteristics; this included both the cognitive and perceived forms of neighborhood social cohesion.

Concerning substance use, negative associations between smoking prevalence and perceived neighborhood social cohesion were highlighted (Patterson et al., 2004). Lindstrom also showed that people with a high level of trust in their neighborhood had lower risks of heavy drinking (Lindstrom, 2005; Yiengprugsawan et al., 2011), smoking (Lindstrom, 2003; Yiengprugsawan et al., 2011) and cannabis use (Lindstrom, 2004). More recently, Lin, Witten, Casswell and You (2012) showed that perception of neighborhood

cohesion was associated with lesser quantities of alcohol, tobacco and cannabis use, while Echeverría et al. (2008) reported a positive association with drinking and a negative association with smoking. This supports the importance of perceived neighborhood social cohesion for community health and the implementation of specific interventions to reduce health-damaging behaviors. This is why this study's aim was the validation of a perceived neighborhood social cohesion questionnaire that could be used among French-speaking and German-speaking populations. This questionnaire is a 16-item version of a scale developed by Stafford and colleagues (2003) among English and Scottish samples that has been related to both physical and mental health outcomes (Stafford et al., 2003; 2005; 2008). The original questionnaire consists of 8 subscales covering both structural and cognitive social cohesion (*detailed below*), while only 3 subscales specific to perceived neighborhood social cohesion were included in this short version (*i.e. trust, attachment* and *tolerance*). The other dimensions were excluded from the questionnaire before data collection.

Methods

Study design

This study took place within a large, longitudinal epidemiological survey concerning substance use (Cohort Study on Substance Use Risk Factors or C-SURF). C-SURF's sample consists of young adult men aged around 21 years old who were enrolled from 3 of Switzerland's 6 federal military recruitment centers, in Lausanne (French-speaking area), Windisch and Mels (German-speaking area). Military conscription is compulsory in Switzerland, and each adult Swiss male must spend 3 days at a recruitment center for an evaluation of his physical and psychological capacities for either military or civic service. The study protocol was approved by the Human Research Ethics Committee of Lausanne

University Hospital (Protocol No. 15/07). Although participants were enrolled in these military centers, the cohort study is completely independent of the military and questionnaires were distributed to participants' private addresses. There was a follow-up of participants independently of whether they carried out military service, a civic service or no service at all.

Participants

This questionnaire validation used data from the first C-SURF study follow-up survey as returned by 5,223 (87.2%) of the 5,990 participants who completed the baseline survey (between August 2010 and November 2011). This follow-up survey took place 15 months after the baseline assessment. A total of 158 participants were excluded because of missing values, and the final sample consisted of 5,065 young men. Table 1 summarizes the final sample's characteristics. More detailed information about sampling and non-respondents was reported by Studer et al. (2013).

Measures

Neighborhood Social Cohesion questionnaire

The Neighborhood Social Cohesion questionnaire was developed by Stafford and colleagues (Stafford et al., 2004; Stafford et al., 2003) in order to assess both structural and cognitive aspects of social cohesion. Structural aspects include *family and friendship ties*, participation in organized activities and integration into wider society. Cognitive aspects include *trust* (e.g. trust in people, including members of the neighborhood who are not personally known), attachment to neighborhood (e.g. feeling part of the community), tolerance and respect (e.g. reciprocal tolerance among the community), and practical help (e.g. feeling comfortable asking neighbors to do one a favor).

Because the aim of this study was to validate a scale specific to perceived neighborhood cohesion, the aspects of structural cohesion were not included. An additional dimension (practical help) that did not strictly consist of either cognitive or structural aspects was also excluded. Practical help also overlapped perceived social support, which was measured separately (see below). The present study developed a 16-item questionnaire version using a 7-point Likert scale (see Stafford et al., 2004). It consisted of 3 of the cognitive dimensions of the original questionnaire, namely factors of trust, attachment and tolerance. The scale was translated into French and German by the research staff. Since it focused on perception, which is only one aspect of cognition, we called this shortened version the 'Perceived Neighborhood Social Cohesion questionnaire' (P-NSC). Both French and German versions of the questionnaire are reported in appendices A and B.

Perceived social support

The association between perceived neighborhood social cohesion and perceived social support was measured in order to assess the concurrent validity of the P-NSC. Perceived social support was assessed using 2 subscales from the Multidimensional Scale of Perceived Social Support (Canty-Mitchell & Zimet, 2000; Zimet, Powell, Farley, Werkman, & Berkoff, 1990), namely social support from friends and significant others (*i.e.* girlfriend or boyfriend). Each of the two subscales consists of 4 items on a 7-point Likert scale.

Substance use measures

Each participant was evaluated on his prevalence of alcohol, tobacco, and cannabis use in the 12 months prior to responding to the questionnaire. Specific questions were then asked, depending on current substance use, in order to diagnose dependence disorders. Alcohol dependence was assessed using DSM-IV criteria (American Psychiatric Association, 2000). The frequency of risky single-occasion drinking (occasions with at least 6 standard drinks) was also investigated. Questions about cigarette smoking include the Fagerström Test for Nicotine Dependence (Haetherton, Kozlowski, Frecker, & Fagerström, 1991) and questions about smoking cessation (prevalence, longest period of abstinence). The Fagerström Test for Nicotine Dependence consists of 4 binary items ('no': 0, 'yes': 1) and two 4-point items (from 0 to 3), with a maximum total number of points being 10. The cut-off for nicotine dependence was set at 4 points (Haetherton et al., 1991). Cannabis use was evaluated using the revised version of the Cannabis Use Disorder Identification Test (Annaheim, Scotto, & Gmel, 2010). This revised version consists of 10 items using a 5-point Likert scale from 0 ('no', 'never') to 4 ('yes', 'daily'). The cut-off for cannabis dependence was 8.

Demographic covariates

Three socio-demographic variables were reported. First, language was taken into account in order to assess whether the factor structure was the same for both the French and German versions of the P-NSC. Second, two variables were measured to control for confounding. Indeed, Stafford et al. (2003) showed that their scale was associated with the community size and the level of income. Concerning community size, communities with less than 10,000 inhabitants were considered as rural and towns with more than 10,000 inhabitants were considered as urban.

Since many participants were still in professional training or apprenticeships, measuring their own income levels was of little relevance for an accurate assessment of their financial situation and was not representative of their probable future income either. Thus, participants were asked about their parents' financial situation in terms of 'being well-off compared to others'.

Statistical analyses

Confirmatory Factor Analyses consisted of two different steps. First, the whole sample was used to compare a one-dimensional model against a 3-factor model, in terms of goodness-of-fit. It was assumed that the 3 factors in this model were related to a second-order factor (see below for an illustration of the model). Second, the factor structure which obtained the higher fit indices was retained, and a multi-group Confirmatory Factor Analysis was performed to assess the invariance of this structure in both the French and German versions.

The estimation method used was the maximum-likelihood estimation. To estimate the adequacy of the proposed factor model, different indices were used. Chi-square-based indices were not taken into account because they are affected by large sample sizes (Barrett, 2007). The Comparative Fit Index (CFI) and the Tucker-Lewis non-normed fit Index (TLI) were used to compare the proposed model with the null model (where there were no predicted relationships between the variables). According to Hu and Bentler (1999), both CFI and TLI values are good when they are greater than .95, but models presenting CFI or TLI values greater than .90 are generally considered to be acceptable (Kline, 2011). The root mean square error of approximation (RMSEA) represents how closely the model fits the data. In general, a RMSEA in the range of .08 to .10 is mediocre but acceptable, and values below .07 indicate that a model is a good fit (Steiger, 2007). The standardized root mean square residual (SRMR) is the difference between the residuals of the covariance matrix and the hypothesized factor structure. A SRMR value of .08 is

acceptable, and a value less than .05 indicates a close fit (Kline, 2011). Most current analyses of multi-group comparisons are chi-squared-based; however, this makes them unreliable given large sample sizes; thus this study used the difference of CFI. A Δ CFI lower than .001 indicates that there is no relevant difference of fit between the two groups (Cheung & Rensvold, 2002).

In order to assess the reliability of the scale, the bisection method was applied. The bisection method consists in splitting a scale into equivalent halves (*i.e.* in terms of factor loadings) and measuring how much those halves are correlated to each other. Each factor scale was split into halves (even items were opposed to odd items) and split-half correlations were calculated. Nevertheless, split-half correlations underestimate the actual reliability of a scale; thus reliability was recalculated using the Spearman-Brown correction formula (Li, Rosenthal, & Rubin, 1996).

Internal consistency of the P-NSC and its subscales was measured with Cronbach's α , which corresponds with uniformity based on inter-item correlation and provides information on the reliability of the questionnaire (Tavakol & Dennick, 2011). Cronbach's α is generally considered to be sufficient when it is between .70 and .90, but greater values can suggest redundancy of the questions.

Another step in the validation process concerns the fact that P-NSC actually measures perceived cohesion regardless of potential confounding variables. Previous results showed that age and community population density had an impact on the perception of social cohesion (Stafford et al., 2003). Thus correlations between P-NSC and age, community size (urban *vs.* rural) and the parents' financial situation were calculated. Because of differences between German-speaking and French-speaking groups (especially in terms of community

size), partial correlations were calculated in order to measure the potential impact of linguistic subgroups on P-NSC scores (with age, community size and parents' financial situation as control variables).

Partial correlations between P-NSC scores and social support-related scales of the MSPSS were then calculated in order to assess the concurrent validity of the P-NSC. Age, community size and language were used as control variables.

Finally, correlations between P-NSC scores and alcohol drinking, cigarette smoking and cannabis use were calculated among exposed subsamples. These included the frequency of risky single-occasion drinking (RSOD), attempts at smoking cessation and length of the longest period of nicotine abstinence.

All analyses except the Confirmatory Factor Analyses were performed using SPSS 21 software. The Confirmatory Factor Analyses were performed with R packages, namely 'Lavaan' (Rosseel, 2012) and 'SEM' (Fox, 2006).

Results

Sample characteristics

With regard to the population densities of their communities of residence, 3,097 subjects were from rural areas and 1,968 were from urban areas. Regarding language, 2,745 participants were French-speaking and 2,320 were German-speaking. German-speaking participants were more likely to come from rural areas (71.1%) than French-speaking ones (52.6%). Finally, a majority of participants reported that their families were either financially 'about the same' (40.8%) or 'better off than' (33.0%) than other Swiss families (Table 1).

[Insert Table 1 about here]

Factor structure

When comparing the models, the following unsatisfactory indices were measured for the single-factor model (CFI = .872, TLI = .856, RMSEA = .113, SRMR = .053). Nevertheless, each loading postulated by the model was significant, which supports the relevance of a general factor for perceived cohesion. With the 3-factor model, the CFI was .926 and the TLI was .912, indicating a fair fit; the RMSEA was .089 and the SRMR was .043. Concerning multi-group comparisons, ΔCFI was lower than .001, which indicated that there was no relevant difference of fit between German-speaking and French-speaking samples. Such results suggested that the same factor structure was acceptable for both German and French versions of the questionnaire. Since the factor structure was assumed to be the same, it is described for the whole sample in Figure 1.

[Insert figure 1 about here]

Split-half reliability

Split-half reliability was .795 for F_1 (*trust*), .816 for F_2 (*attachment*), .845 for F_3 (*tolerance*), and .928 for P-NSC total score; these can be considered to be strong associations. The Spearman-Brown adjusted coefficients were .886 for F_1 , .899 for F_2 , .916 for F_3 , and .963 for P-NSC. These testified to the reliability of P-NSC.

Internal consistency

Overall, Cronbach's α was .95, which indicated a very good homogeneity of the total scale. In addition, the α coefficient was .87 for F_1 (*trust*), .88 for F_2 (*attachment*), and .90 for F_3 (*tolerance*), which confirmed the excellent internal consistency of the subscales. Standardized factor loadings, split-half reliability and internal consistency indices are summarized in Table 2.

[Insert Table 2 about here]

Correlations with socio-demographic characteristics

Low but significant correlations were observed between P-NSC and age, community size and parents' financial situations. P-NSC scores were negatively correlated to age (r=-.86, p<.01) and community size (r=-.224, p<.01), but were positively correlated to parents' financial situation (r=.131, p<.01). This confirmed that P-NSC was sensitive to real socio-demographic factors and that participant's perceptions of community cohesion were associated with actual life situations. Partial correlations were then calculated in order to measure the effect of language on P-NSC scores with age, community density and parents' financial situation as control variables. No significant effects were measured except for F_2 (r=-.029), which was negligible. This suggests that mean score differences between French and German versions are only due to age, community density and parent's financial situation.

Concurrent validity

Significant correlation values were measured between P-NSC scores and perceived social support from friends (r = .232, p < .01). Lower associations were found between perceived cohesion and perceived support from significant others (r = .154, p < .01). This shows that P-NSC is related to the perception of social support; it also supports the suggestion that P-NSC does more than simply measure receiving social support from a close relationship.

Relationships with substance use

Weak but significant associations between P-NSC and substance use were measured (Table 3); this was also partly due to the large sample size. Perceived social cohesion was positively associated with alcohol drinking, including risky single-occasion drinking, but

was negatively correlated with the alcohol dependence symptoms. Concerning tobacco use, P-NSC was negatively correlated with both nicotine use and dependence. No relevant association between social cohesion and smoking cessation could be measured. Nonetheless, people with a higher attachment to their neighborhood reported longer periods of abstinence. Regarding cannabis use, significant negative correlations were measured between P-NSC scores and use and dependence.

[Insert Table 3 about here]

Discussion

This study's results mostly supported the validity of the P-NSC in French and German. Multi-group Confirmatory Factor Analysis resulted in acceptable fit indices, which substantiated a common 3-factor structure for the French and German language versions of this scale. Little significant variation was due to language difference: most of it was due to the fact that German-speaking participants were more likely to come from rural places. However, some results require further exploration.

The internal consistency of this study's results were clearly satisfactory, confirming the previous study by Stafford et al. (2003). The split-half correlations calculated confirmed the reliability of the subscale.

Correlations of around .10 were measured with regard to common substance use, which was weak but potentially relevant according to Cohen's definition of effect sizes (1992). Findings about alcohol drinking were that perceived neighborhood cohesion was correlated with more alcohol drinking, including occasional heavy drinking experiences. These results confirmed some previous studies (Echeverría et al., 2008) and were consistent with the fact that cohesive groups may be more likely to engage in festive nights out. Nonetheless, these

results also showed that P-NSC was negatively associated with alcohol dependence. This means that people reporting high P-NSC scores are less likely to become alcohol dependent, despite the fact that they tend to drink more than other people.

Our findings are largely consistent with Lin et al. (2012), who concluded that perceived social cohesion was associated with less tobacco and cannabis use, but more frequent alcohol drinking, even if a lesser quantity of alcohol was drunk on typical drinking occasions. This suggests that social cohesion is associated with 'normal' drinking patterns rather than with pathological ones. For tobacco in particular, these results are broadly consistent with Patterson and colleagues (Patterson et al., 2004), who measured stronger associations. In addition, our results showed that perceived cohesion is associated with longer smoking cessation. This is probably due to the fact that perceived social cohesion improves when either searching for, or benefitting from, social support (including organized forms of help), which can be of great use from a relapse prevention perspective (Westmaas, Bontemps-Jones, & Bauer, 2010). Further studies will be required to determine whether or not perceived social cohesion predicts durable smoking cessation.

These findings can be added to the consistently reported evidence of the protective association between perceived neighborhood social cohesion and alcohol and substance use issues. They are therefore an encouragement towards the implementation and evaluation of preventive social health interventions.

Limitations

Although this study's results supported the validity of the scale used, three important limitations inherent to the study design must be mentioned. Firstly, the C-SURF cohort consists entirely of men, which impedes gender comparison. Using the full version of this

questionnaire, Stafford et al. (2005) have shown that gender moderates the associations between social cohesion and health issues. Secondly, the C-SURF cohort mainly consists in 20- to 25-year-old conscripts. Thirdly, conscription is only mandatory for Swiss citizens, which excludes the country's sizeable foreign population, whose P-NSC level could differ substantially. Further studies are recommended in order to generalize the validity of this scale for other relevant populations.

Conclusion

Few valid instruments are available in order to measure perceived neighborhood social cohesion in different languages. The P-NSC is the very first scale validated in French and in German whose original version has also been validated in English. This makes this instrument precious for international studies.

Acknowledgements

The authors wish to thank Charlotte Eidenbenz for her invaluable role all along this research project.

Funding

This research has been funded by the *Swiss National Science Foundation* (Grant FN 33CS30 139467).

Note

Both French and German version of the P-NSC are freely available on C-SURF website (www.c-surf.ch).

Conflict of interest

None.

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Table 1. Sample characteristics (N = 5,065)

	N	(%)	Mean ± SD (min, max)
Age			21.3 ± 1.2 (18.9, 29.6)
Financial situation of the parents			
Very much less well-off	34	(0.7)	
Much less well-off	128	(2.5)	
Less well-off	544	(10.7)	
About the same	2,068	(40.8)	
Better-off	1,671	(33.0)	
Much better-off	490	(9.7)	
Very much better-off	113	(2.2)	
Missing	17	(0.3)	
Community of residence			
Rural (<10,000 inhabitants)	3,097	(61.1)	
Urban (>10,000 inhabitants)	1,968	(38.9)	
Language			
French	2,745	(54.2)	
German	2,320	(45.8)	
Community of residence by language			
Rural + French	1,446	(52.6)	
Urban + French	1,299	(47.3)	
Rural + German	1,651	(71.1)	
Urban + German	669	(28.8)	
Perceived social support (MSPSS)			
Support from friends			$23.6 \pm 4.8 \ (4, 28)$
Support from significant other			$23.7 \pm 5.6 (4, 28)$
Substance use (12-month prevalence)			
Alcohol	4,692	(92.6)	
Tobacco	2,263	(44.8)	
Cannabis	1,577	(31.1)	
Dependence			
Alcohol	408	(8.1)	
Nicotine	277	(5.5)	
Cannabis	369	(7.3)	

Table 2. P-NSC factor structure with standardized loadings

	Questionnaire item	F ₁	F_2	F ₃	P-NSC	
I_1	Most people in this area can be trusted	.766	- 2	1 3	1 1150	Supprimé: People
I_2	People would be afraid to walk alone after dark RC	.633				Содражие
I_3	People in this area will take advantage of you RC	.769				
I_4	If you were in trouble, there are lot of people who would help you	.739				
I ₅	People in this area would do something if a house was being broken into	.720				
I_6	In this area people would stop children if they saw them vandalizing things	.722				
I_7	I really feel part of this area		.736			
I_8	Most people in this area are friendly		.833			
I_9	People in this area have lots of community spirit		.819			
I_1	People in this area do things to help the community		.825			
0						
I_1	Everybody in this area should have equal rights			.638		
I_1	People in this area treat each other with respect			.851		
I_1						
3	People in this area are tolerant of others who are not like them			.844		
I_1	In this area there are people who belong and some who don't $^{\mbox{\scriptsize RC}}$.819		
I_1	In this area there is pressure to behave like everyone else RC			.777		
5 T						
I_1	People in this area respect one another's privacy			.762		
F_1	Trust				.943	
F_2	Attachment				.920	
F_3	Tolerance or respect				.920	
	Mean	23.8	16.0	25.1	60.3	
	Standard deviation	4.8	4.1	5.7	12.4	
	Cronbach's α	<u>87</u>	<u>,88</u>	<u>90</u>	.95	Supprimé: 51
	Split-half reliability	.795	.816	.845	.928	Supprimé: 63
	Split-half reliability (Spearman-Brown correction formula)	.886	.899	.916	.963	Supprimé: 72
RC r	everse coded					Supprimé: 83

Table 3. Correlations with alcohol, tobacco and cannabis use

Substance	Correlate	N^a	P-NSC	Trust	Attachment	Tolerance
Alcohol	Use (12-month prevalence) ^b	5,065	.122**	.070**	.082**	.101**
	Alcohol dependence (12-month prevalence) ^b	4,692	037**	028	029*	047**
	Alcohol dependence (severity) ^c	4,692	049**	030^{*}	053^{*}	056**
	RSOD (frequency) ^c	4,692	.080**	.049**	.040**	.061**
Tobacco	Use (12-month prevalence) ^b	5,065	062**	076**	075**	078**
	Nicotine dependence (12-month prevalence) ^c	2,263	109**	114**	075**	106**
	Nicotine dependence (severity) ^c	2,263	114**	117**	080**	115**
	Cessation (12-month prevalence) ^b	2,263	.019	.028	.039	.031
	Longest period of abstinence ^d	214	.135*	.067	.183**	.148*
Cannabis	Use (12-month prevalence) ^b	5,065	045**	110**	062**	076**
	Use frequency ^c	1,577	139**	103**	119**	130**
	Cannabis dependence (12-month prevalence) ^b	1,577	145**	152**	108**	143**
	Cannabis dependence (severity) ^c	1,577	164**	172**	118**	162**

^a Differences in terms of sample sizes are due to exposure b point biserial correlation
^c Spearman correlation
^d Pearson correlation
^{*}p<0.05
**p<0.01

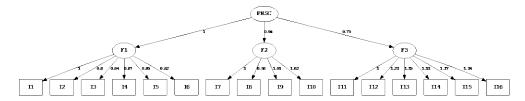


Figure 1. factor structure of the P-NSC with path coefficients

Appendix A. French version of the questionnaire

	cord		ord	ıtre	ord		cord	
	Tout à fait d'accord	D'accord	Un peu d'accord	Ni I'un ni I'autre	Un peu d'accord	D'accord	Tout à fait d'accord	
Dans ce quartier, on ne peut PAS faire confiance à la plupart des gens								Dans ce quartier, on peut faire confiance à la plupart des gens
Dans ce quartier, les gens ont peur d'aller dehors seuls à pied après la tombée de la nuit								Dans ce quartier, les gens se sentent en sécurité lorsqu'ils vont dehors seuls à pied après la tombée de la nuit
Dans ce quartier, les gens profitent de vous								Dans ce quartier, les gens vous traitent toujours de manière correcte
Si vous étiez en difficulté , personne dans ce quartier ne vous viendrait en aide								Si vous étiez en difficulté, un grand nombre de personnes de ce quartier vous viendraient en aide
Si une maison était cambriolée , les gens de ce quartier fermeraient les yeux								Si une maison était cambriolée, les gens de ce quartier feraient quelque chose
Dans ce quartier, les gens ne font rien s'ils voient des enfants vandaliser des choses								Dans ce quartier, les gens interviennent s'ils voient des enfants vandaliser des choses
Je ne sens pas que j'appartiens à ce quartier								Je sens que j'appartiens vraiment à ce quartier
Dans ce quartier, la plupart des gens sont froids / hostiles								Dans ce quartier, la plupart des gens sont aim able s
Dans ce quartier, les gens n'ont PAS l'esprit communautaire								Dans ce quartier, un grand nombre de gens ont un FORT esprit communautaire
Dans ce quartier, les gens pensent seulement à leurs intérêts								Dans ce quartier, les gens font des choses pour aider la communauté
Certaines personnes de ce quartier ne devraient PAS avoir les mêmes droits que les autres (y compris le droit à la parole)								Tout le monde dans ce quartier devrait avoir les mêmes droits (y compris le droit à la parole)
Il est difficile de gagner le respect des gens dans ce quartier								Dans ce quartier, les gens se traitent avec respect
Les gens de ce quartier désapprouvent les autres qui ne sont pas comme eux								Les gens de ce quartier sont tolérants avec les autres qui ne sont pas comme eux
Dans ce quartier, il y a des gens qui sont à leur place et d'autres pas								Chaque personne dans ce quartier est à sa place autant que les autres
il y a dans ce quartier, une pression à ce que tout le monde se comporte de la même manière								Dans ce quartier, il n'y a aucune pression à se comporter d'une quelconque manière
Les gens de ce quartier aiment mettre leur nez dans les affaires des autres								Dans ce quartier, les gens respectent la vie privée des autres

Appendix B. German version of the questionnaire

	Stimme völlig zu	Stimme zu	Stimme ein wenig zu	Weder - Noch	Stimme ein wenig zu	Stimme zu	Stimme völlig zu	
Den meisten Leuten im Viertel kann NICHT vertraut werden								Den meisten Leuten im Viertel kann vertraut werden
Leute haben nach Einbruch der Dunkelheit Angst, allein im Viertel zu Fuss unterwegs zu sein								Leute fühlen sich sicher, w enn sie allein nach Einbruch der Dunkelheit im Viertel zu Fuss unterw egs sind
Leute im Viertel w erden dich aus nutzen								Leute im Viertel werden dich immer fair und korrekt behandeln
Wenn du in Schwierigkeiten wärst, gäbe es im Viertel niemanden, der dir helfen würde								Wenn du in Schwierigkeiten wärst, gäbe es eine Menge Personen , die dir helfen würden
Leute im Viertel würden die Augen verschliessen, wenn in ein Haus eingebrochen würde								Leute im Viertel würden etwas unternehmen, wenn in ein Haus eingebrochen würde
Leute im Viertel unternehmen NICHTS dagegen, wenn sie sehen, wie Kinder Sachen mutwillig zerstören								Leute im Viertel würden die Kinder aufhalten, wenn sie sähen, wie diese Sachen mutwillig zerstörten
lch habe den Eindruck nicht in dieses Viertel zu gehören								lch fühle mich wirklich als Teil dieses Viertels
Die meisten Leute im Viertel sind unfreundlich								Die meisten Leute im Viertel sind freundlich
Die Leute im Viertel haben KEINEN Gemeinschaftssinn								Die Leute im Viertel haben einen GROSSEN Gemeinschaftssinn
Die Leute im Viertel achten nur auf sich selbst								Die Leute im Viertel machen etwas um der Gemeinschaft zu helfen
Einige Leute im Viertel sollten NICHT die gleichen Rechte und das gleiche Sagen haben wie andere								Jeder in diesem Viertel sollte die gleichen Rechte und das gleiche Sagen haben
Es ist schwer , sich in diesem Viertel den Respekt anderer zu verdienen								Leute im Viertel behandeln einander mit Respekt
Die Leute im Viertel missbilligen andere, die nicht so sind wie sie selbst								Die Leute im Viertel sind tolerant gegenüber anderen, die nicht so sind wie sie selbst
Im Viertel gibt es ein paar Leute, die dazu gehören, andere jedoch nicht								Jeder im Viertel gehört dazu wie alle anderen auch
lm Viertel gibt es Druck, sich so zu verhalten wie alle anderen								In Viertel gibt es KEINEN Druck, sich auf irgendeine Weise zu verhalten
Die Leute im Viertel mischen sich in anderer Leute Angelegenheiten								Die Leute im Viertel respektieren die Privatspäre anderer