

CAPSULE COMMENTARIES

Capsule Commentary on O'Connor et al., Perceived Adequacy of Tangible Social Support and Associations with Health Outcomes Among Older Primary Care Patients



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In 2014, the Institute of Medicine¹ stated that it is imperative for health systems to include information on social and behavioral health in electronic medical records. In this issue, the article by O'Connor et al.² highlights the importance of social and behavioral factors, focusing on the perceived adequacy of tangible support. They found that 1 in 6 community-dwelling older adults report unmet support needs that in turn are associated with greater urgent health care use and worse health status. This should alarm all of us working in health care and public health as we may be missing opportunities to impact large numbers of patients. Social health is health and as clinicians we need to understand this.

Solely increasing support and/or connecting individuals to programs may not be sufficient, as it is perceived support that also matters. There is a growing literature that shows that social frailty, social isolation, and other unmet needs affect health care outcomes and costs.^{3–6} What is termed perceived social support in this article may be closely aligned to the terms loneliness (the gap between perceived and actual relationships) and social isolation (a quantifiable number of relationships). Regardless of what we call it, having adequate social support whether real or perceived has health care implications.⁷ Next, we need to move from empiric evidence of the existence and impact of the problem to interventions and policy changes to help our patients who have inadequate social support. At the least, we should begin asking about social support. O'Connor's 2-item question is a good candidate and given its brevity could be feasibly implemented into medical record workflows.

While we do not yet have all of the answers or know how to respond to this emerging health risk, there are other models in health care where we do not have a defined solution, yet this

does not stop us from discussing and incorporating known risks into assessments and plans. Ultimately, we must move forward. One might even call this a humanitarian crisis. Let us look up from our devices, and single disease metrics and start helping ourselves and our neighbors.

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Compliance with Ethical Standards:

Conflict of Interest: The author declares that she does not have a conflict of interest.

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