NHS
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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.

Changes in social relationship quality also seem to matter; when individuals' social relationship quality improved between ages of 53 and 68 years, they had greater participation, over and above initial levels.

Implications for policy and practice

Improving social networks in older age is already recommended for maintaining good mental health. This study supports public health initiatives to increase social networks and suggests there may be additional wider health system impacts through improving uptake of a range of preventive health services.

It's common to target public health initiatives based on where people live or their economic and physical health circumstances. This study suggests using social connectedness indicators may also improve targeting of initiatives to increase preventive healthcare participation.

What next?

There are no plans yet for another stage of this research but some possibilities to explore further include:

1. Explore the replicability of the findings:

   - using data from other study populations, because participants in the MRC National Survey of Health and Development may be more socially connected and more interested in their health;
   - using alternatives to self-reported information on social connections and preventive healthcare use (to reduce the risk of social desirability bias)
   - including local variations in access to these preventive programmes (e.g. differences in how patients were invited for preventive health care services)

2. Seek a better understanding of the pathways by which social connections could influence preventive healthcare use, for example

   - Is the practical support and information most important?
   - Or social network norms? (collect data on social network members' preventive service use and disease experience)
   - Or motivation that comes from embeddedness in social relationships?
   - What is the role of social media connectedness?

3. Estimate the cost savings that could be accrued from the impact of higher preventive healthcare use associated between strong social connections. The economic case for investing in initiatives to promote social contact amongst older people currently rests on its benefits for preventing mental ill health. This evidence of potential wider cost savings could strengthen the evidence for local services who make decisions about funding such services.

Who needs to know?

Public health teams – who may have local initiatives to monitor social isolation and promote social connections – and as commissioners of preventative health services.

NHS commissioners of preventative services (including NHSE, and CCGs - some of whom commission social prescribing services).

NHS providers of preventative services monitoring or seeking to maximise uptake of screening, flu immunisations or health checks.

Read the paper

Stafford M, von Wagner C, Perman S, Taylor J, Kuh D, Sheringham J. (2018).
Social connectedness and engagement in preventive health services: an analysis of data from a prospective cohort study.
The Lancet Public Health.
https://doi.org/10.1016/S2468-2667(18)30141-5

Further reading

Editorial: Mountain GA. (2018)
Social connectedness in older people: who is responsible? The Lancet Public Health
https://www.sciencedirect.com/science/article/pii/S2468266718301592

Organisations

Age UK befriending
www.ageuk.org.uk/services/befriending-services

Campaign to End loneliness
www.campaigntoendloneliness.org

Government strategy on ending loneliness
https://www.gov.uk/government/news/pm-launches-governments-first-loneliness-strategy

Study website:

National Survey of Health and Development (NSHD) within the MRC Unit for Lifelong Health and Ageing at UCL;　www.nshd.mrc.ac.uk

National guidance on promoting social connectedness

NICE. Older people: independence and mental wellbeing.
www.nice.org.uk/guidance/ng32 (Accessed 21.2.18)

Public Health England. PHE highlights 8 ways for local areas to prevent mental ill health.
www.gov.uk/government/news/phe-highlights-8-ways-for-local-areas-to-prevent-mental-ill-health. (Accessed 21.2.18)

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