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**GENWELL
PROJECT**

HUMAN CONNECTION MOVEMENT

BRIEF REPORT

An Evaluation of the GenWell Social Health Assessment Quiz

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About This Report

The concept of social health is gaining recognition as a vital component of overall well-being, alongside physical and mental health. Research indicates that strong social networks contribute positively to diverse health outcomes, while loneliness and social isolation pose significant risks. This study aims to evaluate the GenWell Social Health Assessment tool, a community-based tool designed to quantitatively measure social health based on a variety of indicators. A total of 1,441 participants initiated the GenWell Social Health Assessment online, with 817 (56.7%) completing the quiz. The tool consists of 12 questions focusing on aspects such as frequency of meaningful interactions, social activities, depth of conversations, and living arrangements. Scores are categorized from "Poor" to "Excellent," and are compared to self-rated social health. Social Health Assessment scores ranged from 0 to 30, with a median score of 25. The data were highly skewed towards "Good" and "Excellent" categories. About 15.3% had poor social health, 8.4% fair, 26.9% good, and 49.3% excellent. Moderate correlations were observed between GenWell scores and participants' self-rated social health, both numeric ($\rho = 0.55$, $p < 0.0001$) and categorical ($\rho = 0.49$, $p < 0.0001$). Analyses for specific items demonstrate the importance of social network size and frequent social contact – particularly with friends and family. We conclude that the GenWell Social Health Assessment tool presents a promising approach for measuring social health in a quantitative manner. Further research is needed to refine and evaluate the tool against other measures of social health and explore its potential application in public health and clinical settings.

Acknowledgements

We would like to thank the participants who completed the GenWell Social Health Assessment Quiz and acknowledge that this report is produced in collaboration between the Canadian Alliance for Social Connection and Health, the Healthy Ecologies and Lifestyles Lab, and The GenWell Project.

About the Canadian Alliance for Social Connection and Health

The Canadian Alliance for Social Connection and Health (CASCH) is an inter-institutional, community-academic alliance of researchers and practitioners committed to addressing loneliness and social isolation through our three pillars: (1) Research and Evaluation, (2) Policy and Program Design, and (3) Knowledge Mobilization. For more information, visit www.casch.org.

About the Healthy Ecologies and Lifestyles Lab

The Healthy Ecologies and Lifestyles Lab (HEAL Lab) is an interdisciplinary health sciences lab at Simon Fraser University studying the social, ecological, and behavioural determinants of health, happiness, and wellbeing. For more information, visit www.heal-lab.ca.

About The GenWell Project

The GenWell Project is a Canadian Non-for-Profit committed to making the world a happier and healthier place by educating, empowering, and catalyzing people around the importance of proactive, face-to-face social connection, for their own health, happiness and well-being, and for the betterment of society more broadly. For more information, visit www.genwellproject.org.

Introduction

The Importance of Social Health

The concept of social health is increasingly recognized as an integral component of overall well-being, complementing physical and mental health. Social health pertains to one's ability to form meaningful interpersonal relationships and to adapt comfortably to different social situations. Research in the field of public health has shown that strong social networks have a beneficial effect on a range of health outcomes, including cardiovascular health, immune function, and even mortality rates. Moreover, social support can act as a buffer against the negative impacts of stress, thereby promoting psychological resilience.

Conversely, loneliness and social isolation present significant risks to both mental and physical health. Loneliness is not merely an emotional state but a condition that has been linked to a myriad of health issues such as increased inflammation, higher blood pressure, and elevated stress hormone levels. Social isolation, often a precursor or consequence of loneliness, has been associated with similar detrimental health outcomes. These states of disconnection can lead to cognitive decline and are considered risk factors for conditions like depression and anxiety disorders.

The relationship between social disconnection and mental health is particularly concerning given the cyclical nature of these factors. Individuals experiencing loneliness or social isolation are more likely to suffer from mental health issues, which in turn can exacerbate their sense of isolation, creating a vicious cycle. Intervention strategies that address social health are therefore not only beneficial for improving interpersonal relationships but also for mitigating the physical and mental health risks associated with social disconnection. Given the complex interplay between social, physical, and mental health, a holistic approach that integrates all these aspects is essential for promoting overall well-being.

Measuring Social Health

The challenge of measuring social health is often compounded by the gap between perceived and objective indicators. Factors such as loneliness and perceived social support are subject to individual variations in personality, mood, and other subjective traits. For instance, two individuals with similar social networks may report vastly different levels of loneliness or perceived social support due to differences in their personality or current emotional state. While these perceived indicators offer valuable insights into the individual's subjective experience, they may not always provide a reliable basis for understanding social health at a population level or for designing interventions.

Objective behavior-based measures, on the other hand, offer a more standardized and actionable approach to assessing social health. By focusing on concrete variables such as frequency of social interactions, diversity of social networks, or the presence of mutual aid within a community, objective measures provide a stable framework that is less influenced by individual subjectivity. These metrics offer actionable insights that can be used to develop targeted social health interventions, such as community-building activities or social skills training programs. Furthermore, objective measures are more amenable to longitudinal study and can be employed to monitor trends in social well-being over time. Therefore, integrating objective, behavior-based measures is crucial for a comprehensive understanding of social health at a population level, allowing for the implementation of more effective and evidence-based public health strategies.

About the GenWell Social Health Assessment Tool

The GenWell Social Health Assessment was created in collaboration with researchers at Simon Fraser University using data from the Canadian Social Connection Survey. It provides a numeric score to help individuals understand their social health and wellbeing compared to other Canadians. The index consists of 12-questions that aim to serve as a wake-up call for individuals to pay greater attention to their social health and to help them live a happier, healthier and more connected life. Each question in the index represents an indicator (See Table 1). Indicators include measures that are associated with increased risk for loneliness and include the following:

- **Frequency of Meaningful Interactions:** At least one meaningful social interaction per week.
- **Social Activities:** Engagement in social activities such as dining out, attending movies, or walking in a park at least once in the past month.
- **Depth of Conversations:** Participation in extended conversations either in-person, via phone, text, or video chat in the past month.
- **Home-based Socialization:** Hosting or visiting friends or family at residences in the past month.
- **Physical Affection:** Receiving physical forms of affection, like hugs, at least once in the past week.
- **New Social Encounters:** Conversing with individuals not previously known in the past week.
- **Quality Time with Friends and Family:** Spending at least three hours of quality time with friends or family in the past week.
- **Neighbor and Coworker Interaction:** Spending at least one hour of quality time with coworkers or neighbors in the past week.
- **Close Friendships:** Possession of a defined number of "close friends."
- **Neighbourhood Engagement:** Familiarity with at least three neighbors by name.
- **Living Arrangements:** Whether one lives alone, which can be an indicator of the level of daily social interaction.

Once participants finish, scores are categorized as Poor (0-17), Fair (18-20), Good (21-25), and excellent (26+). Participants are provided their score and score category, are shown how they compare to other Canadians, and receive information about taking the next steps to improving their health, happiness, and wellbeing.

Results

Items and Responses

Between April and October 2023, a total of 1,441 participants initiated the GenWell Social Health Assessment from the GenWell Website. Of these, 817 (56.7%) completed the quiz, representing an average of 116 completions per month. Responses were from 22 countries, including Canada (n = 345), the United Kingdom (n = 332), the United States (n = 89), and Australia (n = 15). Within Canada, most responses were from Ontario (n = 208), Alberta (n = 51), and British Columbia (n = 50). Response frequencies for each item are provided in **Table 1**.

Table 1. Questions from the GenWell Social Health Assessment Quiz

Items	Scoring	N (%)
1 Do you have meaningful social interactions with others at least ONCE A WEEK?	No = 0 Yes = 2	94 (11.51) 723 (88.49)
2 In the PAST MONTH, have you gone with someone to do something social, such as grab a bite to eat, go out for drinks, take a walk through a park, or head to the movies?	No = 0 Yes = 2	107 (13.1) 710 (86.9)
3 In the PAST MONTH, have you had an extended conversation with someone in-person, by phone, via text, or using video chat?	No = 0 Yes = 2	82 (10.04) 735 (89.96)
4 In the PAST MONTH, have you had friends or family over to your house? Or have you visited the house of a friend or family member?	No = 0 Yes = 3	139 (17.01) 678 (82.99)
5 In the PAST WEEK, have you been hugged by someone?	No = 0 Yes = 2	198 (24.24) 619 (75.76)
6 In the PAST WEEK, have you talked to someone you hadn't met before?	No = 0 Yes = 2	303 (37.09) 514 (62.91)
7 In the PAST WEEK, did you spend at least 3 HOURS of quality time with your friends or family?	No = 0 Yes = 3	149 (18.24) 668 (81.76)
8 In the PAST WEEK, did you spend at least 1 HOUR of quality time with your coworkers or neighbours?	No = 0 Yes = 1	447 (54.71) 370 (45.29)
9 How many "close friends" do you have?	None = 0 One or Two = 4 Three or More = 8	62 (7.59) 244 (29.87) 511 (62.55)
10 Do you know at least THREE of your neighbours by name?	No = 0 Yes = 1	316 (38.68) 501 (61.32)
11 Do you live alone?	No = 5 Yes = 0	697 (85.31) 120 (14.69)

Intercorrelations across Items

Table 2 shows intercorrelations across the items included in the quiz. Most items had low-to-moderate correlation reflecting the nature of the items as an index aiming to cover various domains of social health, connection, behavior, and activity.

Table 2. Correlations across GenWell Social Health Assessment Items

	1	2	3	4	5	6	7	8	9	10	11
1		0.30	0.38	0.32	0.22	0.18	0.38	0.21	0.30	0.19	0.01
2	0.30		0.41	0.45	0.21	0.29	0.34	0.19	0.26	0.13	0.01
3	0.38	0.41		0.36	0.23	0.22	0.35	0.18	0.27	0.13	0.05
4	0.32	0.45	0.36		0.31	0.19	0.48	0.19	0.23	0.19	-0.03
5	0.22	0.21	0.23	0.31		0.20	0.36	0.09	0.17	0.13	-0.11
6	0.18	0.29	0.22	0.19	0.20		0.28	0.19	0.13	0.18	0.03
7	0.38	0.34	0.35	0.48	0.36	0.28		0.22	0.32	0.18	-0.12
8	0.21	0.19	0.18	0.19	0.09	0.19	0.22		0.11	0.24	0.08
9	0.30	0.26	0.27	0.23	0.17	0.13	0.32	0.11		0.10	-0.14
10	0.19	0.13	0.13	0.19	0.13	0.18	0.18	0.24	0.10		0.02
11	0.01	0.01	0.05	-0.03	-0.11	0.03	-0.12	0.08	-0.14	0.02	

Relationship Between Index Scores and Subjective Self-Rated Social Health

Social Health Assessment scores ranged from 0 to 30. The median score was a 25 (Q1 – Q3 = 21-29, Mean = 23.9, SD = 5.9), suggesting scores were highly skewed towards good and excellent. Based on the scores, 15.3% (n = 125) had poor social health, 8.4% (n = 69) had fair social health, 26.9% (n = 220) had good social health, and 49.3% (n = 403) had excellent social health.

To understand the relationship between participants GenWell Social Health Assessment Scores and their subjective social health, we asked participants to rate their social health as excellent, good, fair, or poor. Both the numeric ($\rho = 0.55$, $p < 0.0001$) and categorical ($\rho = 0.49$, $p < 0.0001$) scores were moderately correlated with participant’s self-rated social health.

Figure 1 shows the distribution of scores from participants. The x axis shows participants final scores. The y-axis shows the number of participants with each score. The bars represent the number of participants with each score. The vertical lines demarcate the categorical scores. The color of the bars indicates the number of people with each score who rated their social health as poor, fair, good, or excellent.

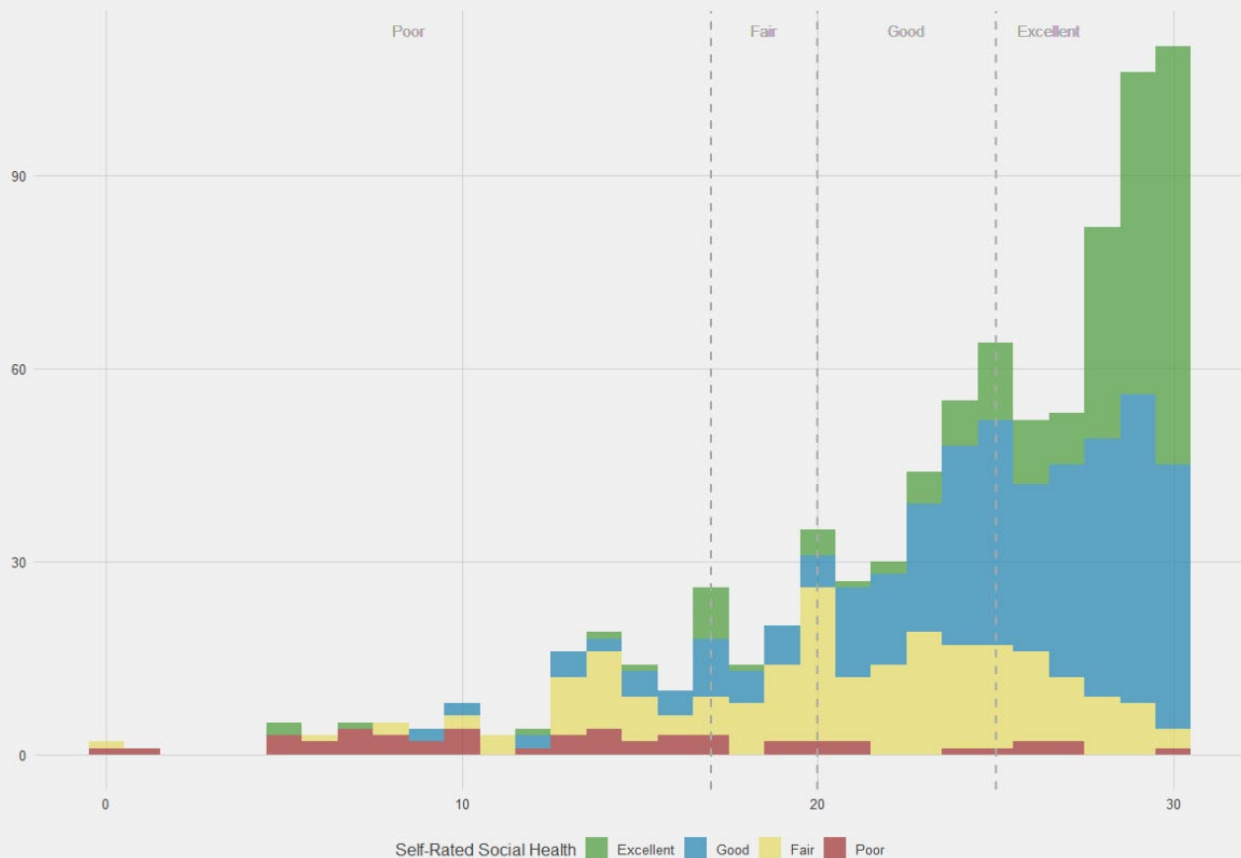


Figure 1. Distribution of GenWell Social Health Assessment Scores

Generally speaking, participants were increasingly likely to say they had excellent social health as their social health index scores increased and the majority (73.5%) of participants who felt they had poor social health were classified as having poor social health.

Index Items as Predictors of Self-Rated Social Health

In bivariable analyses, most predictors were significantly associated with self-rated social health. Specifically, having meaningful weekly interactions ($b = 1.035, p < .001$), engaging in social activities at least monthly ($b = 0.931, p < .001$), engaging in at least monthly conversations ($b = 0.752, p < .001$), visiting with others at least monthly ($b = 0.787, p < .001$), sharing a hug at least weekly ($b = 0.546, p < .001$), interacting with strangers at least weekly ($b = 0.534, p < .001$), spending at least three hours weekly with friends or family ($b = 0.851, p < .001$), spending at least one hour weekly with coworkers and neighbours ($b = 0.489, p < .001$), and knowing the name of at least three neighbours ($b = 0.419, p < .001$) were all significant. However, living alone was not a significant predictor ($b = -0.098, p = .249$). For close friends, having three or more was significant ($b = 0.866, p < .001$), but having one or two was not ($b = 0.173, p = .123$). In examining predictor importance, the number of close friends, and measures of social contact frequency – particularly with friends and family – were the strongest predictors of subjective social health. Meanwhile less important predictors included interactions with neighbours, coworkers, and strangers, physical intimacy (i.e., hugging), and living arrangement.

Trends Over Time

As shown in Figure 2, there was little difference in the average score of recipients by month of data collection. However, statically speaking there was a trend towards decreasing scores (-0.3 per points per month, $p = 0.0305$).

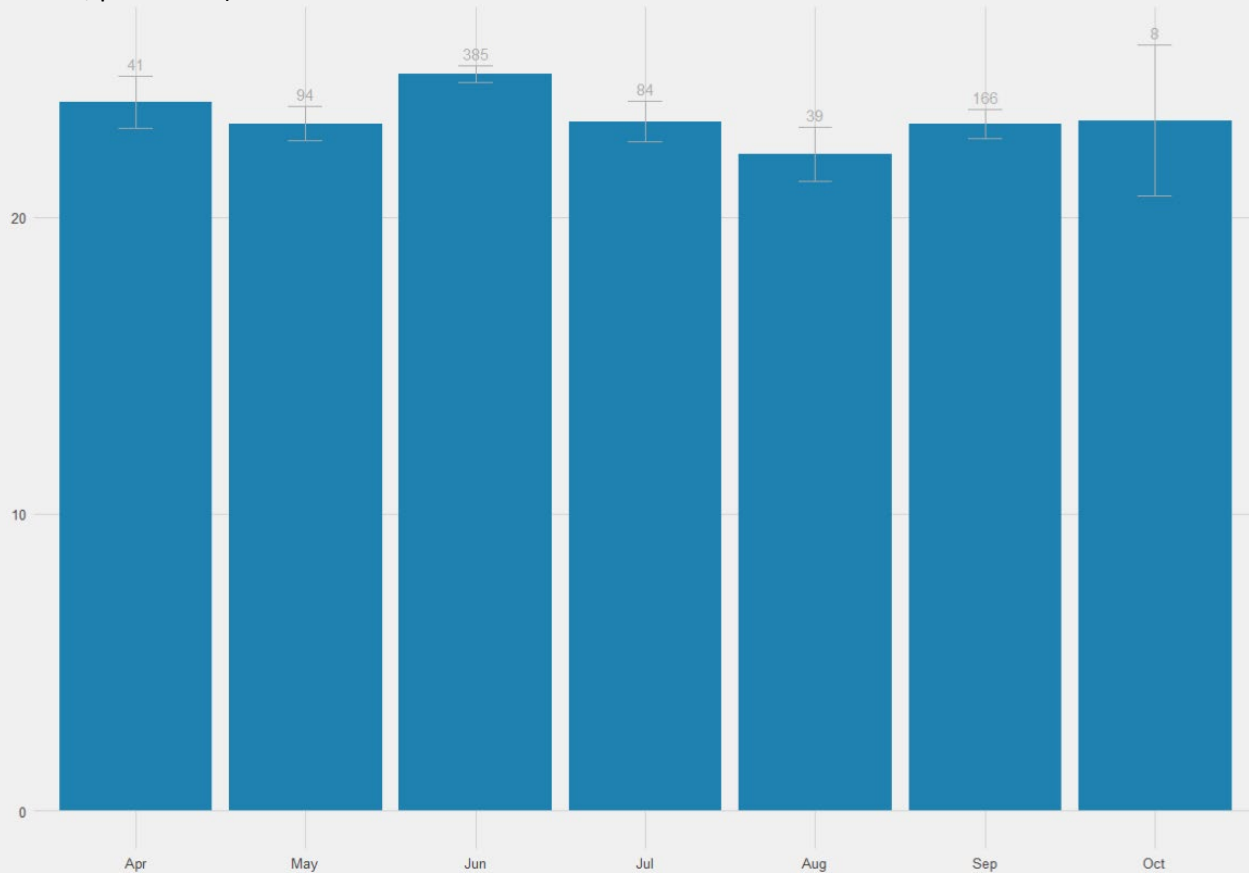


Figure 2. Average GenWell Social Health Assessment Score, By Month

Conclusion

The study presents preliminary evidence supporting the potential utility of the GenWell Social Health Assessment Tool for gauging various dimensions of social health. While the tool exhibited a moderate correlation with self-rated social health measures, further research is needed to understand its predictive utility. Some refinement of indicators, scoring, and other features of the scale may be needed (e.g., removal of living arrangement). Exploratory analyses assessing the relationship between subjective social health and objective measures can also further enhance our understanding and implementation of measures such as the GenWell Social Health Assessment Tool.

Nevertheless, an index based on objective indicators has considerable public health potential. For instance, the tool could serve as a cornerstone in social prescribing initiatives, where healthcare professionals refer patients to non-clinical services aimed at improving well-being. Its objective metrics could help in tailoring prescriptions for activities or community programs that specifically address the dimensions of social health where an individual scores lower. Additionally, the tool could be employed in population health monitoring to assess whether interventions like community-building activities or social skills training programs are effectively reaching the target populations and leading to measurable improvements in social health.

The tool could also offer utility in longitudinal studies, serving as a repeatable measure to track changes over time in a consistent manner, thereby enabling public health experts to identify temporal trends or the impacts of specific interventions. Moreover, its integration into broader healthcare data systems could facilitate a more holistic approach to individual and community health, informing not only healthcare providers but also policymakers. For example, tracking GenWell Social Health Assessment scores at a community level could help in the allocation of resources or the prioritization of specific public health initiatives.

In organizational settings, the tool could assist human resource departments in identifying the social health needs of their employees, thereby contributing to the development of more targeted well-being programs. Finally, it could serve as a valuable resource for public health campaigns aimed at raising awareness about the importance of social health, providing an easily accessible metric that individuals can use to self-assess and take proactive steps to improve their social well-being.

In summary, while the GenWell Social Health Assessment Tool requires further refinement and validation, its potential applications in various sectors—from healthcare to community planning to organizational well-being—are numerous and could significantly contribute to a more comprehensive and actionable understanding of social health.

We respectfully acknowledge the Indigenous peoples of Canada on whose traditional territories we live, love, work, and play. In doing so, we recognize the ongoing oppression of Indigenous communities and the attacks on their rights and culture. We commit ourselves to meaningful efforts toward reconciliation to rectify and end the historic and ongoing injustices faced by Indigenous peoples. Furthermore, we celebrate and credit Indigenous knowledge keepers, elders, and other leaders who continue to teach us about the interconnectedness of all peoples and things. We hope that we can live up to this knowledge in all our relations and with every action we take.



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