Social prescribing

Dr Michelle Redford

Outline

- Brief overview of social prescribing
- Specific example parkrun practices
- Ryan McCathie on the fundamentals of prescribing exercise
- Dr Marie Shieh's experience with social prescribing in her community

After this webinar you should be able to

- Recognize the role of social prescribing in healthcare
- Describe the health benefits of physical activity
- Give examples of social prescribing in practice



A TOOLKIT ON HOW TO IMPLEMENT SOCIAL PRESCRIBING



What is social prescribing?

"Social prescribing is a means for health-care workers to connect patients to a range of nonclinical services in the community to improve health and well-being.

Social prescribing can help to address the underlying causes of patients' health and well-being issues, as opposed to simply treating symptoms.

Thus, social prescribing is a more holistic approach to health care, which promotes community-based integrated care and helps to de-medicalise health service provision."

A few examples



Core principles of social prescribing are that it is a holistic approach focusing on individual need

promotes health and wellbeing and reduces health inequalities in a community setting, using non-clinical methods

addresses barriers to engagement and enables people to play an active part in their care

utilizes and builds on the local community assets in developing and delivering the service or activity

aims to increase people's control over their health and lives

Source: NHS England

Social prescribing has the potential to address the social determinants of health and reduce health inequity

Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Social determinants and health inequalities AIHW 2016

The 20% of Australians living in the lowest socioeconomic areas in 2014– 15 were 1.6 times as likely as the highest 20% to have at least two chronic health conditions, such as heart disease and diabetes

Australians living in the lowest socioeconomic areas lived about 3 years less than those living in the highest areas in 2009–2011 If all Australians had the same death rates as people living in the highest socioeconomic areas in 2009–2011, overall mortality rates would have reduced by 13%—and there would have been 54,000 fewer deaths

People reporting the worst mental and physical health (those in the bottom 20%) in 2006 were twice as likely to live in a poor-quality or overcrowded dwelling

Mothers in the lowest socioeconomic areas were 30% more likely to have a low birthweight baby than mothers in the highest socioeconomic areas in 2013 A higher proportion of people with an employment restriction due to a disability lived in the lowest socioeconomic areas (26%) than in the highest socioeconomic areas (12%) in 2012

Unemployed people were 1.6 times as likely to use cannabis, 2.4 times as likely to use meth/amphetamines and 1.8 times as likely to use ecstasy as employed people in 2013 Dependent children living in the lowest socioeconomic areas in 2013 were 3.6 times as likely to be exposed to tobacco smoke inside the home as those living in the highest socioeconomic areas (7.2% compared with 2.0%)

People in low economic resource households spend proportionally less on medical and health care than other households (3.0% and 5.1% of weekly equivalised expenditure, respectively, in 2009–10) People living in the lowest socioeconomic areas in 2014–15 were more than twice as likely to delay seeing—or not see—a dental professional due to cost compared with those living in the highest socioeconomic areas (28% compared with 12%)

Loneliness and social isolation in people 50+

- Social isolation is a significant risk factor for premature mortality comparable to high blood pressure, smoking, or obesity
- Social isolation in older adults associated with increased risk of dementia
- Social isolation or loneliness associated with increased risk of heart disease and stroke
- Loneliness associated with increased depression, anxiety, and suicide
- Loneliness among people with heart failure associated increased risk of death, hospitalization and emergency department visits

https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

Physical inactivity - AIHW data

61.7% in HNECC PHN (2014-15)

1 in 2

adults (55%) did not meet the physical activity guidelines in 2017–18

17%

of adults met both the physical activity and muscle strengthening activity guidelines in 2017–18

More Indigenous children

aged 5–17 met the physical activity guideline than non-Indigenous children aged 5–17

2 in 3

(70%) children aged 2–17 did not meet the physical activity guideline in 2011– 12

https://www.aihw.gov.a u/reportsdata/behaviours-riskfactors/physicalactivity/overview

1 in 10

(12%) children aged 5–12 and only 2% of young people aged 13–17 met both the physical activity and sedentary screen-based behaviour guidelines

Only 3 in 10

pregnant women met the Australian physical activity guideline





What is parkrun?

OUR MISSION STATEMENT:

To create a healthier and happier planet.

- A non-profit that organises free 5km events every Saturday morning in areas of open space
- More than 750,000 participants in Australia
- Started in 2004, came to Australia in 2011
- 2km junior parkruns for 4-14 year olds and their families on Sunday mornings are being rolled out
- Over 450 locations around Australia with more communities starting a parkrun every month
- All events are delivered by local volunteer teams
- Not a race and there is no time limit people can walk, jog, run, volunteer or spectate
- parkrun is open to all ages
- They are suitable for the whole family to take part in
- All events are delivered in line with the parkrun COVID-19 framework

parkrun research board

https://awrcparkrunresearch.wordpress.com/

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Research article Open Access Published: 02 November 2021

Exploring the benefits of participation in communitybased running and walking events: a cross-sectional survey of *parkrun* participants

Helen Quirk ^C, <u>Alice Bullas</u>, <u>Steve Haake</u>, <u>Elizabeth Goyder</u>, <u>Mike Graney</u>, <u>Chrissie Wellington</u>, <u>Robert</u> <u>Copeland</u>, <u>Lindsey Reece</u> & <u>Clare Stevinson</u>

BMC Public Health21, Article number: 1978 (2021)Cite this article2690 Accesses6 Citations66 AltmetricMetrics

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parkrun as a tool to support public health: insights for clinicians

Steve Haake, Helen Quirk and Alice Bullas British Journal of General Practice 20 May 2022; BJGP.2022.0001. **DOI:** https://doi.org/10.3399/BJGP.2022.0001

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RESEARCH ARTICLE

The health benefits of volunteering at a free, weekly, 5 km event in the UK: A cross-sectional study of volunteers at *parkrun*

Steve Haake 👓 🖾, Helen Quirk 👓, Alice Bullas

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Large proportions of *parkrun* participants identifying as exclusively volunteers reported improvements to different aspects of their health and wellbeing

Volunteers were much less likely than runners/walkers who also volunteer to be motivated by a feeling of obligation or moral duty, but equally likely to volunteer to help people or feel part of a community

Volunteers were more likely to report improvements from volunteering than runners/walkers who volunteer for impacts relating to connections with others; examples were feeling part of a community, meeting new people and spending time with family.

While improving mental and physical health was ranked low as a motive for volunteers, over half reported improvements due to volunteering at *parkrun* to mental health, and a quarter to physical health

https://www.sciencedirect.com/science/article/pii/S2211335520301893

Research article Open Access Published: 02 November 2021

Exploring the benefits of participation in communitybased running and walking events: a cross-sectional survey of *parkrun* participants

Survey respondents, representing *parkrun* participants with a diverse range of demographic and socioeconomic characteristics and of physical activity levels at *parkrun* registration, reported a wide range of benefits that they credited to *parkrun* participation.

Around 9 out of 10 of those who were previously inactive reported increases to their physical activity and similar proportions reported improvements to their physical health and fitness. This proportion increased further for those from socioeconomically deprived areas.

The results show that *parkrun* and similar initiatives can introduce large numbers of people from diverse backgrounds to recreational physical activity and impact positively on a high proportion of them. It is important that future research helps identify *how* community initiatives like *parkrun* can better engage with those groups who potentially have most to gain from being more active in order to maximise impact.

https://link.springer.com/article/10.1186/s12889-021-11986-0#Sec26

Prescribing parkrun

- Motivational interviewing
- Understand how it works
 - Where and when
 - Register once on website
 - Print or save barcode
 - First timers welcome
 - Results by email
 - Nobody comes last





Moree	Narrabri
Inverell	Armidale
Chaffey Park (Manilla)	Tamworth
Walcha	Gloucester District
Taree	Forster
Bill Rose Sports Complex	Karoola Park
(Scone)	(Muswellbrook)
Singleton	Nulkaba
The Terrace (Raymond	Fingal Bay
Terrace)	
Blue Gum Hills (Minmi)	Callaghan (Newcastle
	University)
Stockton	Newy (Carrington)
The Beaches (Bar Beach)	Blackbutt (New Lambton)
Lake Mac (Booragul)	Lakeview (Belmont)
Avondale University	San Remo
College	
The Entrance	Mt Penang (Kariong)
Woy Woy	



ocacy News





Walk, jog, run, volunteer or spectate – it's up to you!

- The parkrun practice initiative is a voluntary collaboration between a GP practice and a local parkrun event
- Before registering to be a parkrun practice, we ask that you reach out to your local parkrun or go along to your local parkrun event to introduce yourself and let them know your practice is interested in registering to be a parkrun practice!
- Now you are all set to register your practice here. This will only take 5 minutes of your time
- We strongly recommend you reach out to your local parkrun to let them know you are a parkrun practice. parkrun have an amazing community of volunteers who will endeavour to get in contact with you as soon as they can

https://www.racgp.org.au/parkrunpractice

We are a

parkrun practice

Join the parkrun family and walk, jog, run, volunteer or spectate.

- Friendly, enjoyable 5km events Every Saturday morning
- Sector Se
- Be part of your community Make new friends and socialise
- **Build confidence** Track progress and achieve new goals
- Open and accessible to all
 No experience necessary

- Improve health and wellbeing Encourage active lifestyles
- Promote social prescribing Link primary care with community organisations
- B Have fun and meet people Opportunities to volunteer

Local parkrun details:



Improve the health and wellbeing of practice staff and patients, reducing the need for lifelong medicine



Support the move towards personalised care and social prescribing



Strengthen connections with the local community

MM

Improve staff morale and relationships between staff members and other practices



To help you have a conversation with your staff, patients, and community to get involved and join in the parkrun fun!



Find out more at parkrun.com.au



parkrun practices

- Partnership between RACGP and parkrun Australia
- UK model
- Free sign up
- Link with one or more local event

https://www.racgp.org.au/parkrunpractice

Map accurate 4/8/22

https://www.racgp.org.au/parkrunpractice/registration

