

# Social Prescribing

*Excellent health and care for everyone, everywhere, every time.*



# Loneliness, Isolation, and Sedentary Behaviour Before the Pandemic

- Depending on the definition, approximately 15-20% of community-dwelling adults aged 65+ are socially isolated.
- If isolation is defined as living alone, about one-fifth of older men and one-third of older women are isolated however, many people who live alone have adequate social networks outside the home and so they are not isolated.
- One caveat is that the prevalence of extremely isolated people is not well known given that these people are often hidden, so prevalence rates may be higher than reported.
- Increased sedentary time is associated with health risks such as cardiovascular disease and diabetes. 50% increase in early mortality in lonely people.

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# Physical Health and Wellness

- Concerns for own health and health of family members
- Avoiding their family physician or find it difficult to access their family physician.
- Decreasing their physical activity and sleeping less
- Some have been Increasing their fruit and vegetable intake,
- More walking/running for recreation



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# Mental Health

- Increasing their alcohol intake
- Sense of loss of control and helplessness
- Preoccupation with COVID
- High levels of stress
- Avoiding, or having difficulty accessing, counseling
- Men increased their cannabis intake more than women

# Social and emotional wellbeing

- Greater loss of connection with friends and family
- Increased gender based violence
- Increased stress and anxiety
- Many report a greater sense of connection to community
- Some women report connecting more with friends



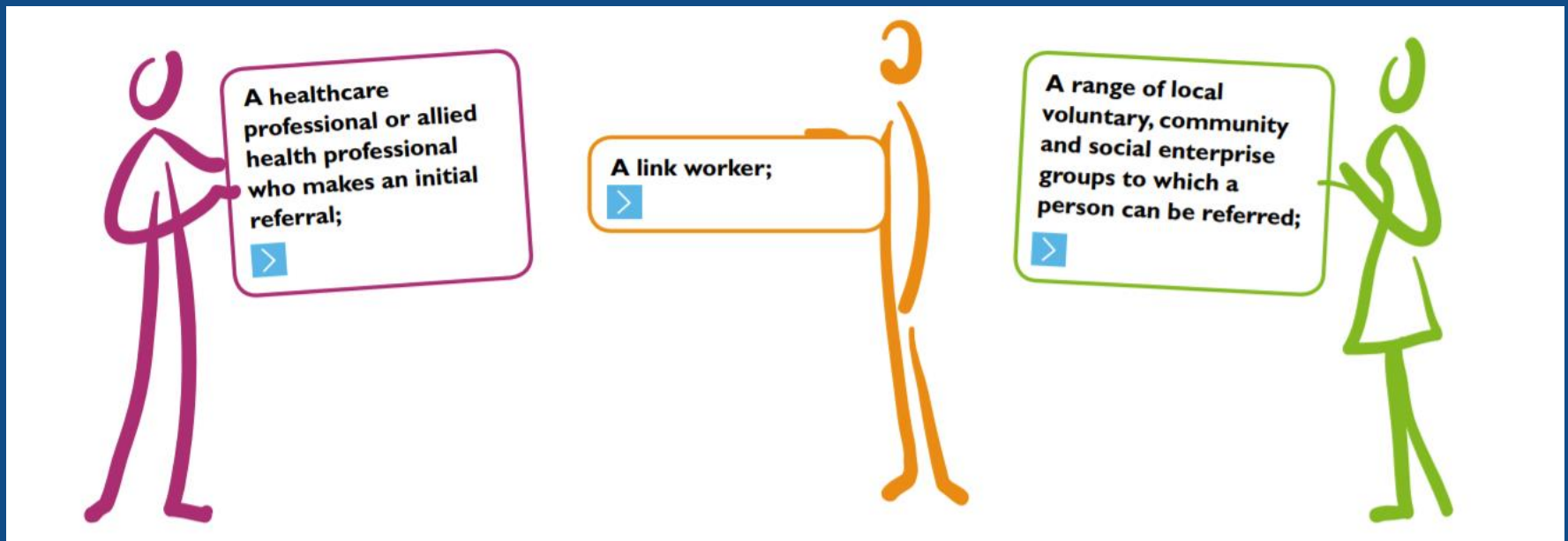
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Social prescribing enables primary care professionals to refer people to a range of local, non-clinical services to support their health and wellbeing more holistically.

# Social Prescribing Scheme



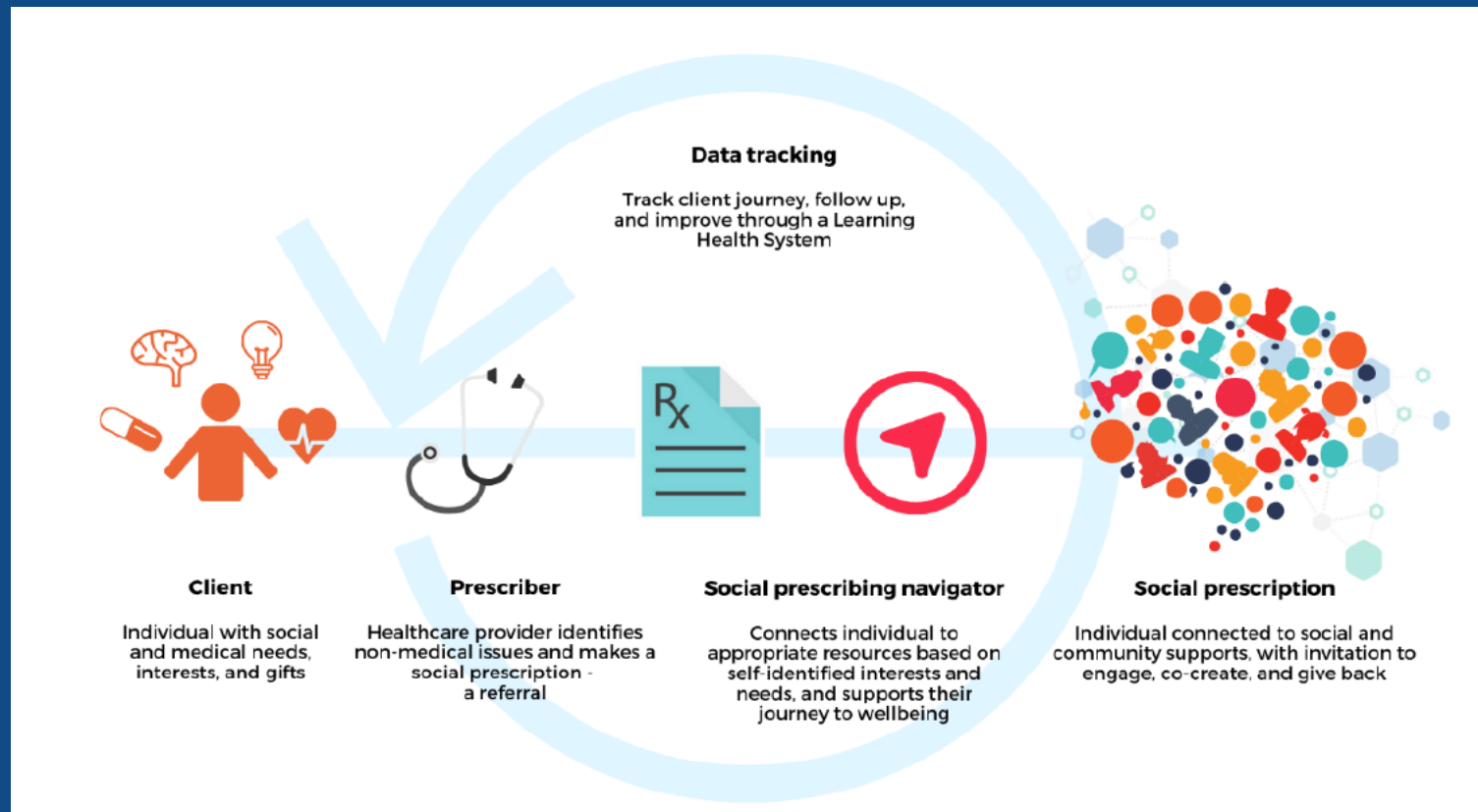
# Social Prescribing



- Supports social, emotional, practical needs
- Improve mental health and physical well-being
- Leads to positive health outcomes and reduces primary care visits and healthcare spending
- Provides real time data to guide public health interventions and community planning of services and programs



# Implementation



Social Prescribing in Ontario Final Report. March 2020. [https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nature community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Figure 1. Outcomes described from social prescribing stakeholders (Social Prescribing Conference Report, 2016<sup>20</sup>)

# Past Social Prescribing Initiatives



**Prescription for Health, 2011-2014**  
(BC Healthy Families/General Practice Service Committee)



**Seniors Connect Nanaimo, 2015-2018**  
(New Horizons for Seniors, Gov. of Canada)



**Integrated Health Networks, 2008-?**  
(BC Ministry of Health, Health Authorities)



# Present Social Prescribing Initiatives that broadly address the Social Determinants of Health

Primary Care Networks –  
Community Health Centers



Online or Phone-in Community Resource  
Directories/Services  
(i.e. Pathways, Fetch BC, HelpSeeker,  
BC 211)



# Present Social Prescribing Initiatives that address specific Social Determinants or populations

## Social Prescribing -COVID-19 Response for Seniors

(Volunteer Cowichan/United Way Healthy Aging with funding from Government of BC)



## Food Prescription

(Good Food Box, Nanaimo Foodshare Society)

## Online or Phone-in Community Resource

(i.e. 811/HealthLink BC Physical Activity and Nutrition Consulting services )



Many other similar community level activities that are “Social Prescribing Like/Lite”



# Further Resources

- Ontario Alliance for Healthier Communities (March, 2020) Social Prescribing in Ontario. [https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)
- Nowak, D & Mulligan, K. (Feb, 2021) Commentary: Social Prescribing, A Call to Action. *Canadian Family Physician*.
- University of Westminster – Making Sense of Social Prescribing