How social connectedness affects health

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Many Americans do not realize that what takes place in the formal healthcare system only affects 15 percent of the outcomes for an individual and their family. The other 85 percent is attributed to our

social determinants of health, or SDOH, which include the social and economic barriers that people experience such as housing issues, food insecurity, transportation and mobility challenges, and access to economic opportunities.

One particularly influential yet hard to understand social determinant of [health](#) is [social connectedness](#). Adverse social connectedness can play a role in not just a person's physical and mental health, but their mortality, too.

Like most families, my own has felt the impacts of adverse social connectedness. Seven years ago, while my mother was undergoing treatment for breast cancer, I remember visiting her oncologist together. He asked her how she was doing, and she told him how she was struggling with getting around the house and was having trouble making meals. He asked her if she had anyone to help her, and my mother answered that yes, she had three adult daughters in town.

What her doctor did not learn that day was that two of her daughters were estranged and that another's husband had just suffered a debilitating stroke. There was little care coordination or communication happening among the family regarding my mother's need and care.

Her doctor did not think to ask if she could trust her daughters to help her, or how much she could depend on them. Though surrounded by family and even with me by her side, in reality my mother lacked a coordinated network of care. Her doctor did not realize this, and thus failed to adequately diagnose her high risk of adverse social connectedness, or to provide her with community resources that could have helped her.

Each of us is embedded in complex, personal support networks, but often these networks are invisible both to ourselves and to the people

who care for us. I am a systems researcher, and I spend my working life thinking about social connectedness and how to make it more visible—but even I did not realize the degree to which my mother was at risk from adverse social connectedness, and how a lack of strong social support would affect her health outcomes.

Protective factors such as supportive relationships are just as important to understand and diagnose as a person's disease or illness. Yet despite ample evidence that the quality and quantity of a person's social connections significantly influence health and mental health outcomes, the factor of social connectedness at both personal and community levels is almost entirely absent from the conversations that determine a person's medical care.

In my work with people and communities, we use the science of networks, visualizations, and interactive technologies to track personal and systems networks of people, organizations, and other resources. My goal is to discover how healthcare and social service organizations can work together as partners to improve overall health outcomes by focusing on the social and economic factors that predict 85 percent of health and mental health outcomes.

We do this through systems evaluations to show how communities convene and organize for collective impact and coordinated systems of care. This can include [city governments](#) working to improve their social and human services (for example, the Denver Human Services Denver Day Works program) and hospitals focusing on wealth-building in their surrounding communities (for example, the work we do with the Democracy Collaborative's Healthcare Anchor Network).

My big vision is to create "whole person networks of care" that give providers and caregivers the necessary information to leverage a person's personal assets. We want providers and caregivers to feel confident in

their ability to make person-centered recommendations about available community resources. We do all of this in partnership with patients, clients, and organizations who help us to translate the network science into tools and technologies they can use long after our studies end. We also provide trainings and convene peer-learning opportunities to tackle the challenges of integrating science, technology, and new approaches into the workflow.

I believe that we have the science and methods to make this vision a reality, but the real magic happens when communities trust us, and work in partnership with us to turn that science into strategies and practice. My work provides the support and care that people need to meet their health, economic, and social needs. Ultimately, this research will transform siloed systems into coordinated ecosystems, and a healthier community. Together.

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