

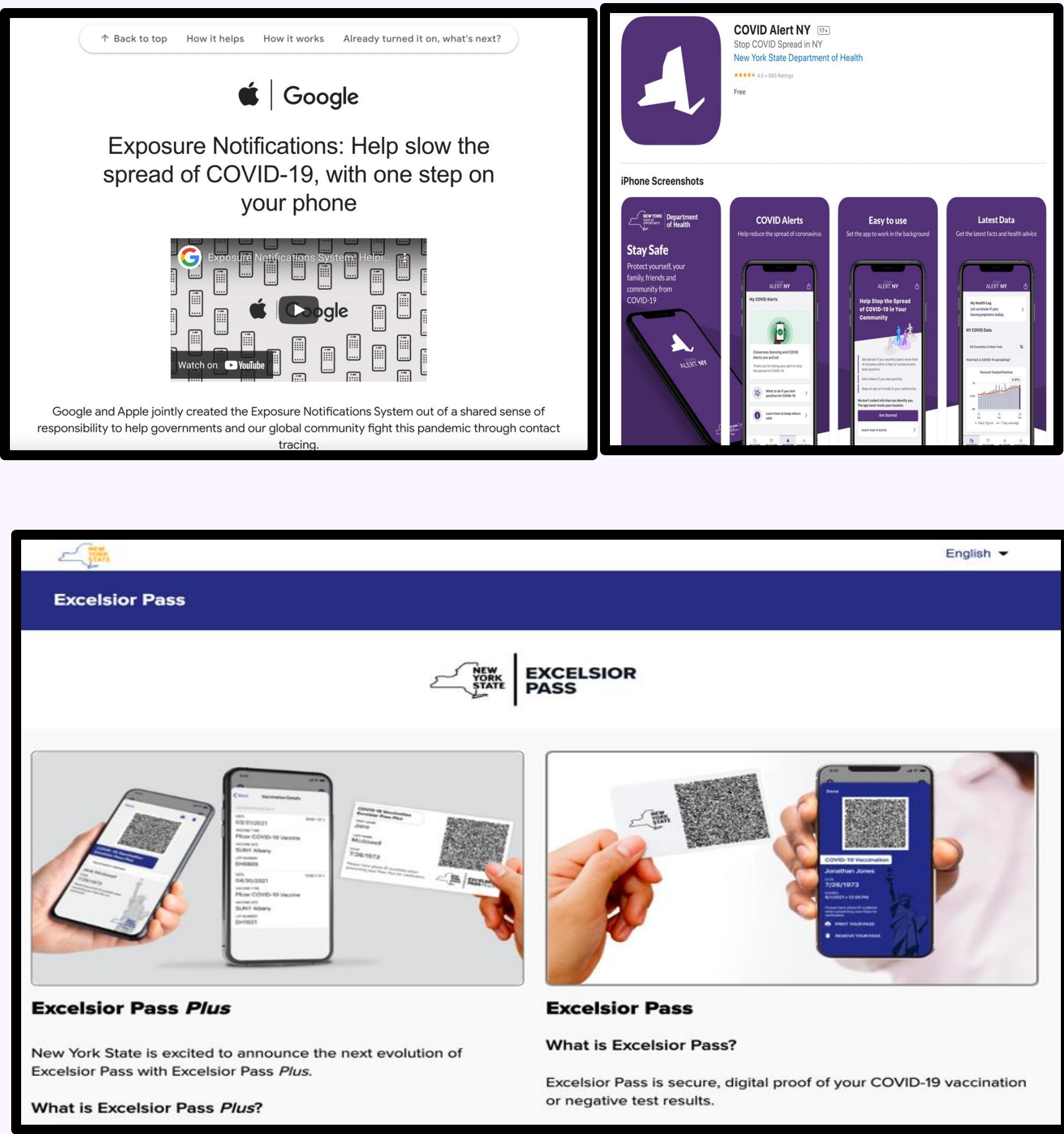
# RELATIONSHIPS AS RESOURCES: THE IMPACT OF SOCIAL CAPITAL ON PERCEPTION AND USE OF COVID-19 APPS



Yvonne Appiah Dadson, Prabin Sharma, DeeDee M. Bennett-Gayle, Xiaojun Yuan  
University at Albany, State University at New York

## Introduction

- COVID-19 pandemic necessitated innovative public health interventions
- Digital contact tracing and vaccination apps emerged as key technological solutions
- Apps designed to identify potential exposures and facilitate vaccine distribution
- Public adoption and sustained use proved challenging despite significant investment
- Limited understanding of social factors influencing app adoption



## Research Gap

- Limited examination of social capital's role in technology adoption
- Insufficient understanding of how social networks influence health technology use
- Need for qualitative exploration of contextual factors

## Objectives

- Identify social capital dimensions critical to understanding contact tracing and vaccination app experiences.
- Investigate how social capital dimensions influence participants' app adoption attitudes, intentions, and behaviors.
- Examine social capital related barriers and facilitators to app adoption and use

## Theoretical Framework

Social Capital Theory (Bourdieu, 1986; Coleman, 1988; Putnam, 2000)

- Resources embedded within social networks and relationships

## Dimensions of Social Capital

- Bonding:** Strong ties with similar individuals (family, close friends)  
Provides emotional support and shared norms
- Bridging:** Weak ties across diverse groups (community networks)  
Facilitates information flow and resource access
- Linking:** Connections to formal institutions and authority structures  
Enables access to power and formal resources

## Research Design

- Secondary qualitative analysis of focus group data
- Original Study:** Mixed-methods investigation of COVID-19 app adoption in New York State (2021)
- Participants:** 63 New York residents aged 18 and older
  - 16 focus groups with 6-8 participants each
  - Convenience sampling with stratification by age, race/ethnicity, & socioeconomic status
  - One-hour sessions conducted via Zoom

## References:

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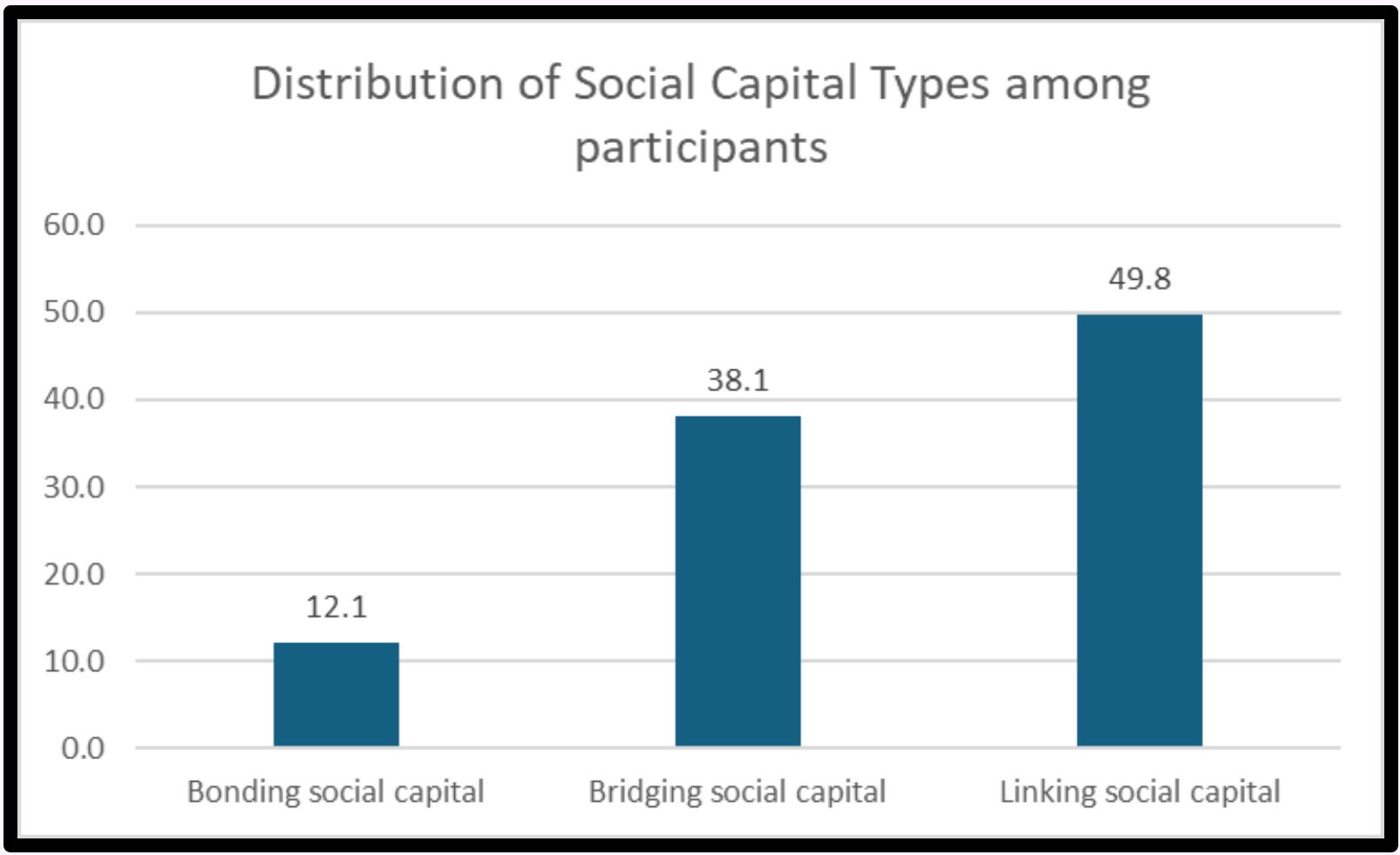
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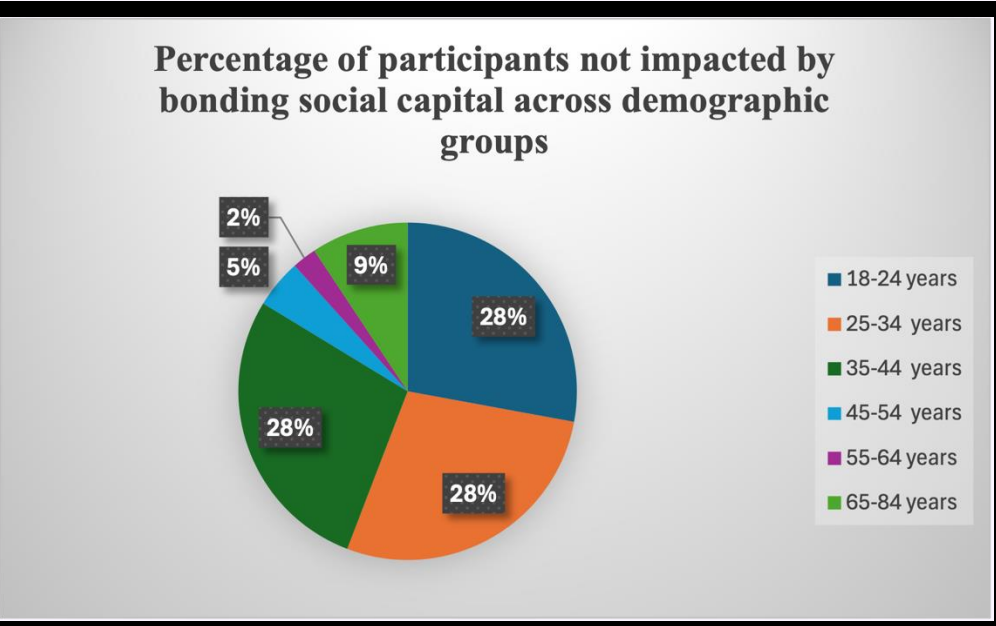
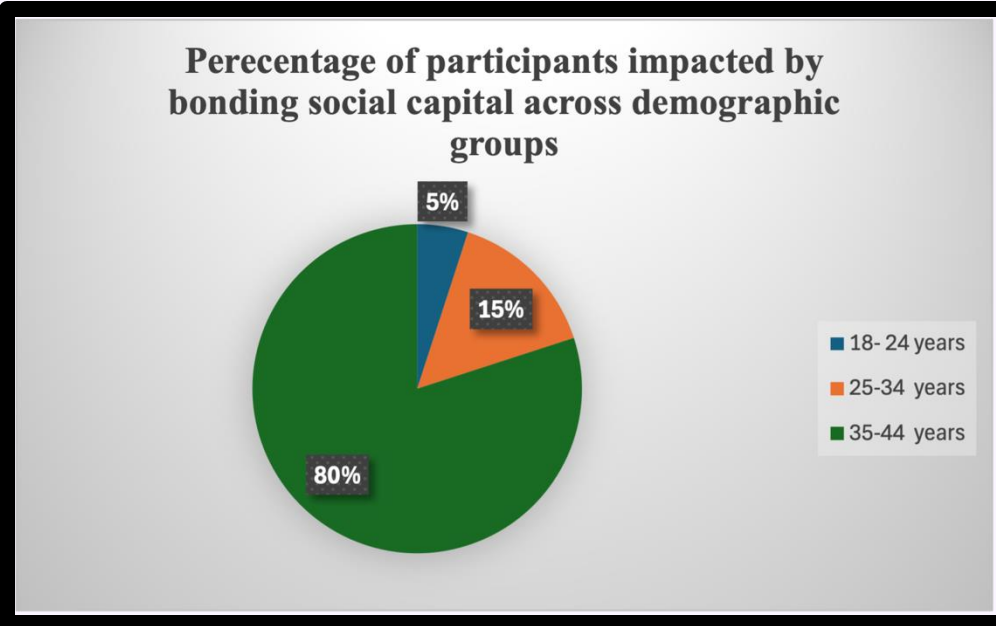
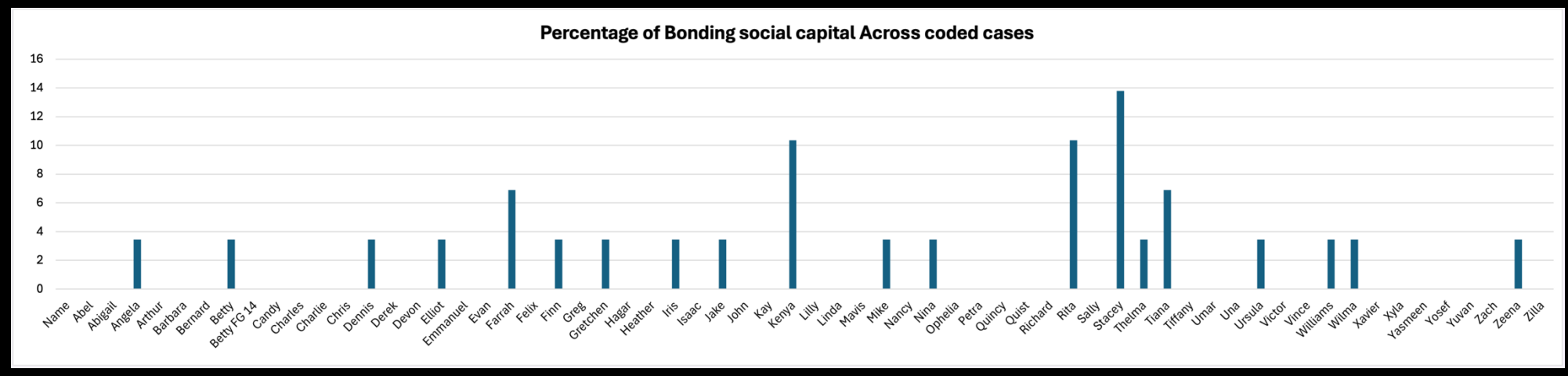
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## Results

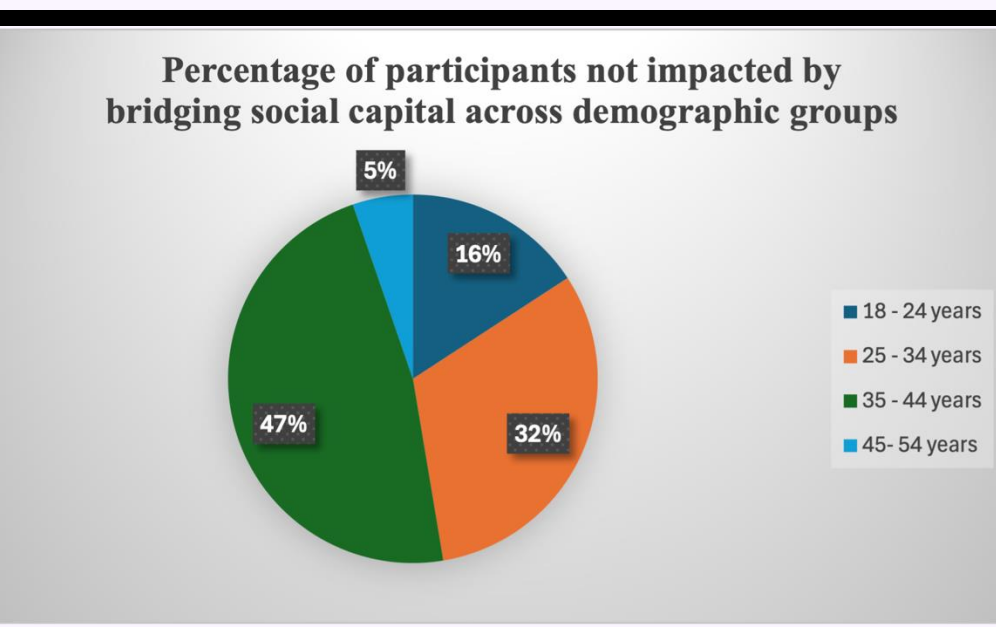
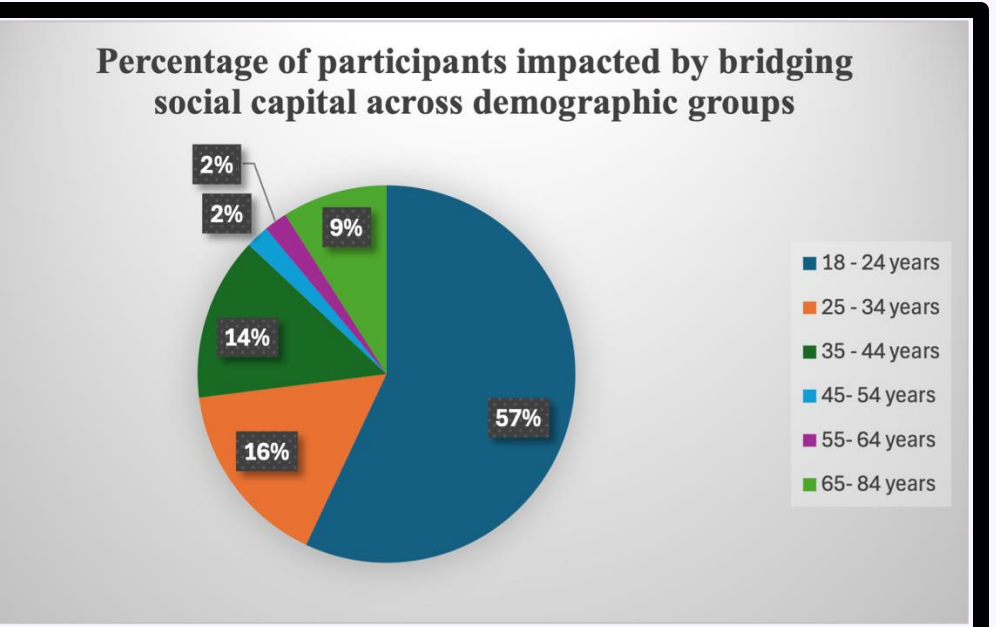
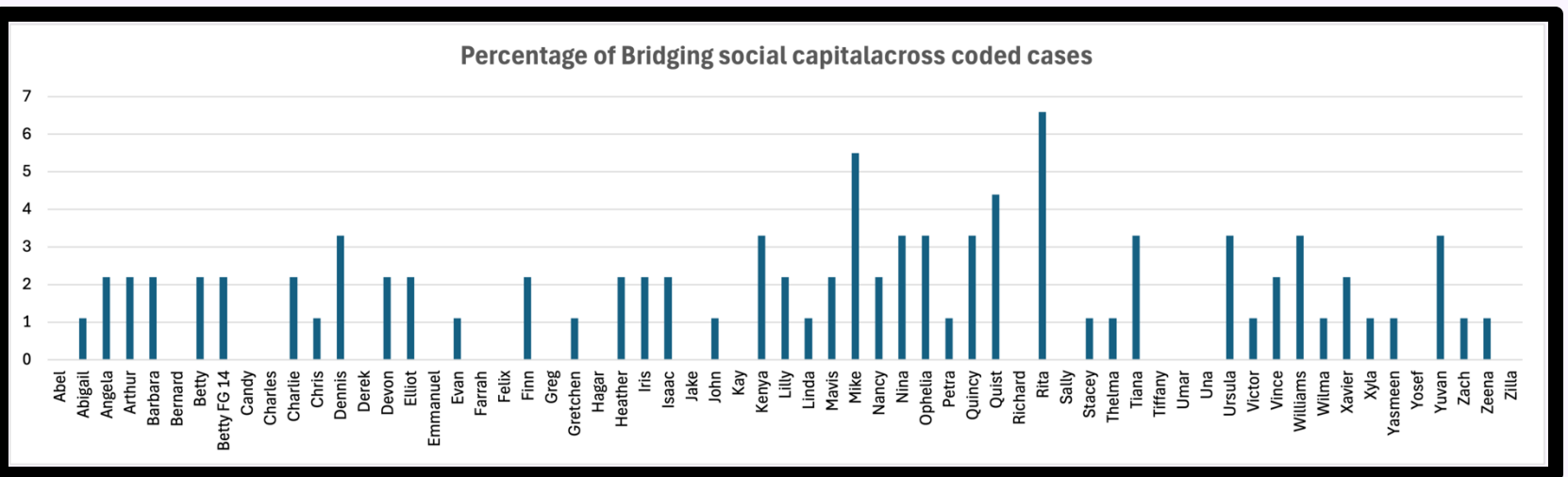
### Dimensions of social capital:



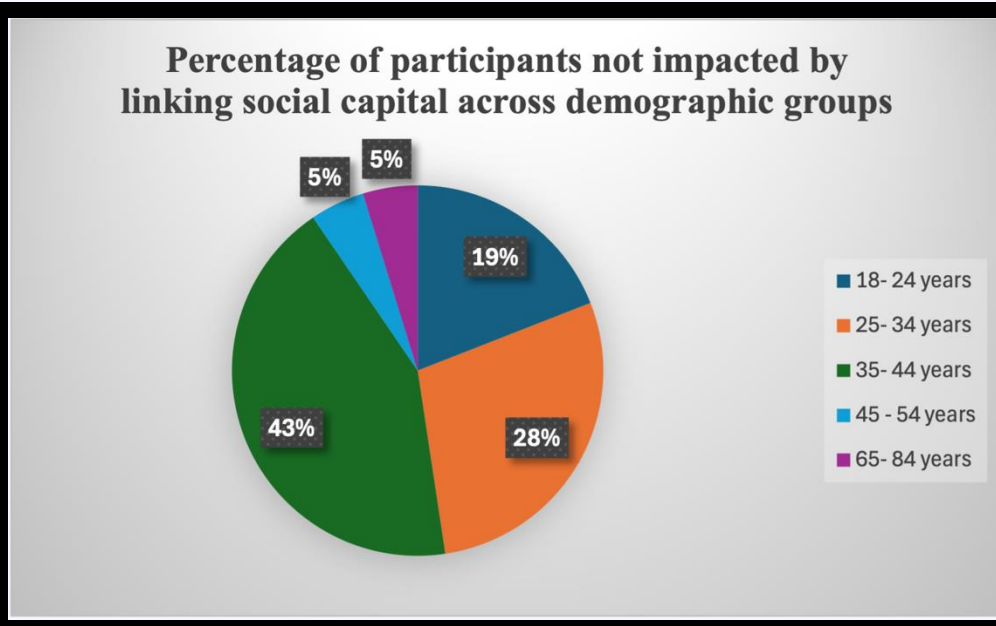
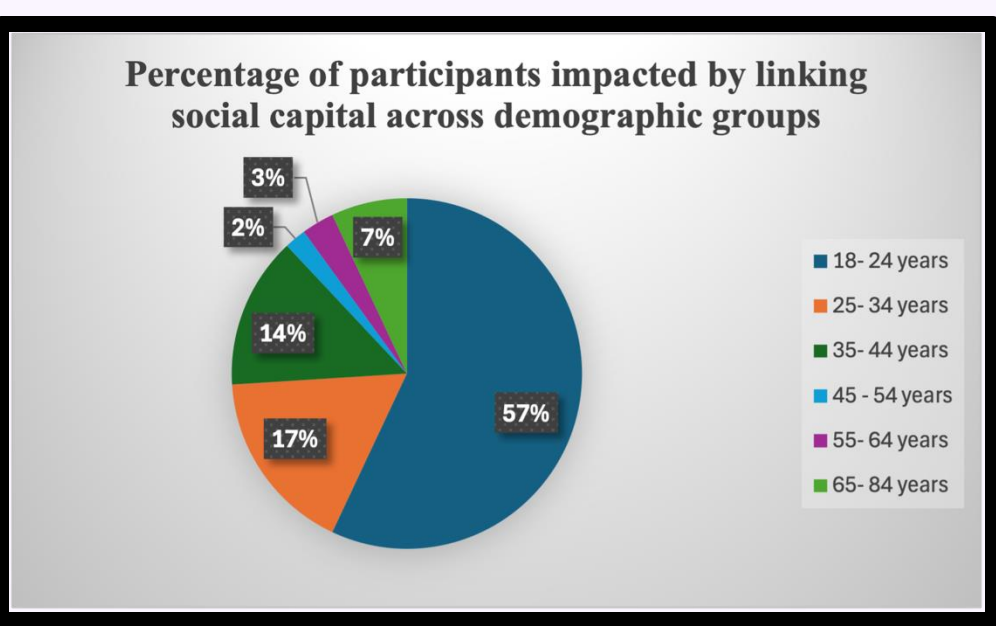
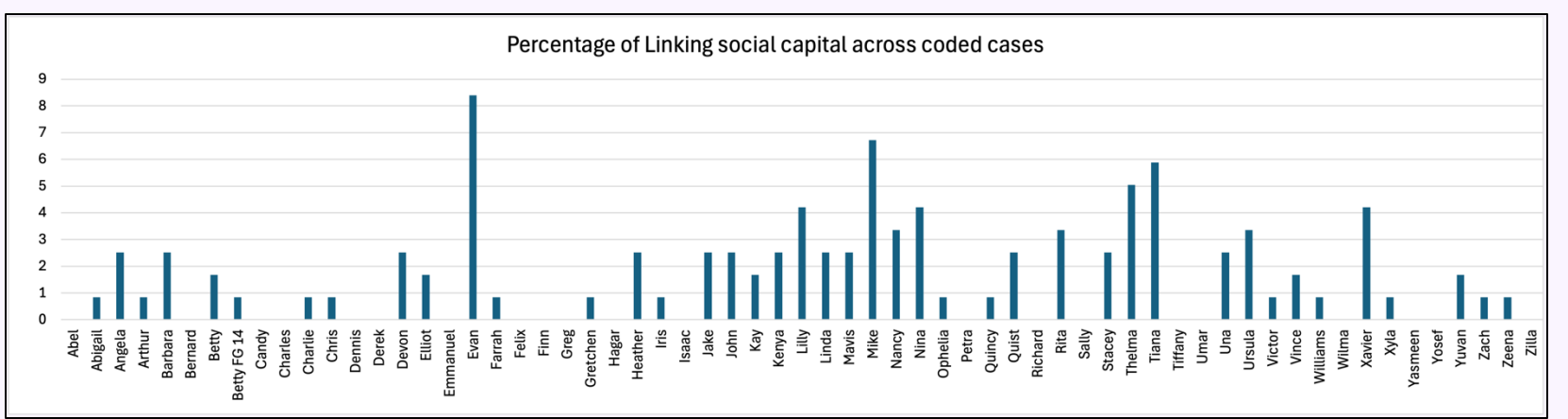
### Bonding social capital:



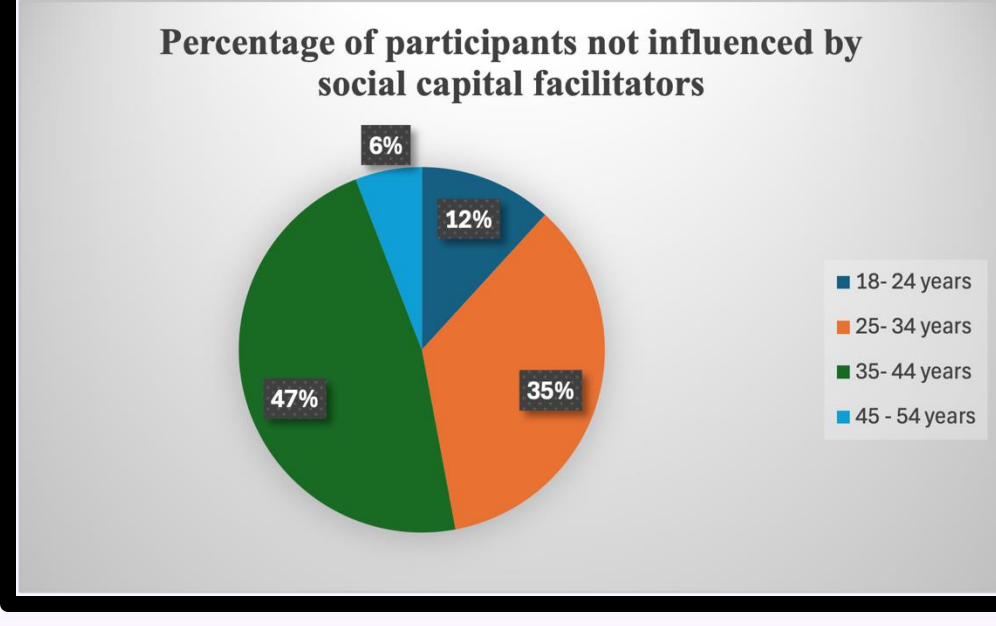
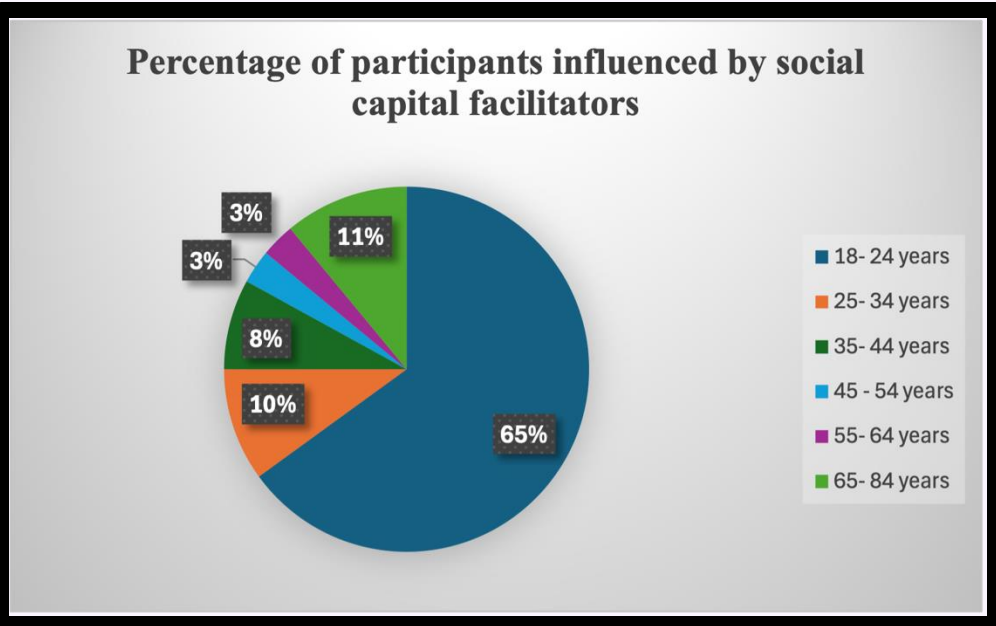
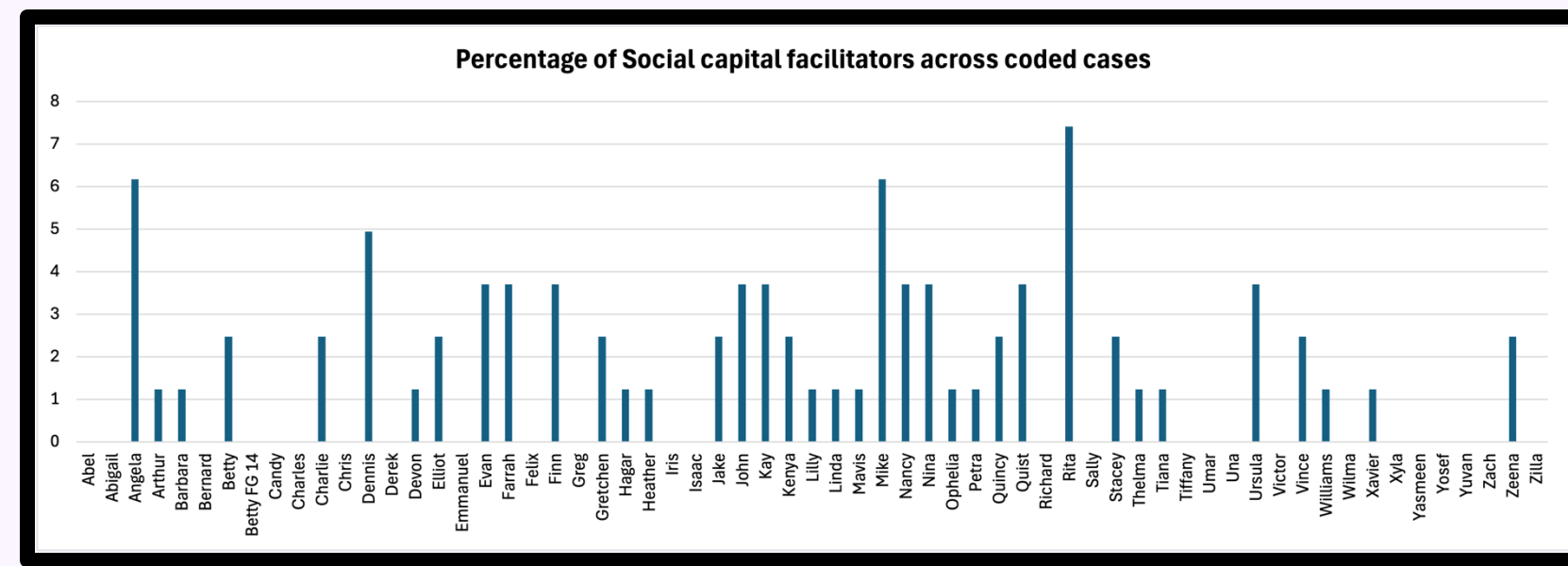
### Bridging social capital:



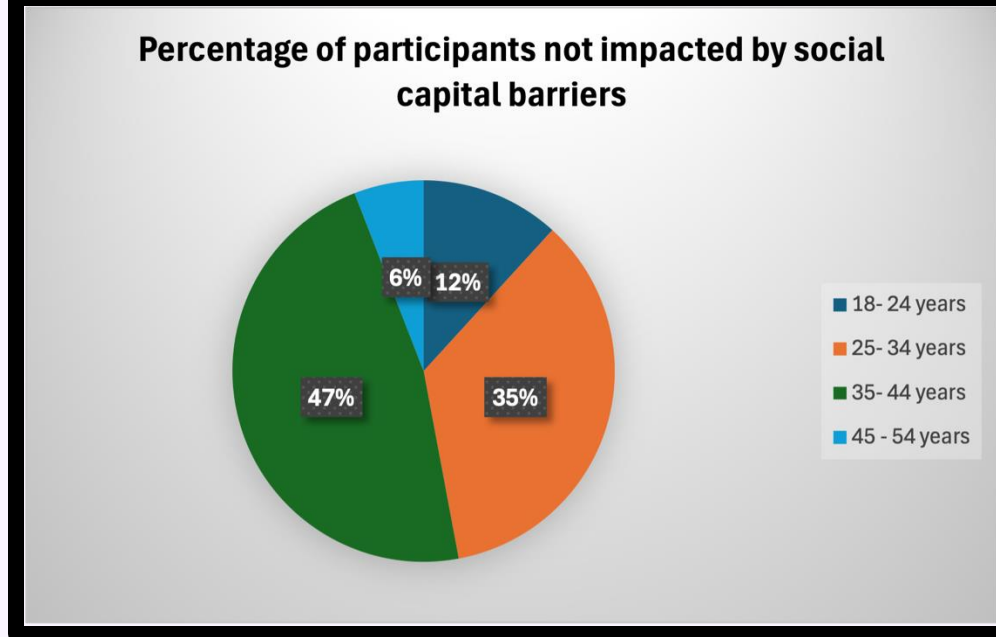
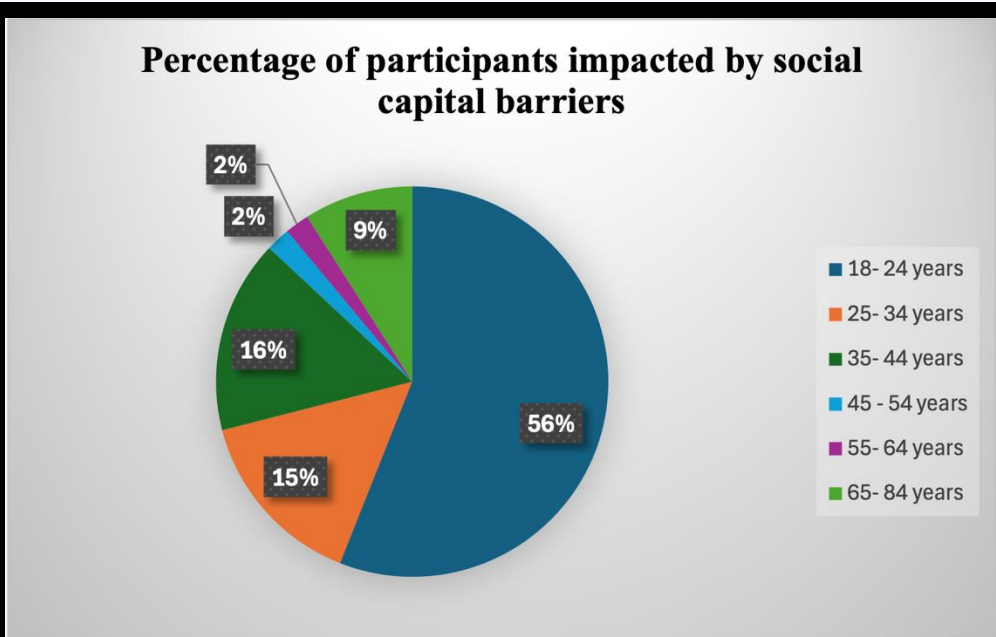
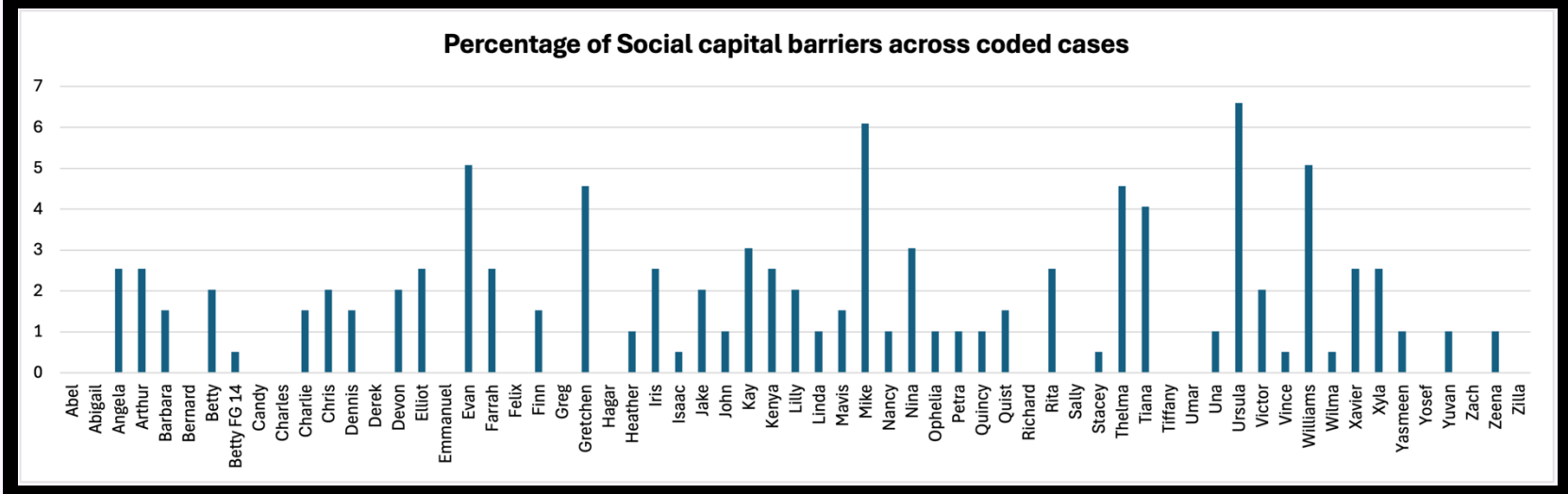
### Linking social capital:



### Social capital facilitators:



### Social capital barriers:



## Key Finding

### Institutions Dominated Over Family

- Challenges decades of health research that shows family as most important influence (e.g.: Berkman et al. (2000))
- During COVID-19 emergency, people turned to official sources more than personal relationships
- Contradicts expectations about who influences health technology decisions

## Discussions & Conclusion

### Challenges Established Theory:

- Contradicts decades of health behavior research showing family as most important
- Emergency contexts fundamentally change how people seek information
- Young adults more institutionally responsive than expected

### Key Theoretical Contributions:

- Social capital patterns differ during health crises
- Technology adoption requires different frameworks than traditional health behaviors
- More social connections can create confusion, not just support

### Practical Significance:

- Institutional partnerships more effective than individual outreach
- Social factors often matter more than technical features