

Social Prescribing – A Potential Way to Achieve Better Health Outcomes in Newfoundland and Labrador

Objective

To investigate social prescribing and how it could improve physical and mental health outcomes in the people of Newfoundland and Labrador (NL).

Practice Points

1. Social determinants of health (SDH) is the name given to the conditions in which people are born, live, grow, eat, exercise, learn, work, play and age. These social, economic, and environmental factors have more influence on health (60%) than the health system (25%); or genetic make-up and biology 15%.
2. An estimated 20% of patient visits to family physicians are for social issues that, if left unattended, can develop into medical conditions leading to increased demand on health care systems and inappropriate use of physician time.
3. Social prescribing is a person-centered, community-based approach to health care that empowers individuals to better understand their needs and take action to improve their health and well-being. It can be used by anyone across the lifespan but has been shown to be particularly beneficial for people who are living with complex health and social needs.

Data (PIs: S. Sajed, J. Gosine)

- Canadian Medical Association, 2017, “Health equity and the social determinants of health,” (Canadian Medical Association Journal, 2017)
- <https://www.allianceon.org/Rx-Community-Social-Prescribing-In-Ontario>
- <https://www.allianceon.org/Social-Prescribing>
- <https://larter.com.au/social-prescribing-highly-practical-way-address-social-determinants-health/>

Results

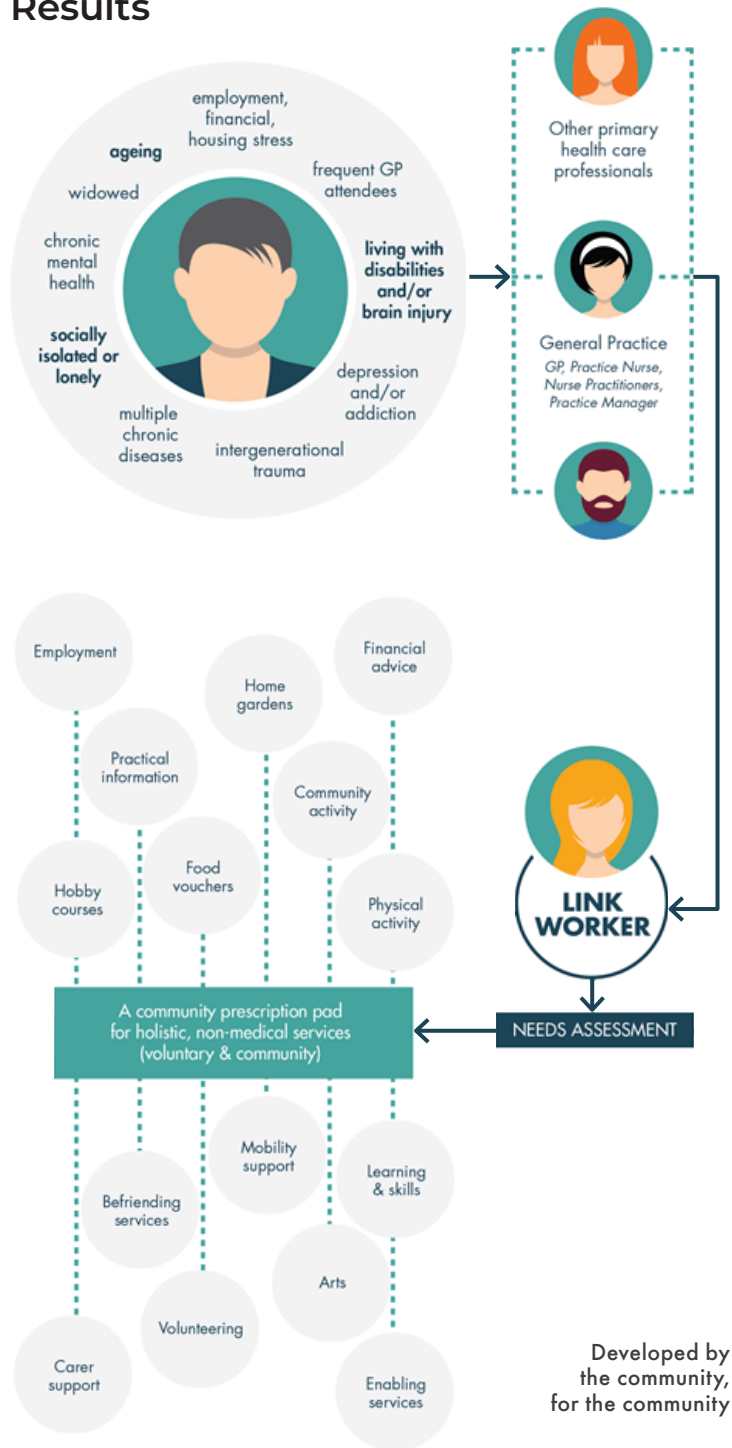


Image accessed from <https://larter.com.au/social-prescribing-highly-practical-way-address-social-determinants-health/>, February 2023

Figure 1. Example of a Concept Diagram For Co-Designing a Local Social Prescribing Model by Larter Consulting

- Social prescribing links people with non-clinical services and assistance that can prevent social issues such as loneliness, homelessness, and improves health.
- Evidence shows that over 90% of those who were seen by a “health connector” or “link worker” as part of a social prescribing scheme self reported feeling “better” and more in control of their health.
- Adopting more community-centered practices can assist in providing more appropriate and effective methods of engaging people and enhancing their health and well-being.

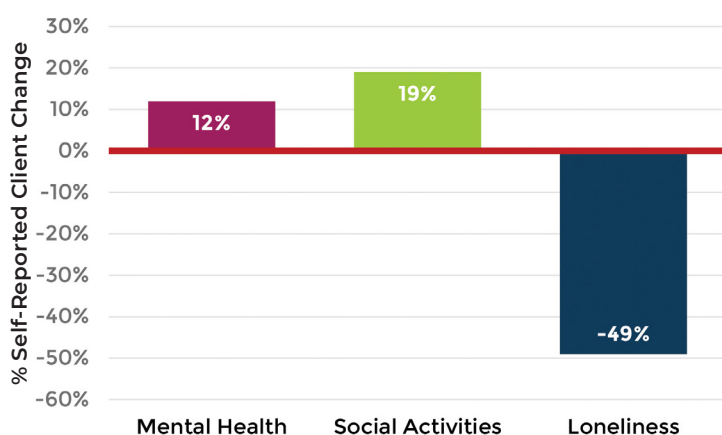


Figure 2. Self-Reported Change in Loneliness, Mental Health, and Sense of Connectedness and Belonging of Participants in “Rx Community – Social Prescribing” Year-Long Pilot

- A Social Prescribing Research Pilot in Ontario “Rx Community – Social Prescribing”, run by the Alliance for Healthier Communities found that social prescribing has a substantial impact on health.
- Participants’ experiences of loneliness decreased by 49%, self-reported mental health improved by 12% and their sense of community belonging increased by 19%.

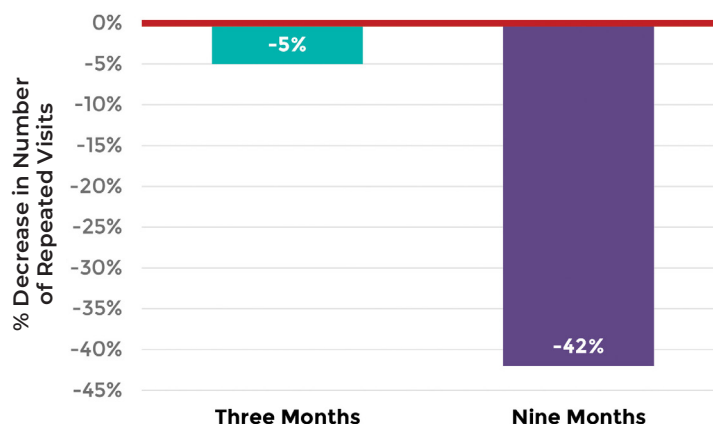


Figure 3. Health Providers Reported Social Prescribing Decreased Number of Repeat Visits By Clients

- Medical professionals found social prescribing reduced the number of repeat visits by patients by 5% after three months and by 42% after nine months as shown in figure above.

Conclusions

1. Social prescribing is currently being used or developed in 17 countries: China, South Korea, Germany, Denmark, Australia, Finland, Sweden, Spain, Singapore, Ireland, the Netherlands, Portugal, Canada, New Zealand, the UK, USA and Japan.
2. A social prescribing approach embedded into primary care could potentially lead to better health outcomes for the people of NL.

Additional Resources

- [WHO: A Toolkit On How to Implement Social Prescribing](#)
- [Social Prescribing Tool for Health Professionals](#)
- [Global Social Prescribing Alliance](#)
- [Canadian Institute for Social Prescribing](#)