Social cohesion interventions

▶ Intervention in brief

High and rising risk:	**Social cohesion interventions** include a range of services aimed at reducing patient loneliness and building social connections. Examples include improving social skills, enhancing existing social support, and increasing opportunities for new social contact. The goal is to improve psychological, emotional, and physical wellbeing.
Strength of evidence	Low — Although there is significant research on the negative impacts of loneliness, there are few recent studies on the impacts of social cohesion interventions. Evidence has inconsistent rates of success.
Impact	• **Decreased cost:** Not demonstrated • **Decreased utilization:** Not demonstrated • **Improved quality, clinical outcomes (wide range):** -4.81–0.12 mean effect size on loneliness[1]; insignificant to 56% increased social network size; 3% increased interpersonal communications scores; 0.32% decreased HbA1c[1]; 10.6 mg/dL decreased blood glucose[1]; 2.98 lbs decreased weight[2]; 4.48 more people in social network; 0.65 increased contact roles in social network; 0.65 increased embedded social networks; 1.40 increased diabetes knowledge test score • **Increased access:** Not demonstrated • **Improved stakeholder satisfaction:** 3.23 increased physical component of quality of life survey (SF-12); 6.73 increased mental component of quality of life survey (SF-12); 0.21 improvement in General Self-Efficacy Scale
How to succeed	To build an evidence-based social cohesion intervention: • Screen for social isolation to surface lonely patients who may not be forthcoming • Offer individual or group cognitive behavioral therapy to help patients address maladaptive social cognition; evidence suggests this is the most successful intervention to reduce loneliness • Connect patients to virtual networks (e.g., confidential call centers, online hubs) for between-visit support • Create regional networks through partnerships to serve as support systems for people suffering from social isolation (e.g., senior recreation centers) To learn more about developing an evidence-based approach, check out page 34 of our Integrating Psychosocial Risk Factors into Ongoing Care brief here. Then read our blog "Nearly half of Americans are lonely– here's how leading organizations are responding" here.

1) Negative mean effect size indicates decrease in loneliness.
2) Compared to control.

Source: Population Health Advisor research and analysis.

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▶ **Demonstrated impact**

Literature review summary

Title: Can Mental Health Interventions Change Social Networks? A Systematic Review
Publication: BMC Psychiatry
Date: 2015
Type: Systematic review
Study population: Patients with behavioral health conditions treated as part of five randomized controlled trials in Italy, Ireland, Netherlands, Israel, and Spain
Major findings: Interventions varied significantly and included guided peer support, community participation and engagement, skills training and animal-assisted psychological therapy, and volunteer partnership. The interventions demonstrated:
- Mixed impact on social network size (insignificant to 56% increase)
- Improved interpersonal communications scores (3% increase)

Source: Full article here.

Title: A Meta-Analysis of Interventions to Reduce Loneliness
Publication: Personality and Social Psychology Review
Date: 2011
Type: Meta-analysis
Study population: Patients treated for loneliness as part of 12 pre-post studies, 18 non-randomized group comparison studies, and 20 randomized group comparison studies
Major findings: Delivery styles varied (e.g., group vs. individual intervention, virtual vs. in-person) across three intervention types:
- Social access: Patients engage in social interaction (e.g., online chat room, social activities)
- Social cognitive or skills training: Patients develop interpersonal communication skills and/or receive therapy to change social cognition (e.g., change unhelpful thoughts or attitudes, develop coping strategies)
- Social support: Patients receive regular contacts, care, or companionship

Studies measured loneliness using a range of measures, including the UCLA Loneliness Scale, Asher Loneliness Scale, De Jong Gierveld Loneliness Questionnaire, and the Emotional/Social Loneliness Inventory. Among the randomized comparison studies, the most effective approach to treating loneliness was addressing maladaptive thinking through therapies (e.g., cognitive behavioral therapy). Bolded results indicate intervention consistently reduced loneliness in studies. Results[1] included:
- The social access intervention resulted in a mean effect change in loneliness across:
  - **Pre-post studies (-0.59 to -0.10)**
  - Non-randomized comparison studies (-1.99 to 0.10)
  - Randomized group comparison studies (-0.13 to 0.00)
- The social skills or cognitive training intervention resulted in a mean effect change in loneliness across:
  - **Pre-post studies (-4.81 to -0.12)**
  - Non-randomized comparison studies (-1.84 to 0.00)
  - **Randomized group comparison studies (-0.97 to -0.10)**
- The social support intervention resulted in a mean effect change in loneliness across:
  - **Pre-post studies (-0.45 to -0.10)**
  - Non-randomized comparison studies (-1.42 to 0.00)
  - Randomized group comparison studies (-0.88 to 0.00)

Source: Full article here.

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1) Data is grouped by study type. Randomized group comparison studies represent the greatest level of analytical rigor included in the meta-analysis while pre-post studies represent the least.

Social cohesion interventions

Title: Effect of Social Networks Intervention in Type 2 Diabetes: A Partial Randomised Study
Publication: Journal of Epidemiology and Community Health
Date: 2014
Type: Partially randomized trial
Study population: About 140 predominantly African-American adults in Baltimore, MD with type 2 diabetes, HbA1c levels above 7%, and blood glucose above 110 mg/dL
Major findings: This study tested the impact of having a social network of peers on type 2 diabetes outcomes. Both the intervention group and control attended education classes but the intervention group were asked to recruit peers (e.g., neighbors, friends, family) to form small groups. Their education classes placed greater emphasis on peer support. Compared to control, at six months the intervention resulted in:

- Greater improvements in clinical outcomes:
    - Reduced HbA1c (0.32%)
    - Reduced blood glucose (10.6 mg/dL)
    - Reduced weight (2.98 lbs)
- Higher quality of life:
    - Increased physical component of quality of life (3.25-point increase on SF-12[1] compared to 39.8 and 42.7 for control and intervention groups, respectively)
    - Increased mental component of quality of life (6.73-point increase on SF-12[1] compared to 47.7 and 48.8 for control and intervention groups, respectively)
    - Increased self-efficacy (0.21 increase on General Self-Efficacy Scale, which has a max score of 4.0)
- Improved social network connectedness[2]:
    - Higher number of people in social network (4.48 more people compared to baseline of 12.1 and 11.1 for control and intervention groups, respectively)
    - More high contact roles in social network (0.65 more high contact roles in the social network compared to baseline of 5.9 and 5.6 for control and intervention groups, respectively)
    - More embedded social network score (0.65 higher compared to baseline of 1.4 and 1.1 for control and intervention groups, respectively)
- Greater diabetes knowledge (1.40 increase on Diabetes Knowledge Survey compared to 12.2 and 10.9 for control and intervention groups, respectively)
- Insignificant impact on blood pressure and cohesion using the Perceived Cohesion Scale

Source: Full article here.

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1) >50 indicates no disability, 40-50 indicates mild disability, 30-40 indicates moderate disability, <30 indicates severe disability.
2) Measured using Social Network Index questionnaire.

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Appendix

- Anderson L, et al., "Can Mental Health Interventions Change Social Networks? A Systematic Review," *BMC Psychiatry,* 297, no. 15 (2015), https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-015-0684-6#Sec6.

- Masi CM, et al., "A Meta-Analysis of Interventions to Reduce Loneliness," *Personality and Social Psychology Review,* 15, no. 3 (2011), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865701/.

- Shaya FT, et al., "Effect of Social Networks Intervention in Type 2 Diabetes: A Partial Randomised Study," *Journal of Epidemiology and Community Health,* 68, no. 4, (2014), https://www.ncbi.nlm.nih.gov/pubmed/24297971.

Source: Population Health Advisor research and analysis.