



Social Prescribing Advocacy Across Stakeholders

Dr. Kate Mulligan

Twitter: @KateMMulligan

Mastodon: @KateMMulligan@zeroes.ca

Email: kate.mulligan@utoronto.ca



Public Health
Agency of Canada

Agence de la santé
publique du Canada



**Canadian
Red Cross**



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Land Acknowledgement



We know social care advances healthcare's "quintuple aim"

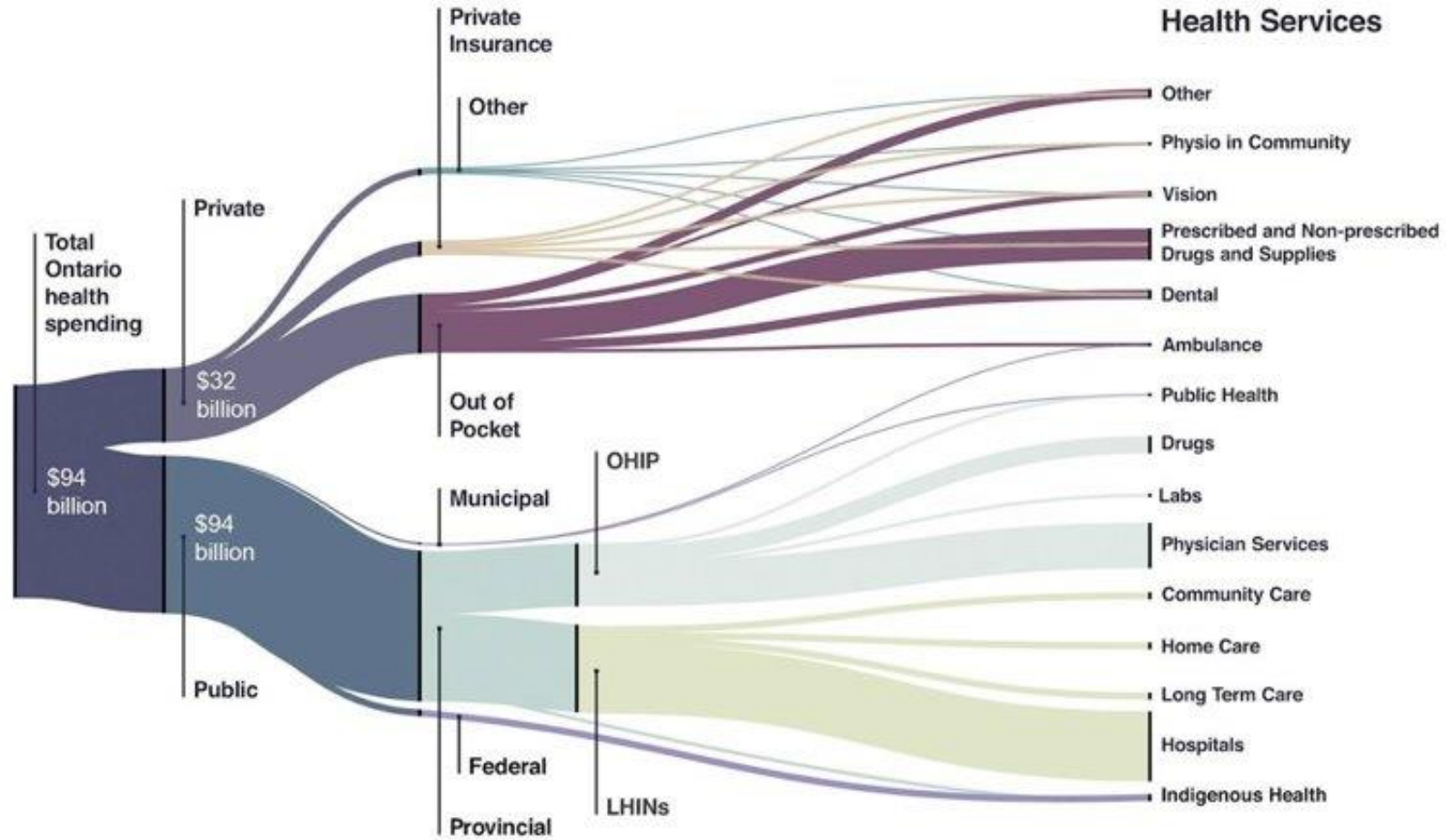
Social Determinants of Health



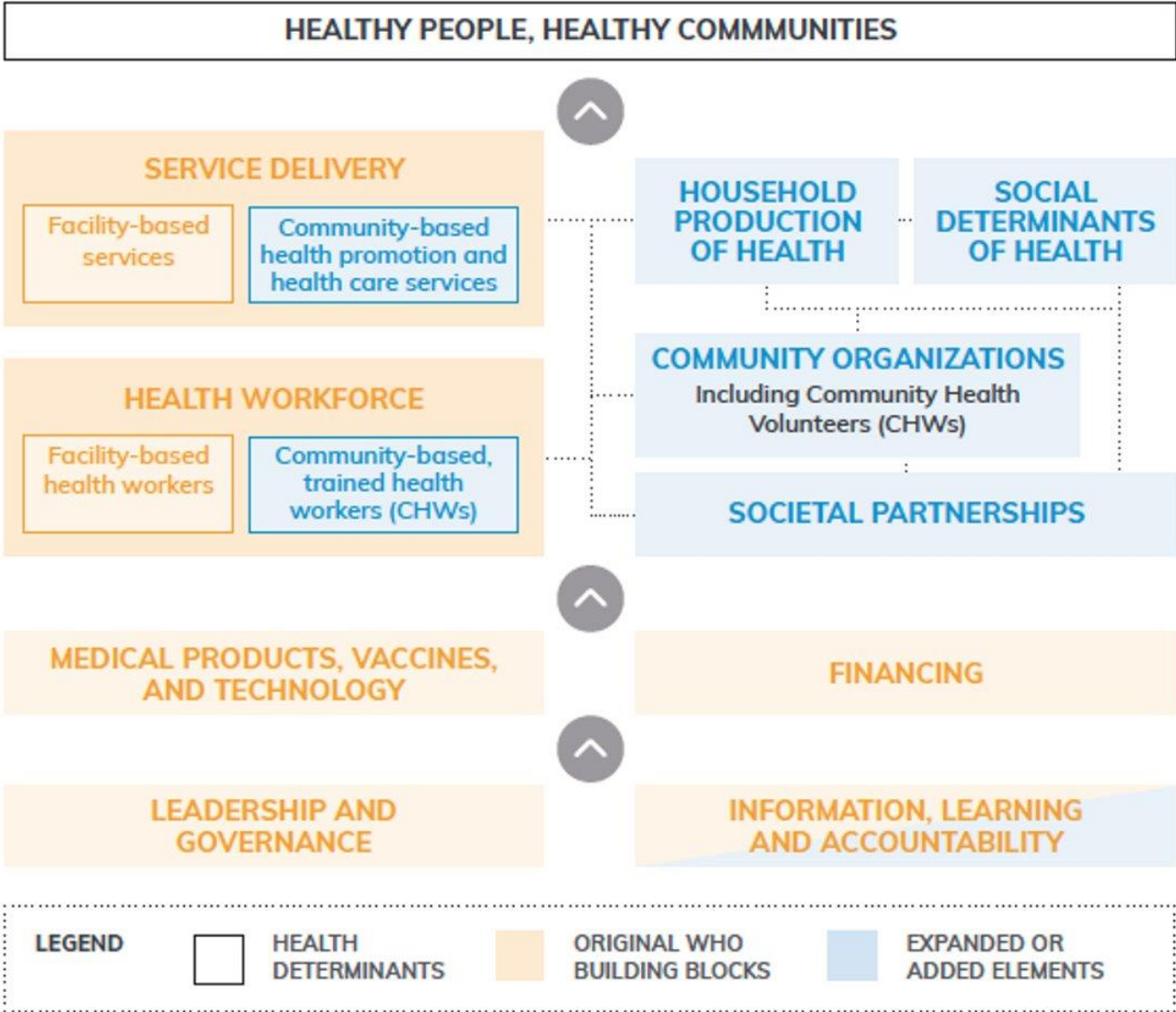
The Quintuple Aim For health care improvement



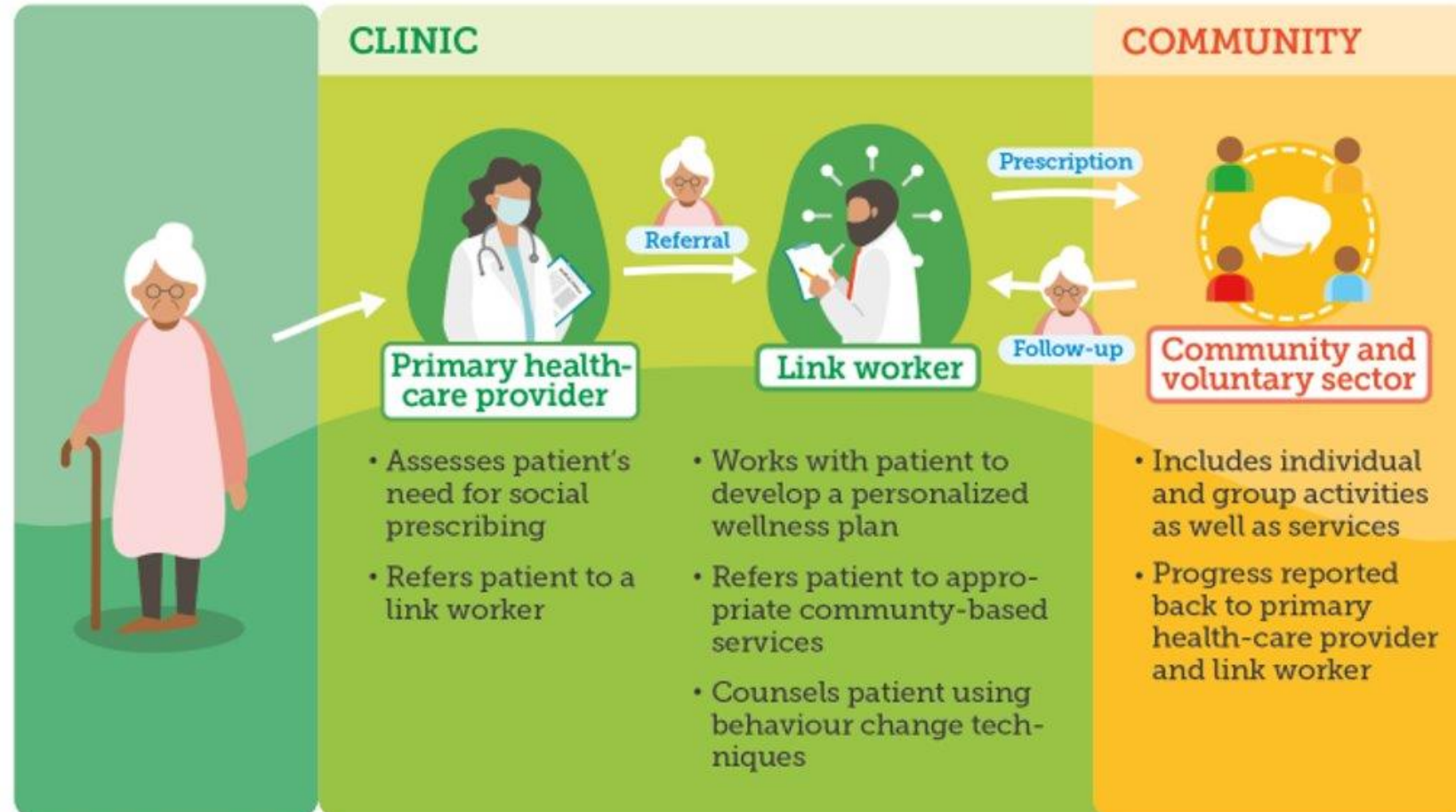
But most health spending still goes to acute care



And community contributions are not seen as part of the system



Social prescribing is not only a **pathway**



Source: Husk et al. (1)



It is a **systems intervention**

Connecting communities and healthcare:

Making social prescribing work for everyone

Insights and examples from the community and voluntary sector



Requiring **collaboration and shared purpose** at the systems level



To change how we:

- Relate
- Resource
- Refer
- Recognize



While building self-determination



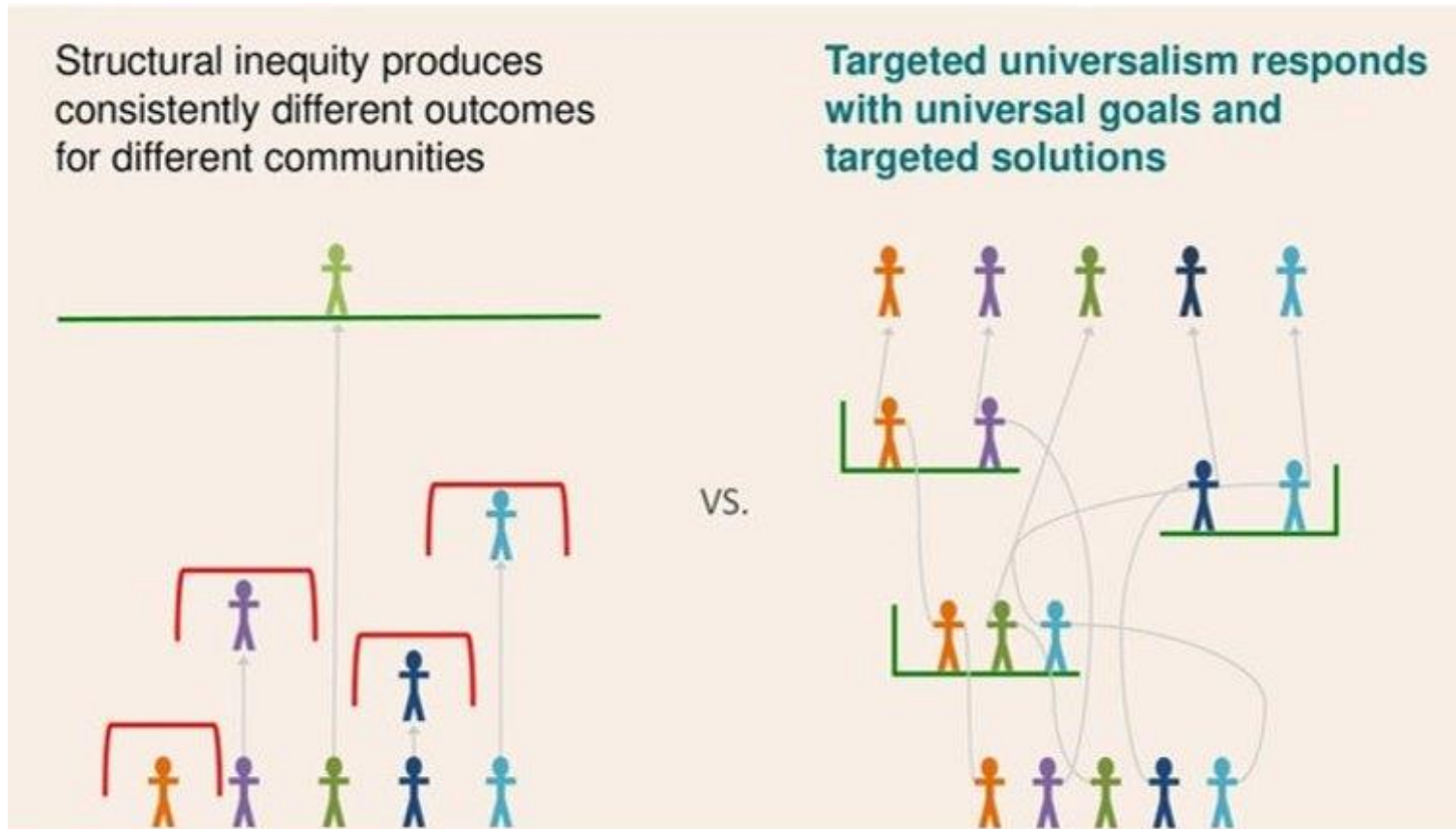
And **reducing potential harms** as we grow





We are committed to building and celebrating social prescribing that prioritizes health equity, community leadership, and collaboration.

Health equity: targeted universalism



Community leadership: supported participation



Public Health
Agency of Canada

Agence de la santé
publique du Canada

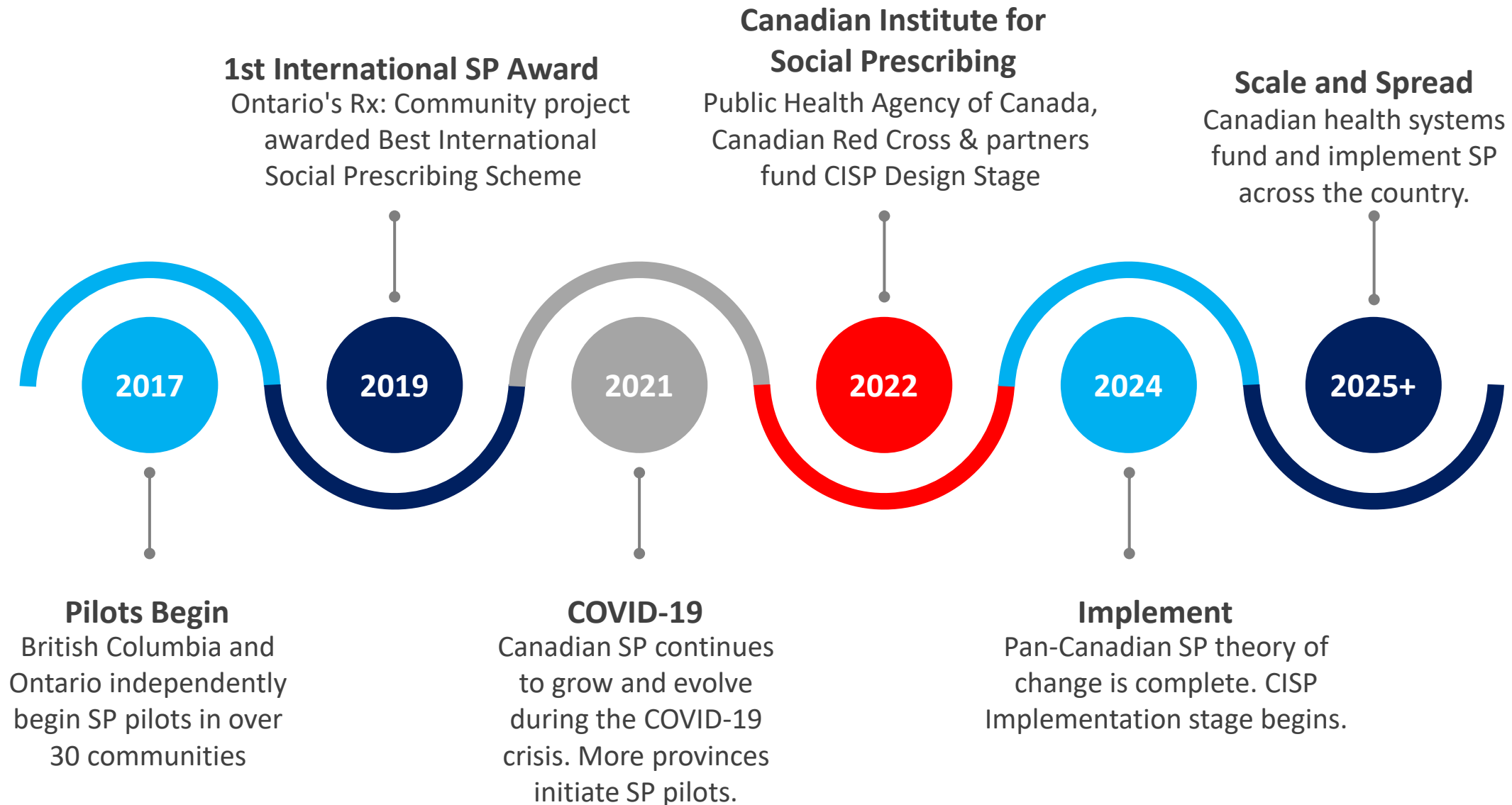


Canadian
Red Cross



Collaboration over competition, across many systems





Federal support



Healthy Canadians and Communities Fund

- Invests in interventions that address **health inequalities**;
- Encourages **multi-sectoral participation** in chronic disease prevention;
- Uncovers **new ways** to address the risk factors for **chronic disease**.

Phased funding



Government
of Canada

Gouvernement
du Canada

- **Design** - Initial design of an intervention with a priority population and multi-sectoral partnerships development.
- **Implement** - Full implementation with partners to deliver, test and rigorously evaluate an intervention.
- **Scale** - Replicate and expand a proven intervention to new contexts, populations or geographic locations.

Partner roles

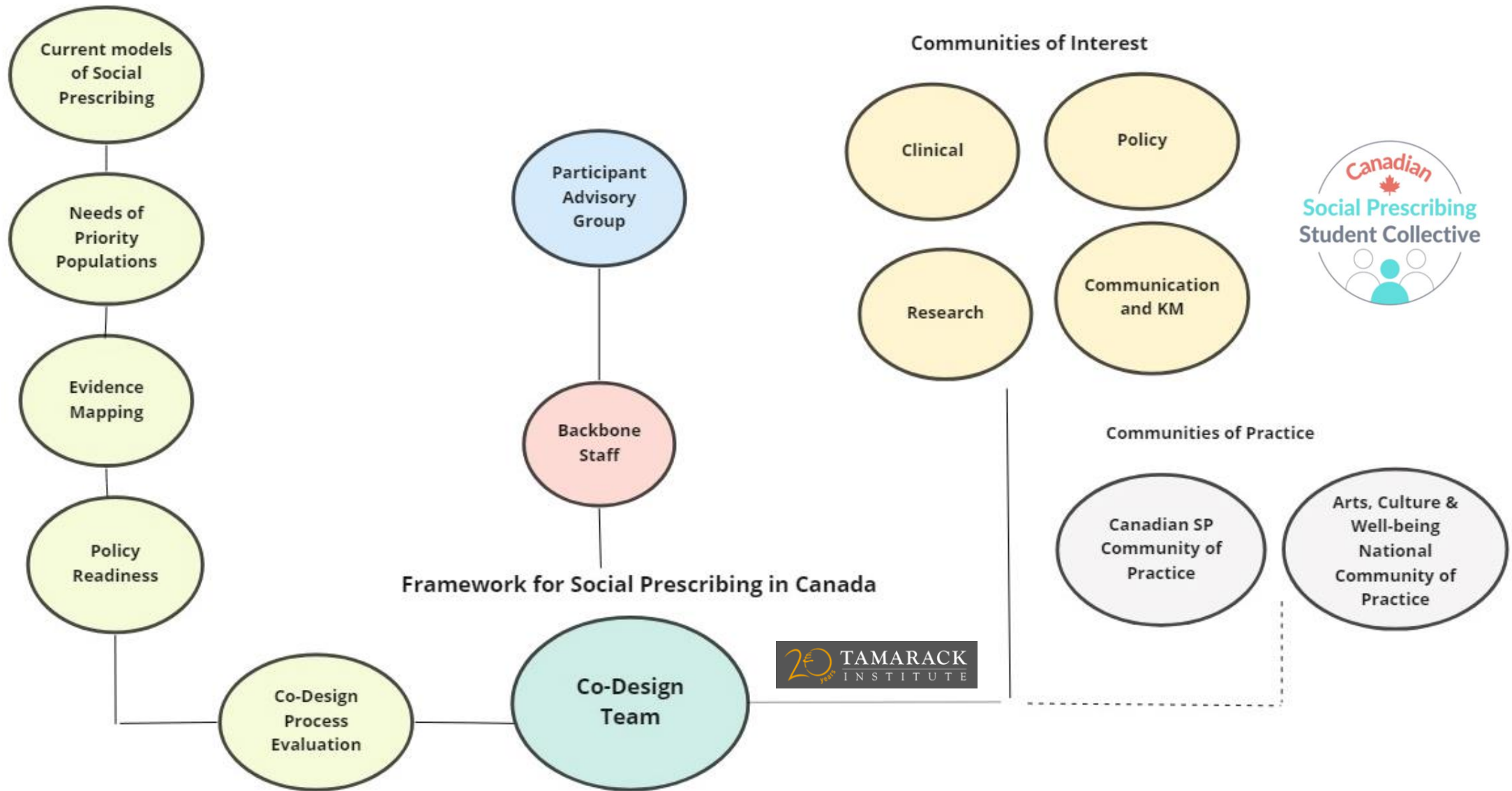


Government
of Canada

Gouvernement
du Canada

- **Matched in-kind funding** from larger partners; smaller partners from equity-deserving communities and participants/caregivers are **paid and supported** to be at the table
- **Canadian Red Cross** provides backbone infrastructure
- **Other funders** are finding us to fund implementation, research, knowledge mobilization and advocacy

Project Evaluation and Learning





We are committed to building and celebrating social prescribing that prioritizes health equity, community leadership, and collaboration.



Social Prescribing Advocacy Across Stakeholders

Dr. Kate Mulligan

Twitter: @KateMMulligan

Mastodon: @KateMMulligan@zeroes.ca

Email: kate.mulligan@utoronto.ca



Public Health
Agency of Canada

Agence de la santé
publique du Canada



**Canadian
Red Cross**



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH