

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 7154

### **Title**

*Patient experience with Social Prescribing Program in Ontario, Canada*

### **Priority 1 (Research Category)**

Social determinants and vulnerable populations

### **Presenters**

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### **Abstract**

Context: Social Prescribing (SP) is an approach to help individuals address their health and social needs wherein a healthcare practitioner refers patients to non-clinical services in the community. Models of SP vary, and the experience of patients across these models is less known. Objective: To describe patients' experience in a SP program where patients were randomly allocated to a holistic, patient centered, bilingual, longitudinal navigation support (Access to Resources in the Community (ARC) model) or sign-posting to Ontario-211's free provincial online and dial-in navigation service that provides information and referral to community resources. Study design, setting, population: Qualitative study using semi-structured interviews with 32/326 Ontarians participating in the ARC-211 randomized control trial (2019-2020). Analysis: Interviews were thematically analyzed with inductive/deductive hybrid approach, using a coding scheme adapted from Levesque's Access framework and free coding to identify navigators' approaches that influenced patient's barriers to access. Results: Participants were females (72%), >65 years (28%), Francophone (40%), < university degree (66%), not working (77%) and reported mental health, healthy lifestyle and social/financial related needs. ARC: All (N=17) participants used navigation. Findings were summarized across 5 themes of access and mapped to navigator's approaches. Participants reported that ARC navigator provided informational, outreach and long-term emotional support that encouraged, motivated and empowered them in their journey to overcome access barriers. Navigator's approaches helped participants improve their ability to identify their health/social need/s and set priorities, to seek health care services, to reach the referred community service, to obtain affordable service, and improved their self-confidence, trust, self-efficacy and readiness to engage with community services. 211: Narratives indicated Ontario-211 users (3/15) appreciated information provided and active listening by 211 navigators, and the regular updates of 211 online directory. Most non-users did not recall 211 while others were discouraged due to lack of resources and clear web-information, technology challenges, and high cost of services. Conclusion: Findings suggest

that SP in any form is beneficial. 211 is helpful but has limitations and ARC model although requiring a culture shift appears promising to improve access and reduce inequities.

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