

WHY SOCIAL CONNECTEDNESS IS ESSENTIAL TO EMPLOYEE HEALTH

Social connections are essential to your employees' intelligence, happiness, and health. When looking at the relationship between social connectedness and health, researchers have identified four key characteristics:¹



1

SOCIAL ISOLATION:

The relative absence of social relationships

Low social connection is associated with detrimental health concerns, such as higher blood pressure, slower wound healing,² and even a two times higher rate of all-cause mortality risk.³

2

SOCIAL INTEGRATION:

the overall level of involvement with informal social relationships (like a spouse) and formal social relationships (like volunteer organizations)

Social integration is associated with enhanced mental health,⁴ improved cardiovascular functions,⁵ and reduced blood pressure.⁶

3

QUALITY OF RELATIONSHIP:

how happy or satisfied someone is in their relationship

Poor marital quality can be associated with health concerns such as depression and compromised immune function.

4

SOCIAL NETWORKS:

an individual's various social relationships

There's a correlation between people's social networks and their fitness level. Likelihood of obesity tends to increase when someone has an obese spouse or friend.⁷ Another study observed that people were more influenced by friends who shared mutual habits, like running for exercise.⁸



Ready to take a step forward in helping your employees get healthier? Learn about social connectedness in our white paper, "[*Social connectedness: The secret to employee health and happiness.*](#)"

1. Umberson, D., & Montez, J. K. (2010). Social Relationships and Health: A Flashpoint for Health Policy. *Journal of Health and Social Behavior*, 51(Suppl), S54-S66. Retrieved 2017, from <http://doi.org/10.1177/0022146510383501>

2. Everson-Rose, Sa., Lewis, TT. (2005). Psychological Factors and Cardiovascular Diseases. *Annual Reviews of Public Health*, 26, 469. Retrieved 2017, from <http://www.annualreviews.org/doi/10.1146/annurev.publhealth.26.021304.144542>

3. Berkman, LF., Syme SL. (1979 February). Social Networks, Host Resistance, and Mortality: A Nine Year Follow-up Study of Alameda County Residents. *American Journal of Epidemiology*, 109(2), 186. Retrieved 2017, from <https://doi.org/10.1093/oxfordjournals.aje.a112674>

4. Cohen, S. (2004 November). Social Relationships and Health. *American Psychologist*, 59(8), 676. Retrieved 2017, from <https://www.ncbi.nlm.nih.gov/pubmed/15554821>

5. Seeman, TE., Singer, BH.; et al. (2002). Social Relationships, Gender, and Allostatic Load Across Two Age Cohorts. *Psychosomatic Medicine*, 64(3), 395. Retrieved 2017, from <https://www.ncbi.nlm.nih.gov/pubmed/12021414>

6. Uchino, BN. (2006 June). Social Support and Health: A Review of Physiological Processes Potentially Underlying Links to Disease Outcomes. *Journal of Behavioral Medicine*, 29(4), 377. Retrieved 2017, from <https://www.ncbi.nlm.nih.gov/pubmed/16758315>

7. Christakis, NA., Fowler, JH. (2007). The Spread of Obesity in a Large Social Network Over 32 Years. *The New England Journal of Medicine*, 357(4), 370. Retrieved 2017, from <https://www.ncbi.nlm.nih.gov/pubmed/17652652>

8. Aral, S., & Nicolaides, C. (2017). Exercise Contagion in a Global Social Network. *Nature Communications*, 8, 14753. Retrieved 2017, from <http://doi.org/10.1038/ncomms14753>