

# A purely medical approach to health ignores the potential of social innovations

 [blogs.lse.ac.uk/politicsandpolicy/can-innovation-address-healths-hidden-dimension-in-cities/](http://blogs.lse.ac.uk/politicsandpolicy/can-innovation-address-healths-hidden-dimension-in-cities/)

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*The ability of social connections to improve health is often forgotten or ignored. Neil Reeder suggests that social innovations have the potential to play an important role in avoiding future health problems and ameliorating current conditions.*



When forecasting health outcomes in cities, health experts naturally tend to include the physical aspects of the environment – unsafe water, poor sanitation, air pollution and the extent to which contagious diseases might be spread.

What's often hidden, however, is the ability of social connections to improve health. In western countries, health care has long focused on curing illness rather than maintaining health. As one practitioner [has put it](#): “The reality is that the National Health Service is ‘medicalised’ and the greatest influence in service provision comes from the clinicians, whose training is based upon establishing a diagnosis and prescribing appropriate remedies, which in most cases is medications.”

Yet [a meta-analysis](#) of the impact on health of social relationships has found that having high rather than low levels of social interaction over a seven year time period decreased the risk of dying by some 50% – an effect equivalent to giving up smoking, and worse than excessive alcohol consumption.

Furthermore, analysis suggests close links between a person's decision to stay a smoker and the choices of family and friends – [one study](#) estimates that if a friend ceases smoking, this decreases the odds of remaining a smoker by 36%.

This presents a huge problem for public health and local authority leaders in cities, since a paradox of urban life is that being in the presence of a large crowd, or being a resident of a large community, can exacerbate a sense of isolation.



(Credit: quimby)

Certainly, the World Health Organisation through the Healthy Cities movement has recognised the importance of social connections. It has emphasised community participation, empowerment, and institution building, [calling for](#): “community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential”.

One important way to achieve this process of ‘mutual support’ is through [social innovations](#). These are new ideas, institutions or ways of working to meet social needs, by harnessing and strengthening relationships between people. Social innovations tap into the many unused possibilities when people work or talk or play together. Cities are a major source of social isolation. They are also a tremendous source of untapped support.

Oblique solutions to the problem are available – sometimes from very untraditional health care settings – as shown by an array of social innovations:

- Homeshare International is a scheme running in Australia, Europe and the USA matching students in need of accommodation with older people who are living alone and can benefit from both company and help with

household tasks.

- Survivor's Poetry was created in 1991 in the UK, and uses poetry workshops, readings, performances, music and visual arts to promote well-being among those who have 'survived' such issues as psychiatric illness, drug addiction, sexual abuse and mood-altering medication.
- Maslaha has been developing the use of a website for Muslims, designed to reconcile insights on medicine with principles in the Koran. For instance, one section [provides insights](#) on the usefulness of avoiding damaging fasts during the Ramadan period for those with diabetes.

These three examples and others show some signs of encouragement for a social innovation approach. Indeed, there is growing acceptance that a pure medical approach will neither achieve desired outcomes, nor will it be affordable.

So far, however, health care services in the UK have been relatively poor at providing practical support for social relationships for patients – not only as a means of enhancing that vital sense of connection, but also a means to identify better solutions to avoiding future health problems and ameliorating current conditions. Many look at this situation with dismay; some social innovators, however, see it as an opportunity to be grasped.

*Note: This article gives the views of the author, and not the position of the British Politics and Policy blog, nor of the London School of Economics. Please read our [comments policy](#) before posting.*

### **About the Author**

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