

## **Social Support and Chronic Disease: Implications for Health Education**

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**Background/Purpose:** Chronic diseases are the leading cause of death in the United States, claiming approximately 1.7 million Americans each year. Interventions are often limited in effectiveness for disease prevention and management. Social support is a valuable component that is often overlooked in interventions. Utilizing social support in health education interventions and chronic disease management programs may greatly enhance adherence to preventive behaviors. The purpose of this study was to describe social support, its relationship to chronic disease, and strategies that health education professionals can employ to strengthen chronic disease programs and interventions.

**Method:** A comprehensive review of scientific literature was conducted. Data sources were obtained from a search of multiple databases including PubMed, Science Direct, Academic Search Premier, and Google Scholar. Study inclusion criteria were publication in the past ten years and use of key words such as social support, chronic disease prevention and management.

**Analysis/Results:** Social support is a resource that can increase motivation and skills to engage in self-care or disease management behaviors. Studies demonstrated that social support can improve exercise behaviors, quality of life, mental and physical functioning, self-esteem, mood, perceived control, informational competence, and participation in healthcare. Results of multiple assessments indicated that family and other relatives, partners, friends, and health care providers provide emotional, cognitive, and tangible support.

**Conclusions:** Health educators should assess the social networks and resources, identifying and addressing deficits. Peer support groups seem to be most beneficial for those with deficits in their existing social networks. Educational resources provide valuable informational supports. Support groups and peer discussion groups are most effective when therapeutic and facilitated by a professional. Recognition that members within the social network may exert negative influences is important; health educators can teach the skills necessary to minimize negative social interactions that may hinder self-management behavior. Primary functions of support include goal setting, disease status monitoring, attempting self management, and obtaining regular physician care. Health educators can provide encouragement and provision of motivation, enhance coping strategies, assist with disease management behaviors, and facilitate problem solving skills. Many different types of social support programs in a variety of settings using numerous modes of education, support, and communication will increase program participation and enhance program effectiveness.

## Key Features for Social Support Interventions

<b>Type of Support</b>	<b>Definition</b>	<b>Examples</b>	<b>Strategies</b>
<b>Structural Support</b>	Size, density, and frequency of contact with social network	<ul style="list-style-type: none"> <li>• Marital relationship</li> <li>• Group membership</li> <li>• Membership in a religious organization</li> <li>• Geographic proximity to support</li> </ul>	<ul style="list-style-type: none"> <li>• Provide local opportunities at a variety of times</li> <li>• Include open events (breakfast clubs, exercise classes, nutritional demonstrations)</li> </ul>
<b>Functional Support</b>	Facilitated by the social structure		
Instrumental	Tangible aid or service	<ul style="list-style-type: none"> <li>• Financial assistance</li> <li>• Housekeeping activities</li> <li>• Home maintenance</li> <li>• Transportation</li> <li>• In-home care</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of needs</li> <li>• Communication with aid organizations</li> </ul>
Emotional	Providing empathy and concern; feelings of being cared for, trust, and love	<ul style="list-style-type: none"> <li>• Confidante</li> <li>• Peer support groups</li> <li>• Family relationships</li> <li>• friendships</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of those needing additional care</li> <li>• Communicate interest and concern</li> <li>• Provide low-demand and non-intrusive support</li> </ul>
Informational	Providing necessary information and needed advice	<ul style="list-style-type: none"> <li>• Diagnosis &amp; treatment alternatives</li> <li>• Self-management behaviors</li> <li>• Coping strategies</li> <li>• Health behavior information</li> </ul>	<ul style="list-style-type: none"> <li>• Provided by formal support network (health care providers)</li> <li>• Recognize co-morbidities</li> </ul>
Appraisal	Providing help in self and situational evaluation	<ul style="list-style-type: none"> <li>• Constructive feedback</li> <li>• Social comparison</li> <li>• affirmation</li> </ul>	<ul style="list-style-type: none"> <li>• Goal setting</li> <li>• Non-directive</li> <li>• Facilitate rather than enforce</li> </ul>

Based on Fisher et al., 2007; House, 1981; Israel, 1982; Lett et al., 2005