FROM THE EDITORS' DESK

Only Connect

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It has been known for a long time that social support is important to human health, but only recently are we beginning to understand some of the mechanisms. In his new book, “Social: Why Our Brains Are Wired to Connect,” Matthew Lieberman tells how modern imaging is revealing the neural underpinnings of empathy, altruism, and social engagement. In one experiment (*Science* 10 October 2003), Lieberman describes how the brains of subjects excluded from a game of CyberBall lit up in the same patterns as subjects experiencing physical pain. In separate experiments, acetaminophen reduced both the subjective experience of exclusion and its neuroanatomical correlates.

In this issue of *JGIM*, several articles examine the relevance of human connections in preventing, managing, and coping with illness. In a riveting qualitative exploration of challenges faced by poor individuals after discharge from the hospital, Kangovi et al.¹ identify several important themes, including powerlessness, misalignment of goals, and, perhaps most saliently, abandonment after discharge. For these patients, there was no one to come to the rescue: not friends, not family (they “got their own problems”) and certainly not a health care system still focused on episodic care.

The study by Sentell et al.² reinforces the idea that individual health depends not only on individual-level risk factors, but also on the strength of the community in which the individual resides. Using data from the Hawaii Health Survey, the researchers found that after controlling for other individual and community-level factors, a 1 % increase in the community-wide prevalence of low health literacy was associated with a 2 % increase in the likelihood that an individual would report poor health. Presumably, some of the benefit attendant to living in a high-literacy community derives from more effective social support; patients with health-literate neighbors may be able to secure their help in negotiating the health care system.

The interdependence of individuals within families and communities also reverberates through the paper by Mitchell et al.³ Their study shows a relationship between lower “patient activation” (as assessed with the Patient Activation Measure [PAM] of Hibbard et al.) and higher 30-day emergency room visits and readmissions. Ostensibly, the study examines the effect of an individual-level characteristic (activation) on an individual-level outcome (hospital utilization). But a closer look at the PAM scale shows that it includes items such as “I am confident I can tell whether I need to go to the doctor....” and “I am confident I can follow through on medical treatments I may need to do at home.” These items have social support woven into their very fabric. Patients who have trusted, health-literate supporters will be able to make decisions and follow through on treatments with greater skill and confidence. Those who do not may fall through the cracks. As any clinician knows, many do.

The paper by Chatterjee et al.⁴ appears at first blush to depart from this theme. The authors show that non-traditional risk factors such as serum potassium and forced vital capacity may play a role in explaining racial disparities in diabetes incidence. However, as Williams and Egede⁵ suggest in an accompanying editorial, the importance of these nontraditional variables is difficult to evaluate in the absence of adjustments for depression and arguably, other psychosocial variables including social support.

The issue then introduces a new series on innovation in primary care education and delivery: *Frontline Account*. In the inaugural paper, series co-editor Ishani Ganguli⁶ describes training in a model of primary care that both acknowledges the role that social factors play in patients’ wellbeing and capitalizes on social support—through multi-disciplinary teams—in caring for these patients. This article, and the series, uses personal narrative to give voice to both problems and solutions in a rapidly evolving field.

E. M. Forster’s epigraph, “Only connect!” has been interpreted as a rallying cry for overcoming barriers of class, race, and national allegiance to create deeper human

bonds. As exemplified by the work taking place in laboratories like Lieberman's and in institutions and communities like those featured in this issue of *JGIM*, the science of connection is starting to create a framework for understanding the human impact of social support and isolation. This is something Forster might regard with approval.

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