Social Prescribing: Strengthening Canada's Health Care Landscape

Canada's health care system is under significant strain due to multiple factors, including an aging population, an overburdened health and social care workforce, rising living costs, stretched acute care settings, and limited access to primary care. Fragmentation and lack of coordination across health, social, and community sectors make it difficult for patients to navigate the system and access comprehensive care. 1,2

Many primary care physicians report challenges in coordinating care with social services, with approximately 65% believing that better integration with community-based social services is essential for improving patient access and care quality.3

What is Social Prescribing?

Social prescribing enables health care professionals to identify and refer individuals to non-clinical community-based programs and services with the support of a dedicated connector/navigator. This structured pathway strengthens collaboration across sectors, enhances access to local resources, fosters social connectedness, and empowers individuals to take an active role in their health and well-being through a personalized, co-creative model.

Rooted in frameworks like the Ottawa Charter for Health Promotion and the Quintuple Aim, social prescribing provides an immediate opportunity to improve population health, enhance patient experiences, reduce costs, and foster collaboration between health care and public health sectors. Social prescribing aligns with Canada's health care strategies by supporting integrated care models, addressing service access inequities, and fostering stronger partnerships between health care providers and community organizations.

Social prescribing initiatives have shown positive impacts, including:

- Social prescribing in Canada can return \$4.43 for every dollar invested.5
- The impact report by Tameside Action Together in the UK found 42% reductions in GP visits for people referred to social prescribing.6,7
- In Kent, England, an evaluation of 5,908 people supported by a social prescribing Link Worker found up to a 23% reduction in A&E (emergency room) visits.6,8
- A study on a primary care-based Community Links Practitioner (CLP) intervention in Glasgow, Scotland, found that 45% of individuals referred to social prescribing with higher levels of Link Worker support experienced significant improvements in quality of life, depression, anxiety, and exercise levels.9



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How Social Prescribing Can Support the Canadian health care System



Improves population health: Social prescribing takes a holistic approach by fostering social connections, encouraging healthy behaviours, supporting self-management, and improving access to services that address social determinants of health. Strong evidence shows its positive impact on physical, mental, and social well-being, leading to a better quality of life.



Fosters community connections: Social prescribing encourages individuals to engage with local groups and activities while promoting cross-sector collaboration. It has been shown to foster a sense of belonging and contributes to more supportive, connected communities.



Strengthens health equity: Social prescribing provides personalized support for equity-deserving populations, co-created with individuals to reflect their needs, priorities, and what matters most to them. This person-centred approach builds trust, reduces service gaps, and provides strength-based, culturally appropriate care for marginalized communities.



Advances team-based integrated care: Social prescribing creates a structured pathway for collaboration between clinical care, interprofessional teams, and social supports, ensuring seamless coordination of medical and social needs.



Supports health care provider well-being: By facilitating collaboration between health care providers and community-based services to address patients' social needs, social prescribing has been shown to improve provider satisfaction and reduce burnout.



Reduces reliance on primary and acute care: By addressing social determinants of health and linking individuals to services that support health promotion and disease prevention, social prescribing has been shown to reduce primary care visits, lower hospital admissions, and shorten hospital stays.



Provides cost savings and economic benefits: By reducing primary and acute care visits related to unmet social needs and enhancing the well-being of employees, caregivers, volunteers, and families, emerging evidence shows a strong social and economic return on investment for social prescribing initiatives.

^{9.} Mercer SW, Fitzpatrick B, Grant L, Chng NR, McConnachie A, Bakhshi A, James-Rae G, O'Donnell CA, Wyke S. Effectiveness of community-links practitioners in areas of high socioeconomic deprivation. The Annals of Family Medicine. 2019 Nov 1;17(6):518-25.



^{1.} Tasker JP. Massive new survey finds widespread frustration with access to primary health care. 2024. CBC News. [URL]

^{2.} Canadian Medical Association. Canada's health care crisis: what we need now. 2022. [URL]

^{3.} Canadian Institute for Health Information. How Canada Compares: Results From the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians.

[URL]

^{4.} Mulligan K, Card KG, Allison S. Social prescribing in Canada: linking the Ottawa Charter for Health Promotion with health care's Quintuple Aim for a collaborative approach to health. Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice. 2024 Sep;44(9):355.

^{5.} Canadian Institute for Social Prescribing. A healthier Canada: an analysis of the potential economic and social impacts of social prescribing. 2024. [URL]

^{6.} National Academy for Social Prescribing. The impact of social prescribing on health service use and costs: examples of local evaluations in practice. 2024. [URL]

^{7.} Tameside and Glossop Integrated Care NHS Foundation Trust, Action Together and The Bureau. Social Prescribing Tameside & Glossop: Impact Report 2017 – 2022. 2022. Report provided by Charlotte Leonhardsen at NHS Greater Manchester.

^{8.} Osborn-Forde C. The impact of social prescribing on demand for acute care in West Kent: A summary of report findings. 2023. Involve Kent. [URL]