

# **Rx Community: Social Prescribing in Ontario Community Health Centres**

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## **INTERVENTION: SOCIAL PRESCRIBING**

Social prescribing is a structured way of primary care providers referring/connecting people who are experiencing loneliness, isolation, or other social risk factors with non-medical resources or supports in their local community, where these issues can be better addressed. These supports will depend on the community and what is available, but could include prescriptions for: community gardening, cooking classes, hiking, and knitting groups as well as free vouchers for local museums. Social prescribing is a co-creative effort between a health care provider and a patient that recognizes fully a patient's strengths, interests and health needs as depicted in the diagram below.



**Objective:** To implement a social prescribing intervention in a subset of Ontario Community Health Centres (CHCs) and evaluate the facilitators, barriers and outcomes experienced by providers and patients.

# **RESULTS SO FAR...**

# **Provider Experiences**

	3 months	6 months	<u>9 months</u>
	% who Agree or	% who Agree or	% who Agree or
Survey Question	Strongly Agree	Strongly Agree	Strongly Agree
	(n=20)	(n=34)	(n=31)
Know how SP is going to help their client	85%	94.2%	86.7%
Feel that SP is a legitimate part of their role	90%	91.2%	96.7%
Are able to provide better care to clients	75%	75%	76.6%
Believe that SP has improved client's health	66.6%	84.4%	89.6%
and wellbeing			
Believe that SP is helpful in addressing	100%	94.1%	93.6%
complex needs of clients			
Believe SP has decreased number of repeat	6.3%	20.7%	48.1%
clients			



Read our interim progress report to learn more! https://www.allianceon.org/Rx-Community-Social-Prescribing

### **METHODS**



**Study Design:** We are conducting an implementation (process) evaluation of this pilot using a realist approach, emphasizing contextual factors, processes of success, intervention components, and outcomes using quantitative data from electronic medical record and surveys/asset maps as well as a series of focus groups with providers and patients. More specifically it will be assessing what worked, with whom and within what context/circumstances to ensure future implementation success.

#### **Research Questions:**

- 1) What are the contextual factors that ensure success? (context)
- 2) What are the factors that will ensure sustainability? (context)
- What are the facilitators and potential barriers to implementation? (mechanism)
- 4) What are the experiences of clients, primary care providers and implementation staff? (outcome)



#### Health systems utilization

Referral breakdown for the first 6 months of the pilot:

External Food Shelter ncome 20.6% Internal Activities Veggie Rx 17.8% Systems navigation Knitting and crochet Housing support... Addictions support External Activities 16.6% Bereavement circle 961 Social Yoga and meditation... Museums and galleries Prescriptions Parks and nature Rainbow network. Internal Food, Shelter, Income 23.5% Social Prescribing Staff 21.4% Welfare applications Income tax Link worker Employment support.. System Navigato

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### **Client Experiences**

Within the first 6 months of the pilot over 400 clients have been identified in our EMR. Through focus groups and interviews, clients have reported improvements in mental health and wellbeing, sense of community and belonging, self management of health and reduced feelings of loneliness

I am a big fan of this centre and of the programs because I've seen improvements in my life, my social life, and my ability to get information and tools to deal with my health issues." – Client from Centretown Community Health Centre

"I went to Meghan when I was going through my worst there and had no support. It was Meghan who helped me and gave me ideas to help myself and now I'm also attending yoga classes. I'm trying my best to help myself through breathing exercises and other things." – Client from Belleville Quinte West CHC