Better Health Through Social Connection

By Susan H. McFadden

Imagine going to your primary care physician and getting your usual prescription for various medications -- plus a prescription to attend programs at an art museum, volunteer at a food bank, take a cooking class, or participate in community-sponsored walks in a local park. This has been happening in Great Britain for over a decade. It's called "social prescribing."

In well-developed social prescribing systems like the one supported by the British National Health Service, primary care doctors refer patients to link workers (also known as "navigators") who match patients' needs and interests to activities that help to promote well-being, alleviate loneliness, and build resilience. Link workers guide patients to participate in arts and culture organizations, local social programs, outdoor activities, etc. Research has demonstrated that this type of medical care can improve overall physical and mental health, reduce hospitalizations, and support meaningful social connections.

In the U.S., some health care professionals are beginning to recognize "social determinants of health," sometimes called SDoH. They know that medical procedures and pharmaceuticals are not sufficient to address the social, economic, and environmental sources of suffering experienced by their patients. However, they are often under tremendous pressure to treat many people in brief visits. Also, they may feel unprepared to refer patients to various community programs. This is why link workers can be so important when they are included in primary care staffing.

Since the pandemic focused attention on the number of people of all ages experiencing social isolation and loneliness, recognition of the need to address the silos between medical and social care has produced several exciting new initiatives. For example, Social Prescribing USA is a nonprofit organization that collaborates with health care systems offering social prescribing, community organizations that partner with these systems to provide social programs, and academic institutions that conduct research on the effectiveness of this work. Unfortunately, so far none of these are listed by Social Prescribing USA as operating in Wisconsin.

Art Pharmacy is a new organization supporting social prescribing in the U.S. This company works with managed care organizations to support a variety of arts and cultural activities prescribed for patients by their health care providers. Care navigators work with patients to determine the activities that will be most appropriate and enjoyable.

Collaborating with health plans, health care systems, and philanthropies, Art Pharmacy can cover admission costs for individuals who otherwise could not afford an arts or cultural experience; sometimes it also provides transportation for people who have no way to get to a museum, concert, or play. It also supports participatory arts engagement like dance classes. Begun in 2022, Art Pharmacy already has developed relationships between health care organizations and arts and cultural institutions in California, Georgia, New York, Connecticut, and Massachusetts.

How Can Churches Help?

Although it may be a long time until social prescribing is integrated into the U.S. health care universe, there are numerous opportunities for communities to connect elders to a variety of social programs with health benefits. Congregations can take the lead in spreading the word

about these programs. In addition, congregations can recognize how they are already offering many opportunities for elders to enjoy the health benefits of regular, engaging, joyful connections with people of all ages.

Questions for Discussion:

1. We all know medical providers are very busy and may be unaware of community programs that might help their patients. How might they be better informed and encouraged to offer “social prescriptions”?
2. What could be the role of congregations in supporting the idea of social prescriptions, especially for persons lacking resources to participate in arts and cultural activities?
3. How is the United Church of Christ — nationally, regionally, or locally — participating in the emerging discussion of ways to address social determinants of health?