



“Relieve Burden in the Healthcare
System by Advocating for Recreation
Therapy Services and ‘Social
Prescription’”

Addendum to the Final Report



NOVA SCOTIA
THERAPEUTIC RECREATION
ASSOCIATION

© Copyright

Nova Scotia Therapeutic Recreation Association, January 2021

“Relieve Burden in the Healthcare System by Advocating for Recreation Therapy Services and
‘Social Prescription’”

Addendum to the Final Report (of March 2020)

With special thanks to Alexandra LeGrow and Shelley Smith, Co-Authors

Introduction:

In March 2020, the Nova Scotia Therapeutic Recreation Association (NSTRA) released its report entitled “Relieving Burden in the Healthcare System by Advocating for Recreation Therapy Services and ‘Social Prescription’”. Since that time, research and further evidence has emerged, including updates from the Alliance for Healthier Communities Social Prescribing in Ontario Pilot Project, as well as a new program known as “Park Prescription (PaRx)” which is an initiative of the British Columbia Parks Foundation launched in November 2020. This report will discuss these programs and focus on further evidence and studies demonstrating the benefits of prescribing nature, recreation and play, and why Nova Scotia needs to act now!

Alliance for Healthier Communities – Social Prescribing in Ontario Update

As NSTRA reported in March 2020, Ontario was involved in a pilot project called “Therapeutic Recreation and Social Prescription” from September 2018 to December 2019. The Alliance for Healthier Communities and the Association of Family Health Teams of Ontario implemented social prescription in 11 diverse communities. This program focused on a strengths-based approach that empowered patients and healthcare providers. When patients experience social isolation or other social needs, healthcare practitioners can use social prescriptions to connect them to a link worker (whose role is parallel to that of a Therapeutic Recreation practitioner in Nova Scotia), who then works closely with patients to connect them with the appropriate supports and services. The project also involved health centres identifying nonclinical interventions and services, building a clinical pathway, and tracking the impact of health outcomes through data collection and evaluation. Results were positive, showing a 49% reduction in feelings of loneliness. The goal was to share this project with other service providers to generate a more interconnected and patient centred healthcare framework and to ultimately create healthier communities (Mulligan et al., 2020).

In March 2020, the Alliance for Healthier Communities released their final report with the following findings and recommendations (Mulligan et al., 2020):

- Clients reported overall improvements to their mental health and a greater capacity to self-manage their health, as well as decreased loneliness and an increased sense of connectedness and belonging.
- Healthcare providers find social prescribing useful for improving client wellbeing and decreasing repeat visits. They recognized the value of the navigator role, and where it was not in place, they felt a need for more support.
- Social prescribing enabled deeper integration between clinical care, interprofessional teams, and social support; and it enhanced the capacity of the community through co-creation.

Because Social Prescribing is gaining momentum in Canada among healthcare providers, community partners, researchers, funders and policy makers, Mulligan et al. (2020) suggest that Social Prescribing should be used more broadly to support a more integrated health system and build more connected communities.

Their recommendations include having policy makers, funders and health teams invest in primary healthcare and social supports. These individuals can further advance social prescribing initiatives with direct financial, material and/or policy support. They also suggest that healthcare, cross-sectoral, and social support organizations can build and strengthen local partnerships, adapt social prescribing to the needs and assets of their communities, embrace culture change, and develop strategies for data collection and use. In addition, they recommend that researchers and academic institutions contribute to screening and evaluation tools, conduct data analysis and provide research support to healthcare and social support organizations.

As part of the project, the Alliance for Healthier Communities released a “Social Prescribing Guidebook for team based primary care providers in Ontario” which offers key considerations and recommendations and can be found attached to this report.

In August 2020, Mulligan and Mehta published a report which explored the affects of COVID-19 and the social determinants of health. They noted that in Ontario the pandemic specifically impacted those from low-income families. Their research showed that these populations, and those dealing with racism are most affected by the pandemic. Positively, this data has healthcare providers in Ontario re-evaluating their practices. They need a practice-based solution to help them address the social determinants of health including access to food, housing, income supports, culturally safe supports, and community connection. They determined that they need Therapeutic Recreation and social prescription.

During the COVID-19 pandemic, Community Health Centres and Family Health Teams involved in the Therapeutic Recreation and Social Prescription project in Ontario stayed opened, (with little support), as they had identified vulnerable clients. They were able to provide check-in calls and dropped off food, medication, and other leisure related supplies to isolated citizens. They created online spaces for health promotion, fitness programs, cooking classes and coffee socials. They provided healthcare and supported social needs.

COVID-19 has showed the importance of community and togetherness, as that has been a major component of surviving this pandemic. The Government of Canada has put many financial supports in place for Canadians, and healthcare responses were quick to focus on acute care. However, there has been a lack of connection to healthcare and a direct goal of improving health equity for the future of Nova Scotia. Data shows that 80 to 90% of our health and wellbeing is determined by factors outside of our healthcare system. We need to take this information and act on it. It is time to integrate health and social care to relieve burden in our healthcare system. NSTRA believes Recreation Therapy is the answer to improving the healthcare system in Nova Scotia for all.

“Parks Prescription” – British Columbia Parks Foundation

Park Prescription (PaRx) is an initiative of the British Columbia Parks Foundation and is driven by healthcare professionals who want to improve their patients' health by connecting them to nature. Launched in late November, 2020, Dr. Melissa Lem has helped to design Canada's first nature prescription program which empowers health-care practitioners to formally prescribe time outdoors for the physical and mental health of their patients. Dr. Lem is a family physician in Vancouver who has embraced the evidence that there are numerous health benefits linked to time spent in nature. After prescribing nature informally as part of her practice for years, she now has the ability to formally prescribe it, which has shown to improve the odds that patients will take it more seriously through the power of persuasion (Metcalf, 2020).

As reported in numerous studies, the health benefits of time spent in nature have proven to be quite broad. As referenced in this article by Dr. Lem, the largest meta-analysis of its kind, Twohig-Bennett and Jones (2018) report that Greenspace exposure is associated with wide ranging health benefits. They conducted a review of 143 studies and found significant reductions in diastolic blood pressure, salivary cortisol and heart rate, as well as significant decreases in incidence of diabetes, all-cause and cardiovascular mortality. In addition, they noted that the incidence of stroke, hypertension, asthma and coronary heart disease were reduced. Their findings suggest that practitioners and policy makers should give careful consideration as to how they can create, maintain, and improve accessible greenspaces and develop strategies and interventions for those who could benefit most.

In another study conducted by Hunter et al. (2019) and reported by Dr. Lem, the relationship between duration of time spent in nature and changes in salivary cortisol to detect stress levels was researched. The authors note there has been plenty of subjective data collected, but this study focused on objective data by measuring salivary cortisol in response to the duration of exposure to nature. They determined that the more time spent in nature (i.e. 20-30 minutes, 3 times per week) showed the greatest reduction in stress levels. Because the participants in this study had significant control over how they 'self medicated with nature', the flexibility was essential for establishing and maintaining self-care behaviors while balancing other responsibilities. They suggest that the results of their study provide a validated starting point for healthcare practitioners to 'prescribe nature' to those in their care and is timely when looking at the rising cost of healthcare. In addition, they note that this can be used as a tool by a field of study that is poised for new insights on the contributions of age, gender, and cultural context to the effectiveness of nature exposure on well-being. As mentioned in the NSTRA report, this aligns with scope of practice for Recreation Therapy.

As a partnership with BC Parks Foundation, the development of this program also included BC Family Doctors, Nurse Practitioners of BC and other partnering organizations. Their plan is to expand the program to other provinces and territories with the intent to partner with healthcare

and parks organizations and share the resources they have spent years collecting. Their goal is to provide a meaningful experience with nature and feel that nature prescriptions are what Canadian health care needs to heal and emerge from Covid-19 with resilience (Metcalf, 2020).

NSTRA believes Recreation Therapy is the answer to help play a role in creating healthier communities for Nova Scotia!

Conclusion

According to the Active Outdoor Play Statement from the Council of Chief Medical Officers on Health (Pan-Canadian Public Health Network, 2015):

Access to active play in nature and outdoors – with its risks- is essential for healthy child development. We recommend increasing children’s’ opportunities for self directed play outdoors in all settings – at home, at school, in childcare, the community and nature.

The authors suggest that health, sport and recreation professionals and educators share evidence and increase policy makers and decision makers awareness and understanding of the benefits versus the risk of outdoor play. Additionally, they suggest advocating for municipal bylaws and school and government policies that enable equitable access to opportunities for active outdoor play for all. They recommend that federal and provincial governments explore innovative strategies to collaborate across sectors, finding ways to support all individuals to engage with nature through active outdoor play, and explore investing in funding sources for the construction of natural playgrounds that support physical activity (Pan-Canadian Public Health Network, 2015).

Considering the forward-thinking and innovative work that is happening in BC and Ontario, the NSTRA feels that in Nova Scotia there could be an amazing partnership with DNS, RNS including municipal and community parks and recreation providers. We strongly feel that Recreation Therapy is the answer to creating healthier communities and as the mounting evidence demonstrates, exposure to nature, recreation and play have numerous health benefits!

References

- Hunter, M-C. R, Gillespie, B.W. and Yu-Pu Chen, S. (2019). Urban nature experiences reduce stress in the context of daily life based on salivary biomarkers. *Frontiers in Psychology*.
<https://doi.org/10.3389/fpsyg.2019.00722>
- Metcalfe, Z. (December, 2020). Take two hikes and call me in the morning. *National Observer*.
Retrieved from <https://www.nationalobserver.com/2020/12/07/canada-nature-prescription-program-outdoors-health>
- Mulligan, K., Hsiung, S., Bhatti, S., Rehel, J. and Rayner, J. (March, 2020). Rx Community: Social prescribing in Ontario - Final report. *Alliance for Healthier Communities*.
Retrieved from [rxcommunity_final_report_mar.pdf\(ymaws.com\)](rxcommunity_final_report_mar.pdf(ymaws.com))
- Mulligan, K. and Mehta, K. (August 20, 2020). Social prescribing: The next step for equitable healthcare. *Healthy Debate Opinions*. Retrieved from
<https://healthydebate.ca/opinions/social-prescribing-equitable-hc>
- Pan-Canadian Public Health Network. (2015). Active outdoor play statement from the council of chief medical officers of health. Retrieved January 14, 2021 from <http://www.phn-rsp.ca/aop-position-jae/index-eng.php>
- Twohig-Bennett, C. and Jones, A. (2018). The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes. *Environmental Research*, 166, pages 628-637. <https://doi.org/10.1016/j.envres.2018.06.030>