

Social networks key to improving health in New Zealand

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Turning conventional thinking about health and healthcare on its head by championing social networks is vital if New Zealanders want to improve their health outcomes, and ultimately save the nation money, says a leading public health expert.

Pro Vice-Chancellor of the College of Health Professor Paul McDonald spoke to members of the Auckland Regional Public Health Service, which provides core [public health](#) services across three Auckland district health boards.

"The old way of thinking just doesn't cut it. Most people think significant public health challenges—heart disease, cancer, diabetes and related risk factors like tobacco use and obesity—are medical problems with social fallout. But in reality, they are social problems with medical consequences.

"What if we thought about heart disease, stroke, cancer, respiratory disease, type II diabetes, and certain types of mental illness as 'communicable' conditions which are spread through social, cultural, economic, and political systems—rather than spread principally by viruses or bacteria?"

Professor McDonald says the emphasis needs to shift from personal lifestyle "choices" and individual primary care clinical treatment to collective responsibility. "Only then will we be able to alter the transmission systems and carriers of disease through economic policy,

employer practices, exposure to media, and exposure to health-enhancing products," he says.

"New Zealand has higher rates of income inequality than the OECD average. 15 percent of Kiwis live in poverty. And when it comes to our children, it's not good news. Nearly 20 percent of children in this country aged 15 and older do not have enough contact with family and friends. 16 percent felt lonely in the past year. Nearly one in four of those aged 15 and older have low levels of trust in others.

"For adults, there are similar worrying trends. People who smoke also have high body mass indexes (BMIs). They are sedentary, prone to depression and anxiety. And they're marginalised from mainstream society so they tend to cluster together which only exacerbates their challenges. Let's stop blaming individuals. Let's accept that we have failed them as a society and that we all collectively must work together to solve these problems. That's what it will take to improve health and wellbeing for not only this generation of New Zealanders but for those to come."

Professor McDonald says classic epidemiological models have misunderstood and under-estimated the importance of social influences by reducing it to the notion of social support.

"Research now tells us that smoking, obesity, as well as smoking cessation and obesity reduction are a consequence of complex social networks. This means people we don't know – total strangers – may be powerful and as-yet-unexplored sources of future public health intervention. It's far more effective at making us healthier than running to the doctor."

Professor McDonald says this radical topsy-turvy approach will not only improve the health of all Kiwis and fundamentally reduce illness and

disability in the long term, it will also cost less and save New Zealand taxpayers a lot of money.

"One American study found increasing public health measures saved \$596 billion and 4.5 million deaths over 25 years. This compares to an extra cost of \$1.1 trillion for traditional preventative and chronic care to save 3.4 million deaths."

Professor McDonald has worked extensively in tobacco reduction, and says, typically, nicotine addiction is "managed" by pushing more pharmaceuticals and referring people to medical professionals. "But these efforts are expensive and only marginally effective at a population level compared to alternative approaches."

He has a better solution—certainly for younger smokers. "I found that being connected to your community is highly related to whether young adults smoke or try to quit. While still important for seniors, connectedness plays less of a role in smoking status."

Professor McDonald says we need to focus interventions on those 'friends of friends' who have made recent changes, to surround young people with a large group of stable low-risk people. And the burgeoning world of social media is a great place to start to change unhealthy behaviours. "Use Facebook and other virtual tools to induce social contagion," he says.

A study in 2012 changed voter turnout among 61 million people by encouraging people to tell their Facebook friends whether they had voted yet. This is a classic example of how powerful changing the dynamics of networks can affect large groups of people – rather than targeting individuals at risk.

"We need more collective actions that harness the power of networks to

make New Zealand healthier and happier."

A 2013 study indicated improvement in social cohesion and reducing poverty were each more than twice as powerful in reducing disability and chronic disease among Canadian adults compared to primary care or health behaviour interventions.

"There's an election on and this is something all politicians need to address. Voters need to ask: Why are all the political parties trying to outbid each another in the health sector? It will cost us hundreds of millions of dollars in the coming years and the reality is we just don't have it. But if they opt to back social interventions rather than pouring money into increasingly costly medical care, they would profoundly improve [health](#) and wellbeing across the country at a much lower cost."

Provided by Massey University

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