



## **Social Prescribing Theory of Change:**

From Social and Emotional Loneliness to Wellbeing  
Through Comfort with Primary Care and Openness to  
Social Prescribing

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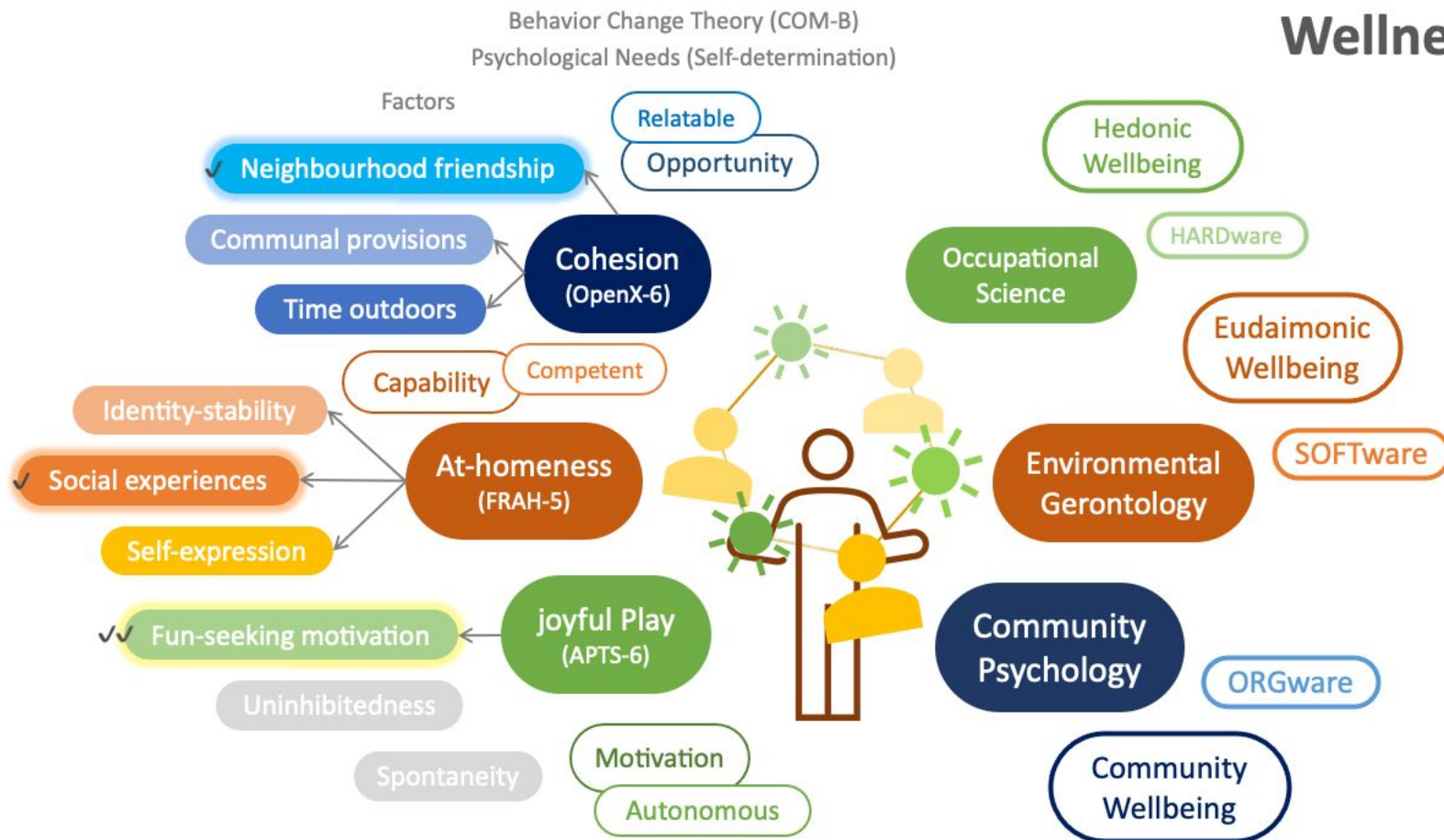
# Land acknowledgment

I gratefully acknowledge joining you from the unceded, traditional, ancestral territories of kwikwəłəm (Kwikwetlem) First Nation.

Pictured: Recent partnerships with Indigenous-led organizations on the unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) First Nations.



# CAP Place-based Wellness Model

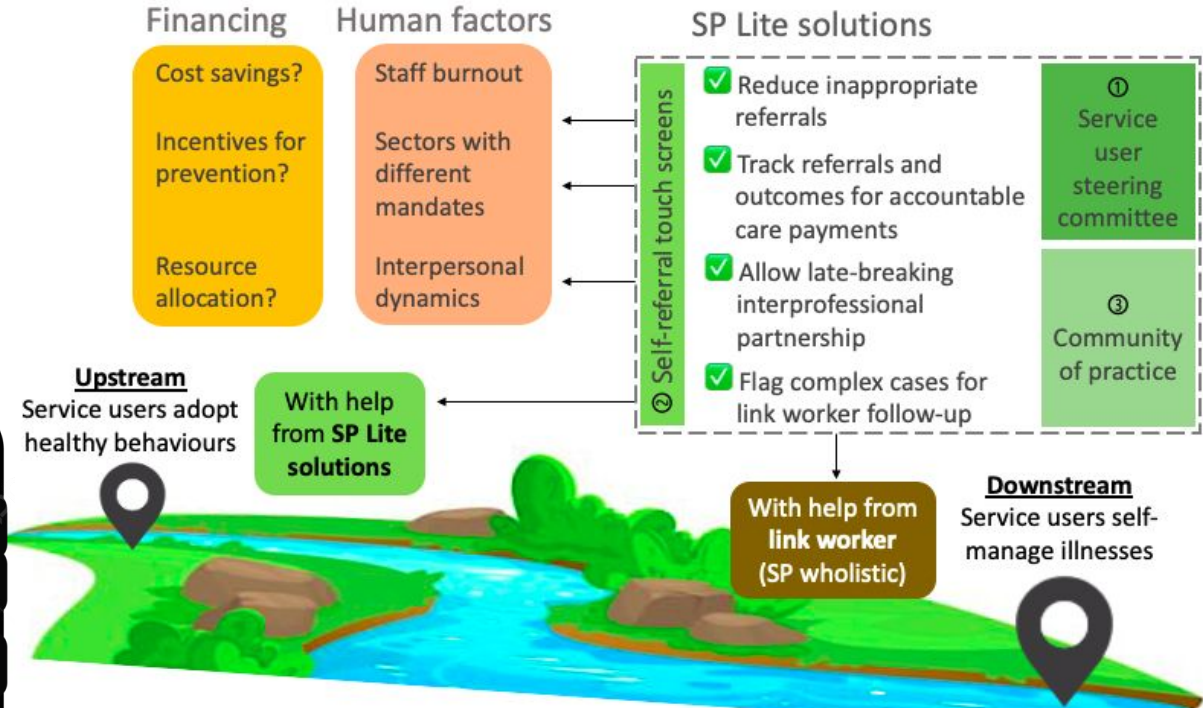
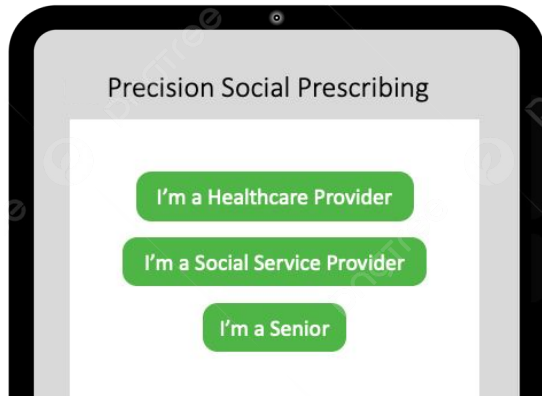


# Digital SP Lite: Barriers & facilitators

## Policy drivers:

- Demographic transition
- Population aging
- Shortage of community & health professionals

**Vision:** An AI-powered marketplace for aging in place (TRL 6)



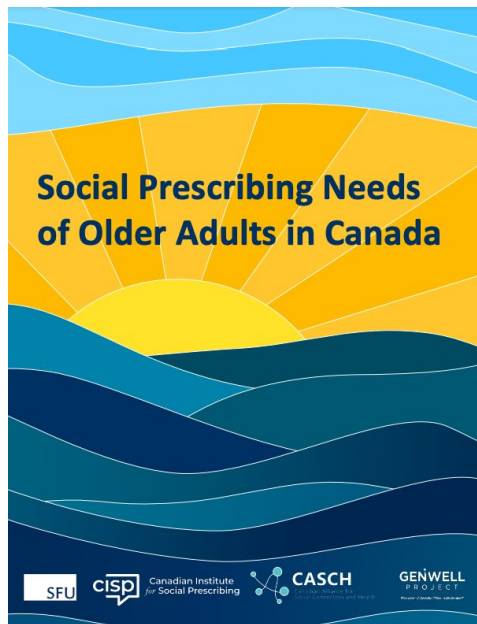


# An overview

More than 4,000 Canadians 55+ responded to a survey on Social Prescribing (SP)

- >1,200 answered questions on **comfort with primary care discussions**
- >1,100 answered questions on **openness to SP**

2022



2023

## Our webinar today:

- gathers your input on further analysis
- explores how SP might help people evolve from loneliness to wellbeing
- discusses clinical and programmatic implications

2025

# What are pathways from loneliness to wellbeing?

“people I can rely on”  
“many people I can trust”  
“people I feel close to”

**Social  
loneliness**

**Emotional  
loneliness**

“sense of emptiness”  
“often feel rejected”  
“miss having people around”

**Comfort with primary  
care discussions (CPD)  
on Social wellness**

referrals to participate/volunteer  
in community organization

**CPD Mental wellness**

advice on “mental health,”  
“social connection,” fun activities

**CPD Physical wellness**

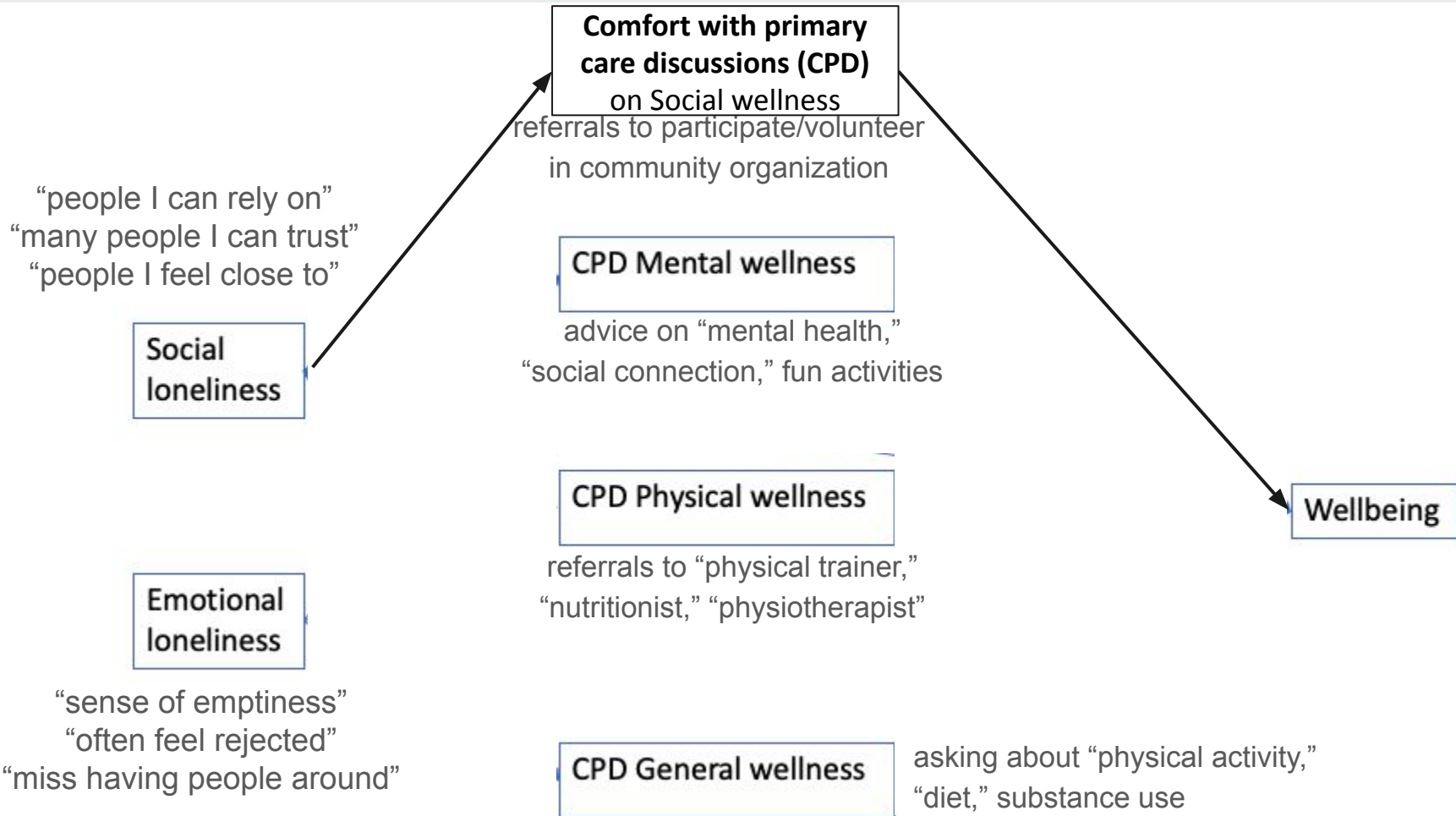
referrals to “physical trainer,”  
“nutritionist,” “physiotherapist”

**CPD General wellness**

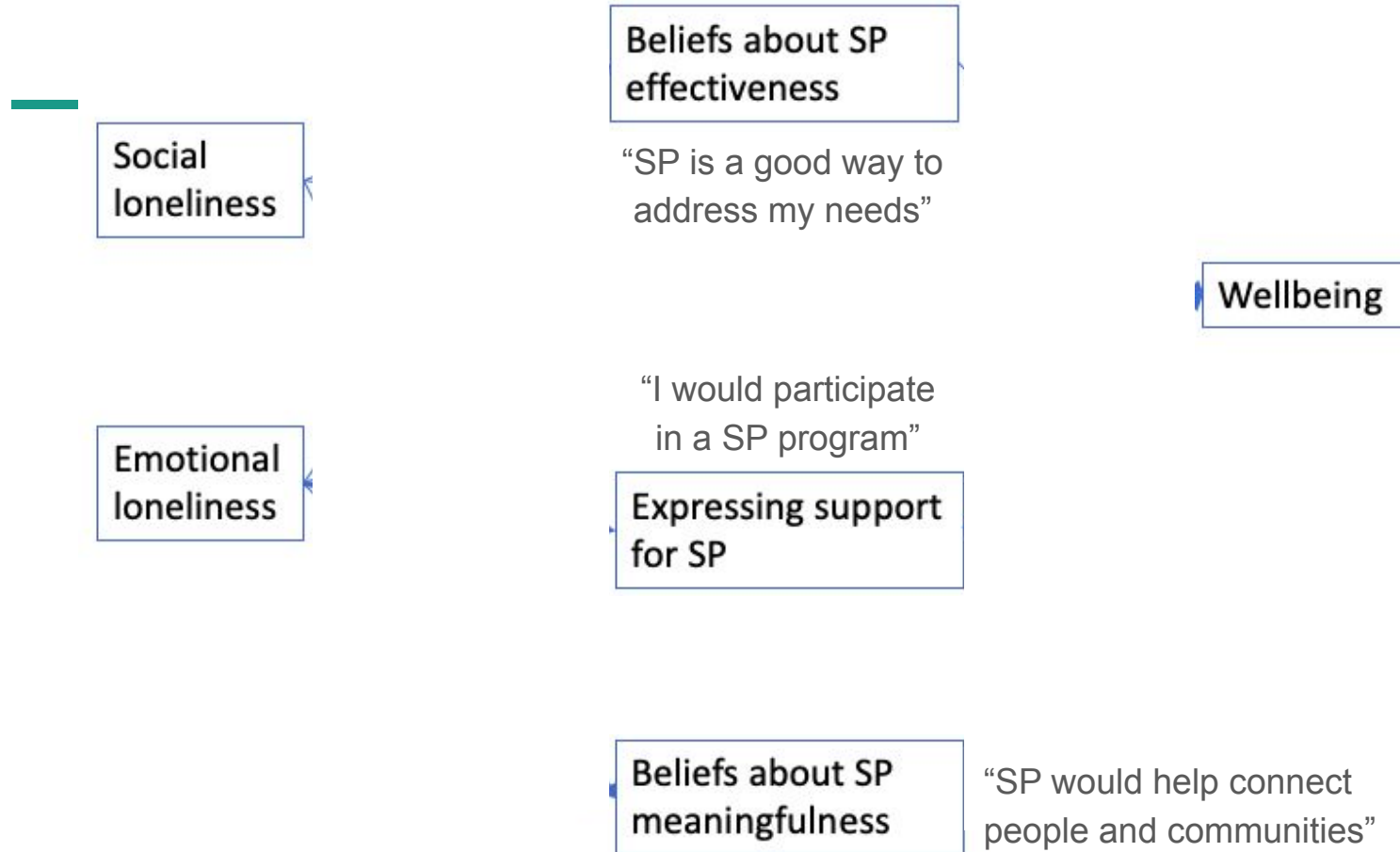
asking about “physical activity,”  
“diet,” substance use

**Wellbeing**

# What are pathways from loneliness to wellbeing?

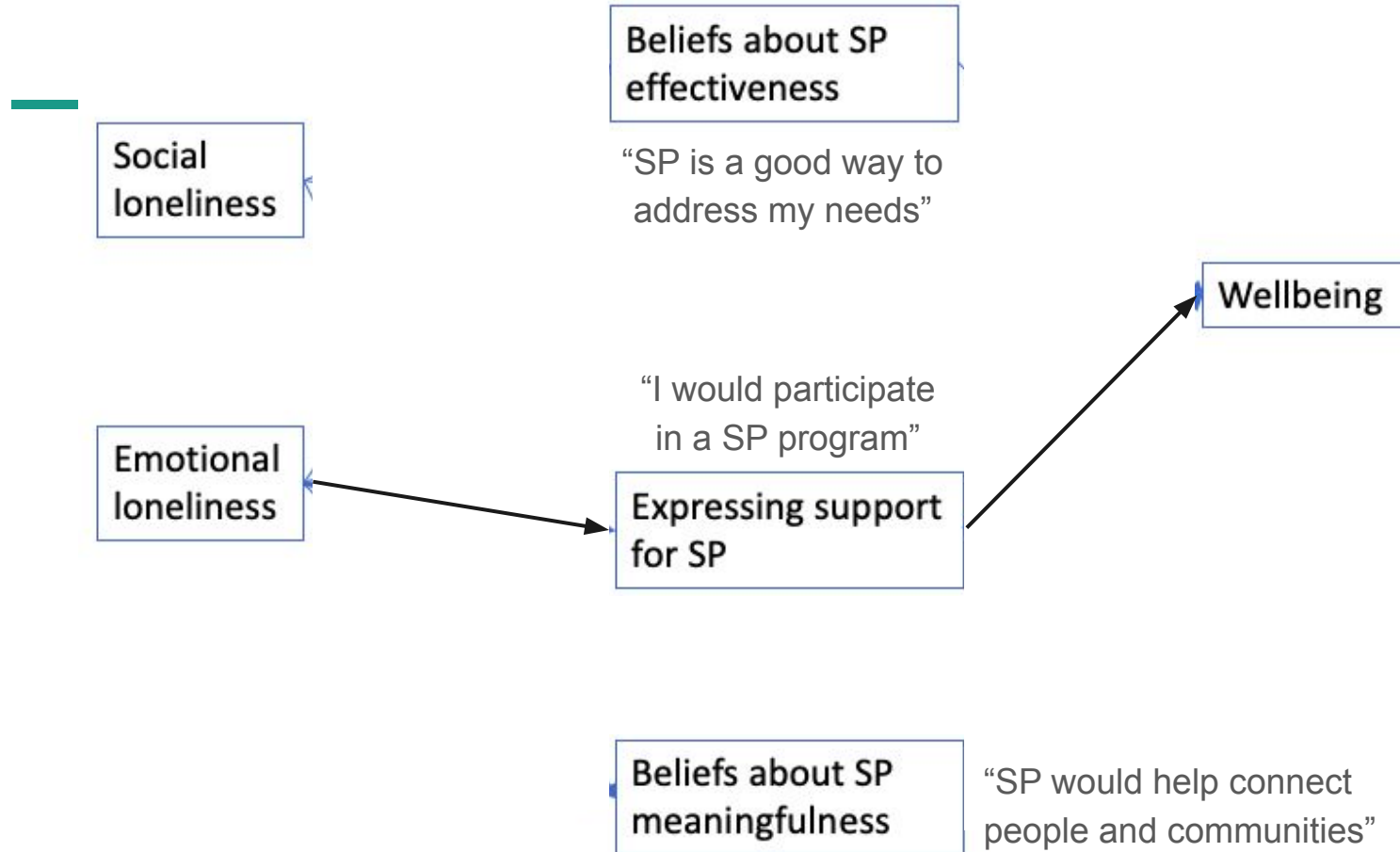


# What are pathways from loneliness to wellbeing?





# What are pathways from loneliness to wellbeing?



# Primary/community care discussions may focus on *social wellness*

Primary care can transform health services by addressing social wellness early.

- **Social interactions** during activities like walking and horticulture mediated the positive effects of active living.

Innovations included involving social professionals and academy-community wellness partnerships:

- **Student-led wellness clinics** in supportive housing reduced isolation and strengthen community ties.
- A holistic understanding of patients' social environments built trust and involved targeted training (e.g., motivational interviewing).



# *Emotional loneliness* is 2.3 times more detrimental than social loneliness

In older adults (70+), emotional loneliness has 1.5 to 2 times **more negative impact** on health-related quality of life (HRQoL) than social loneliness.

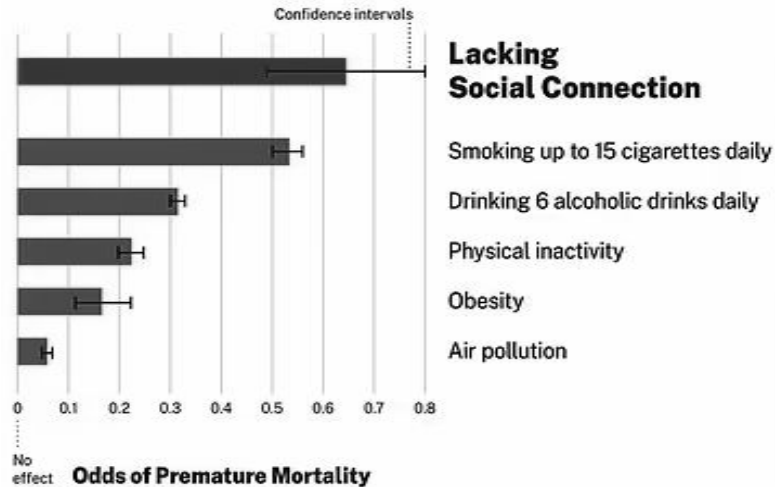
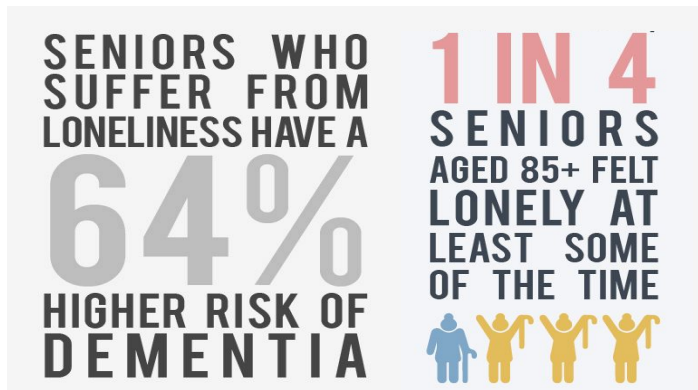
- Low social loneliness in older adults (60+) may be protective, reflecting self-awareness and readiness for action.

Emotional loneliness becomes **more significant with age**, highlighting the need for age-sensitive approaches.

- Emotional loneliness increased during the COVID-19 pandemic, even as social loneliness stayed stable.



# Addressing loneliness upstream?



# ***Expressing support for SP* may improve wellbeing among people who report emotional loneliness**

Expressing support reflects acknowledgment of needs, openness to change, and self-advocacy toward positive resolution.

- Self-efficacy mediates the link between loneliness and health outcomes.
- Openness to SP signals readiness to challenge negative self-beliefs and seek meaningful relationships.

**Motivational interviewing** (reflective listening and eliciting change talk) is a key strategy to encourage SP support.

- Training providers to recognize the right moment to discuss SP can reduce resistance and boost change readiness.





## ***Other variables* may explain the relationship between loneliness and wellbeing**

Over 90% of the loneliness-wellbeing link remains unexplained, suggesting other mediating factors, such as

- Positive self-beliefs, self-efficacy, resilience, trust, change readiness, and provider motivational interviewing skills.

Findings highlight the role of trust and holistic, person-centered care in successful SP enrollment.

- Comfort discussing social and emotional needs in primary care is linked to better wellbeing.
- Support for SP is associated with improved wellbeing, especially for those with emotional loneliness.





## 2 Key Takeaways

1. Primary/community care can promote health as adaptability, including social and emotional wellness.
2. Tailored interventions and **motivational interviewing** may address older adults' social and emotional loneliness for better SP enrolment.



# Acknowledgements

PI: Dr. Kiffer Card, SFU

## Co-authors:

Dr. Vivian Welch, uOttawa

Dr. Paul Hebert, uOttawa

Dr. Michelle Nelson, UdeM

Dr. Kate Mulligan, UofT

Dr. Adam S. Hoverman, UBC

Dr. Sandra Allison, UBC

Dr. Grace Park, UBC

## Funders:



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



Canadian Institute  
*for* Social Prescribing

## Supported by:



CASCH

Canadian Alliance for  
Social Connection and Health



# Questions for discussion



- Why do some groups feel discomfort discussing social and emotional wellness with community/primary care providers?
- How to simplify referrals from health authorities/primary care?
- How to address social determinants of health in the SP process?

To learn more: <http://tiny.cc/3w1i001>

# Introduction



This study examines **comfort with primary care discussions** and **openness to SP** as mediators of the associations between loneliness and wellbeing among Canadians aged 55 and older to enhance enrolment.

- Comfort with primary care discussions about **social wellness** is associated with better well-being ( $\beta = .08^{**}$ ).
- People who report social loneliness are most comfortable with primary care discussions about **general wellness** ( $\beta = -.17^{***}$ ) and least comfortable with primary care discussions about **mental wellness** ( $\beta = -.24^{***}$ ).
- Among people who reported emotional loneliness, **expressing support for SP** may be key to improving wellbeing ( $\beta = .10^{***}$ ).

While SP is broadly acceptable, tailored interventions may be required to address the SP needs of people who experience emotional loneliness and elicit buy-in.

# A Note About Likert Scale: **Variation** not mean; Variables not items

## Advanced Models for Analyzing Likert Scale Data

01

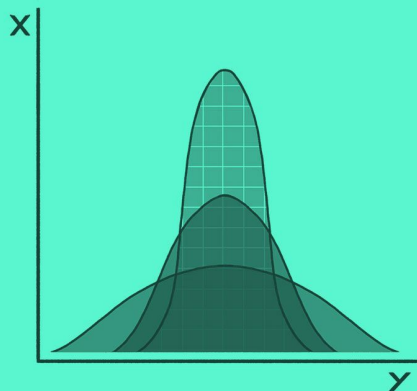
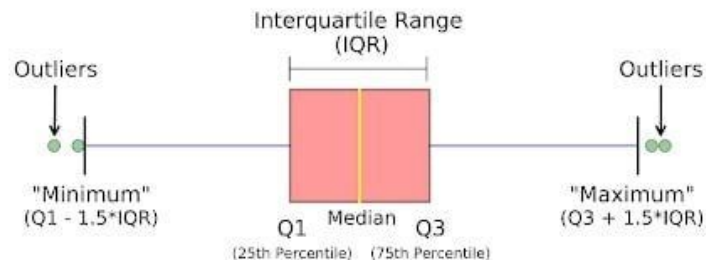
### Factor Analysis

- Pros: Reveals latent variables and simplifies complex data
- Cons: Limited sample size and subjective decisions

### Structural Equation Modeling (SEM)

- Pros: Provides holistic understanding and model fit assessment
- Cons: Has high data requirements and complex analysis

02



## Variance

[*ˈvɛr-ē-ən(t)s*]

A measurement of how far each number in a data set is from the mean (average), and thus from every other number in the set.

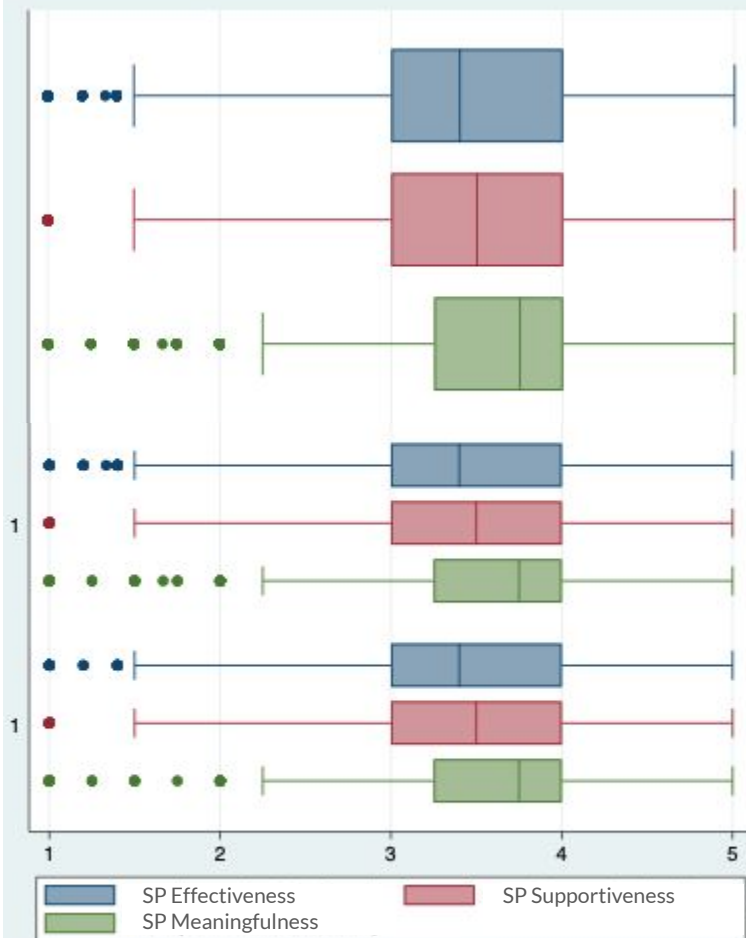
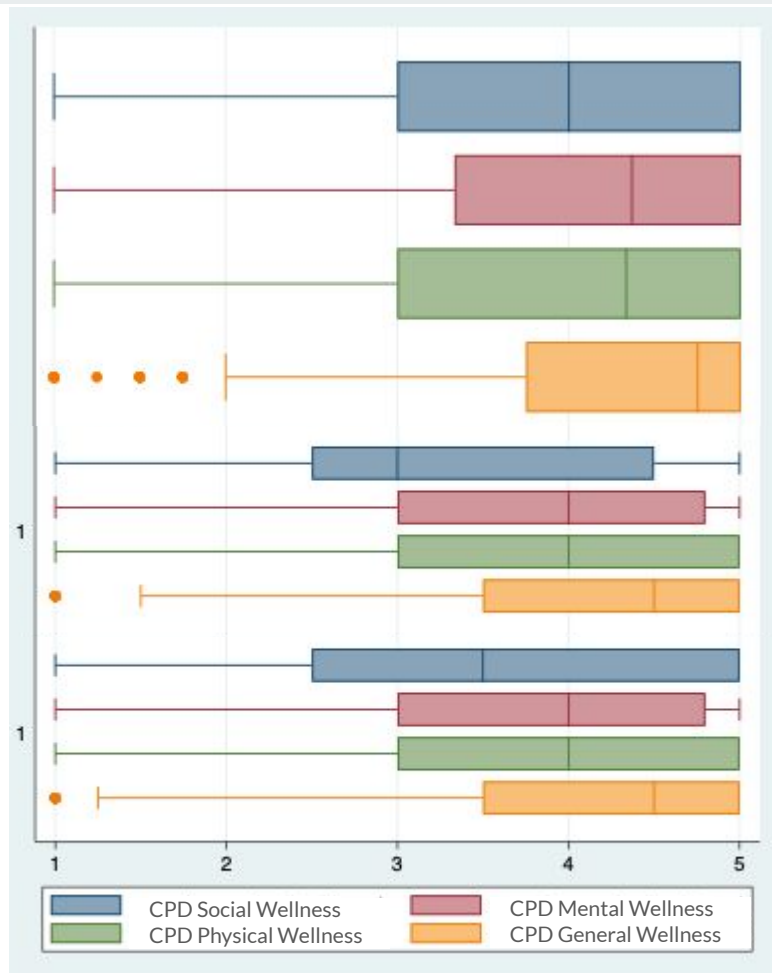
# Variances of *Comfort with Primary Care* (left) & *SP Openness* (right)

Overall:

By loneliness status:

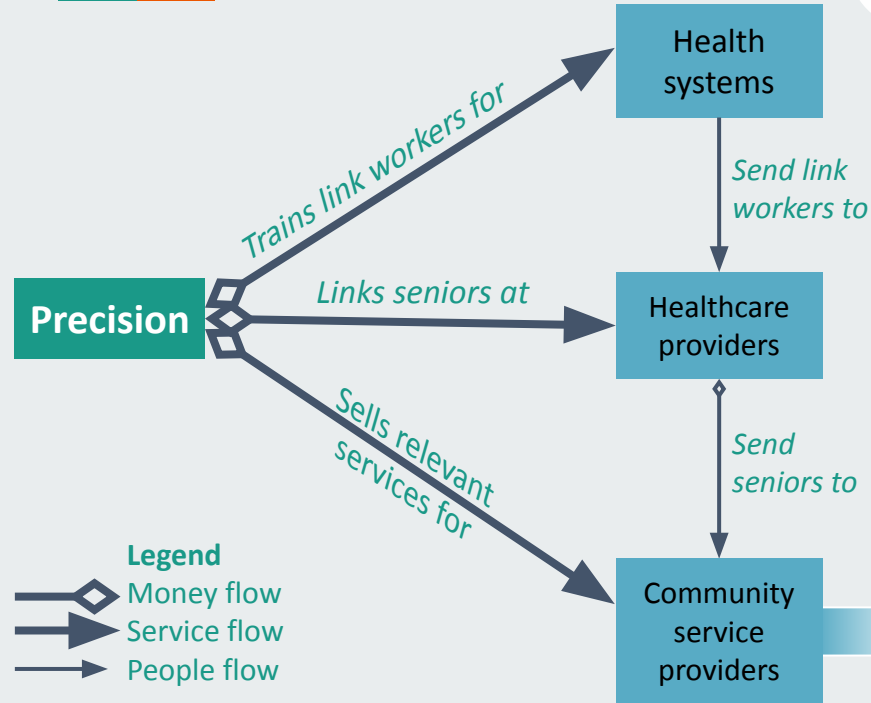
Socially lonely

Emotionally lonely





# Digital SP Lite



## Controlled Trial Results:

