

Most of us have experienced the benefits of having strong and positive social relationships. We also know that a lack of these can lead to social isolation and loneliness – which are connected to illness and early death.

We know less about how social connections can influence our use of preventive health care services, such as screening, flu immunisation or health checks. Is it the quality of our relationships that matters, or how wide our networks are, or how often we are in contact with other people?

Our [latest BITE](#) – a postcard “need to know” summary of our published research – presents the findings of our investigation into whether and how social connections affect the use of recommended preventive health service programmes amongst people in their late 60s.

# CLAHRCBITE

Brokering Innovation Through Evidence

*Are social relationships linked to older people's use of recommended preventive health services?*



**Most of us have experienced the benefits of having strong and positive social relationships for our own wellbeing.**

There is also evidence that the lack of it – social isolation and loneliness – is connected to illness and early death. It is not well understood, however, how social connections can influence our use of preventive health care services. For example, is it the quality of our relationships that matters, or how wide our networks are, or how often we are in contact with other people?

**What was the aim of the project?**

We wanted to understand whether and how social connections affects use of recommended preventive health service programmes amongst people in their late 60s. While all individuals are eligible for these programmes, not everyone takes up the opportunity to use them.

**What we did**

We used information from 2132 people aged 68-69 years who are participating in the MRC National Survey of Health and Development. The survey provides a good opportunity to learn more about this question, because members have answered detailed questions on their relationships at age 53, 60-64 and 68-69.

In terms of relationships, we were interested in;

- the size of their personal social network, whether they were married and had children
- the quality of their relationships, where members considered if the person closest to them made them feel good about themselves, had shared interests and whether they had confided in this person.

We examined how these social relationships were linked to their use of seven preventive health services: blood pressure, cholesterol, eyesight and teeth checks, flu immunisations and cancer screening (bowel and breast). Adults aged 68 are eligible for these checks on the NHS (with the exception of breast screening, which is just for women). We also took into account other factors that might have influenced these associations - education, occupational class, employment, chronic illnesses, and GP consultations for health problems.

**What we found**

40% of all survey members in their late sixties participated fully in all the recommended preventive health services. People with more social connections took part in more preventive health services. This is seen for both quantity and quality of social relationships. When other factors were accounted for individuals that were married, had a larger social network and better quality close relationships were more likely to participate fully in preventive health services.

While it is common to target public health initiatives based on where people live or their economic and physical health circumstances, our work suggests using social connectedness indicators may also improve targeting of initiatives to increase preventive healthcare participation.

In addition, our results highlight the value of public health initiatives to increase social networks – itself a benefit beyond improving the uptake of services.