

GUEST EDITORIAL

Social Network, Social Support, and Health

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The World Health Organization's Commission on Social Determinants of Health called for research on strategies that alter health inequity (Commission on Social Determinants of Health, 2008). Monique Bégin's thoughtful reflection on the important and timely work of the Commission and the significance of social support as a health determinant sets the stage for this exciting issue of *CJNR*. This groundbreaking international contribution and the Chief Public Health Officer's 2008 *Report on the State of Public Health in Canada* (Butler-Jones, 2008) reinforce the salient role of social support and social networks as a key social determinant of health, a health promotion mechanism, and a protective factor in resilience. Indeed this recently released national document contends that "loving, being loved and having family, friends and other social connections that give us a sense of being part of something larger than ourselves . . . matter because health is more than physical" (p. ii). Chua, Madej, and Wellman's Discourse on innovative social networks challenges readers to reframe traditional views of the mechanisms through which connections with others meet social and health needs in the current context in Canada and the global community.

Interactions and relationships with members of social networks can be supportive or non-supportive and can exert salutary or detrimental effects on physical, psychological, and spiritual health and well-being. Gantert and colleagues examine challenges inherent in interactions between family caregivers (informal sources of support) and service providers (formal sources) and point to the need for collaborative and collegial relationships. The authors would likely concur that such partnerships could capitalize on the experiential knowledge of citizens and caregivers and the professional knowledge of nurses and members of other health and health-related disciplines.

Social support influences physical and psychological health status, health-services use, and health behaviours. Collins-McNeil and colleagues investigate links among social support, mental health, and physical activity. They report the finding that social support was inversely

related to depressive symptoms and directly related to social support. Moreover, they note that social support seemed to be a protective factor for African-American women with type 2 diabetes. Guruge and Humphreys focus on the potential role of social support in reducing health disparities and enhancing resilience of another vulnerable population — immigrants. Specifically, they examine the barriers faced by Sri Lankan Tamil women in accessing formal supports to deal with interpersonal violence. Both of these articles assess multicultural meanings of social support and investigate links between social support and other social determinants of health — in this case, ethnicity, race, and culture.

Gender as another significant social determinant is a prominent theme in Letourneau, Duffett-Leger, and Salmani's study investigating the impact of social support available from fathers on children's behavioural development in families affected by maternal postpartum depression. The authors propose a theoretical model of resilience that profiles social support as a protective factor for vulnerable families. They also employ sophisticated quantitative techniques for analyzing pertinent data from the National Longitudinal Survey of Children and Youth. The previous articles primarily use qualitative methods. Multi-methods and mixed methods are timely and transformative for studies of the mechanisms by which social support and other social, as well as biological, determinants interact and exert their effect on health.

The call for papers for this issue of *CJNR* invited manuscripts that describe research examining the measurement properties of social support indicators or instruments at the individual or population level. Ward-Griffin and colleagues delineate the development and psychometric validation of the Double Duty Caregiving Scale, which encompasses factors germane to social support and social networks, such as familial expectations, making connections, and negotiating, as well as two factors that emphasize personal and professional supports.

The articles included in this issue of the Journal shed some light on implications for practice, programs, and policies in health and health-related sectors. However, there is a pressing need for more multi-level and multi-method intervention studies that test theories and use innovative mechanisms and modalities to mobilize knowledge translation. Chua, Madej, and Wellman point to the transformative promise of technology in fostering social networks and social support, which in turn can enhance the health of people in Canada and worldwide. Assessment and intervention investigations should be informed by participatory strategies that engage diverse stakeholders, including affected people, members of the public, practitioners, program planners, and policy influencers. As the Senate Subcommittee on Population Health declares in its 2009 report, *A Healthy, Productive Canada: A Determinant of Health Approach*, "Because

the determinants of health play out at the local level, governments must draw upon the expertise and capacity of citizens to build the strong and inclusive communities that are required for a healthy and productive population” (Keon & Pépin, 2009, p. 3).

References

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