



**Type 2 Diabetes
Network**



**Institute for
Health System
Transformation
& Sustainability**

Social Prescribing and Type 2 Diabetes

October 17, 2023

Health Quality BC, which does its work throughout the province, would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the x̱w̱məθḵw̱əy̱əm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətaʔɫ (Tseil-Waututh) Nations, where our main office is located.

Health Quality BC also recognizes Métis people and Métis Chartered Communities, as well as the Inuit and urban Indigenous peoples living across the province on various traditional territories.



Who Are We?



**Institute for
Health System
Transformation
& Sustainability**

Social Prescribing & Type 2 Diabetes

Welcome and Introductions

What is social prescribing?

Why should we use social prescribing for type 2 diabetes?

How do we do social prescribing?

Q & A

Wrap-up and Evaluation

This Webinar is Being Recorded!

This webinar is being recorded and will be shared publicly.

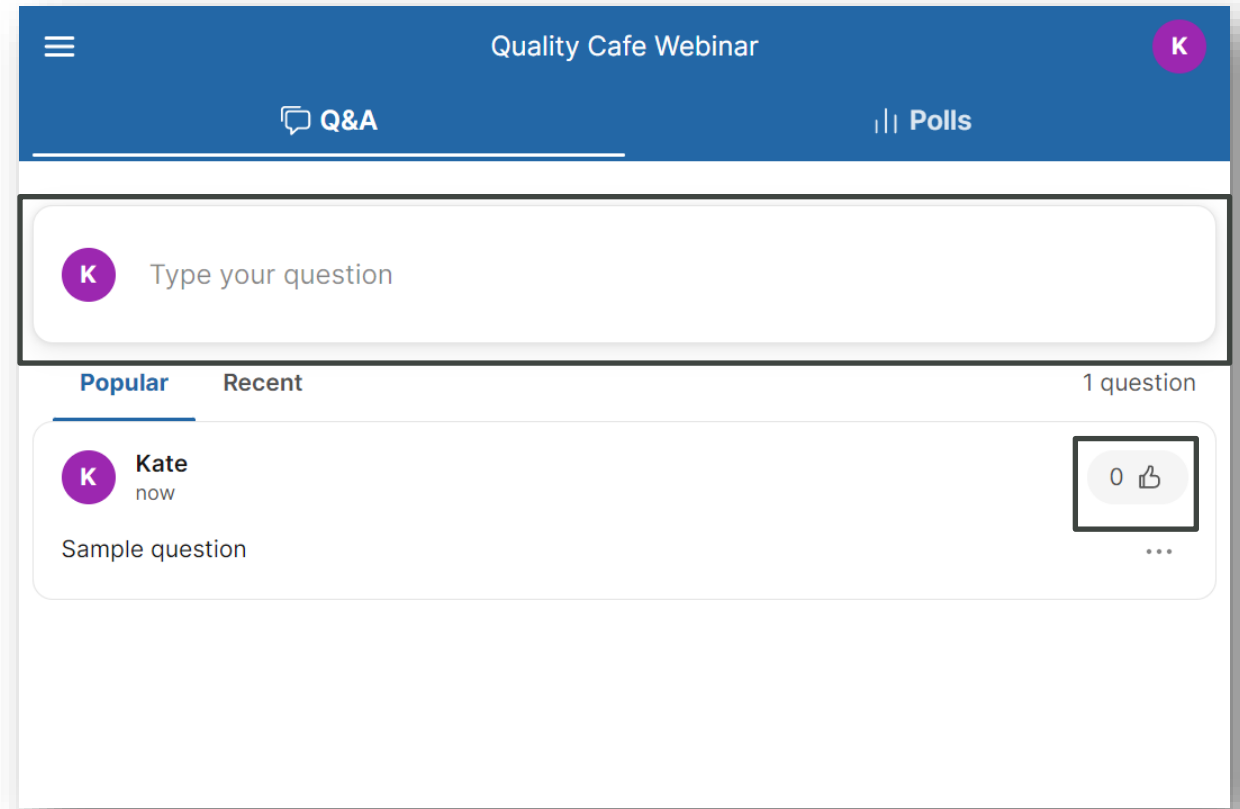
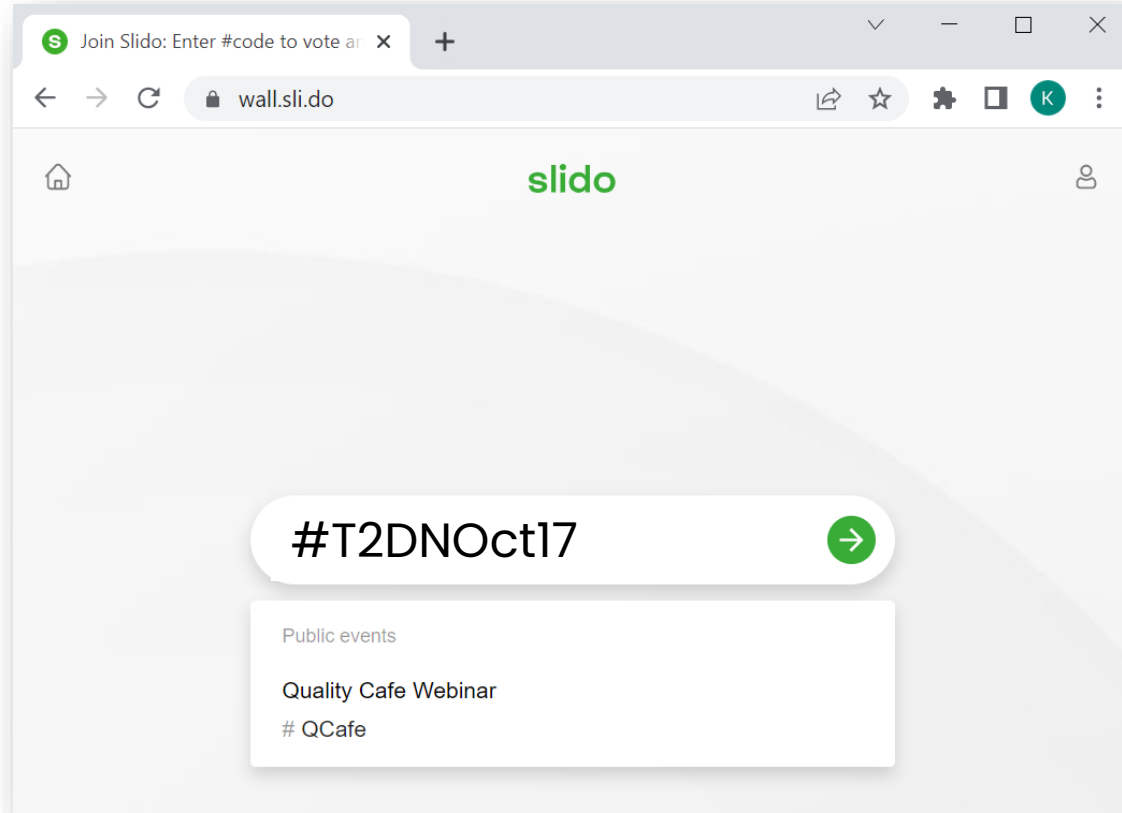
We ask that you refrain from identifying patients, specific team members, or offering any other private information.

If you have further questions, please contact HQBC at 604-668-8220 or diabetes@healthqualitybc.ca

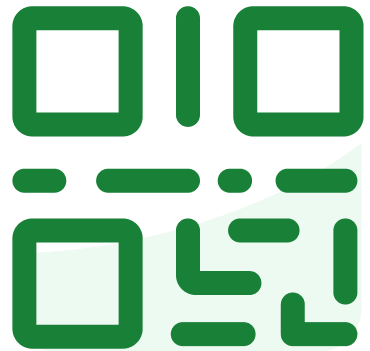
Access to Webinar Recording, Presentation Slides & Resources

- Posted on the Type 2 Diabetes Network Webpage healthqualitybc.ca/improve-care/diabetes
- Sign up for our newsletters to receive information about upcoming events!

Questions in Slido



slido



**Join at slido.com
#T2DNOct17**

① Start presenting to display the joining instructions on this slide.

Learning Objectives

1. Define social prescribing
2. Discuss how people living with type 2 diabetes can benefit from social prescribing
3. Use social prescribing for people living with type 2 diabetes in your practice or local setting



Presenter

Health Quality BC

The Role of Social Prescribing in Diabetes Remission

October 17, 2023

Dr Grace H. Park
Regional Medical Director
Community Health Services,
Fraser Health authority



CISP is an intersectoral collaborative of



LEARNING OBJECTIVES



- What is Social Prescribing
- Why should we do Social Prescribing For T2DM
- How do we do Social Prescribing – FH context

Social Prescribing



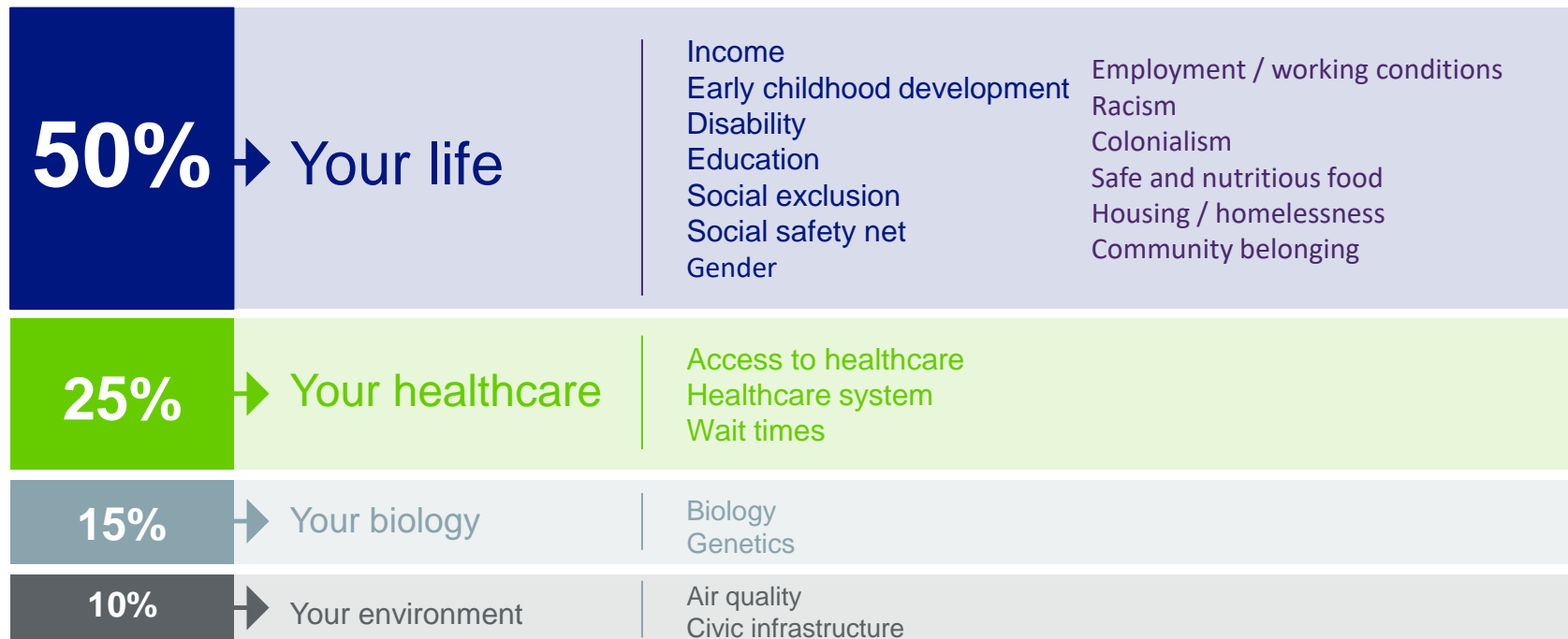
- Maori of New Zealand
- High T2D prevalence in indigenous population
- Health Ambassadors, village elders

Our Socially Vulnerable Older Adults



- Increase in **chronic diseases**
- Multiple co morbidities
- **Functional** decline and frailty
- Social determinants of health
- **Financial** limitations
- Limited transportation
- Lack of confidence to socialize
- Heavy reliance on **health care**

What makes up our health and wellness?



These are Canada's determinants of health.

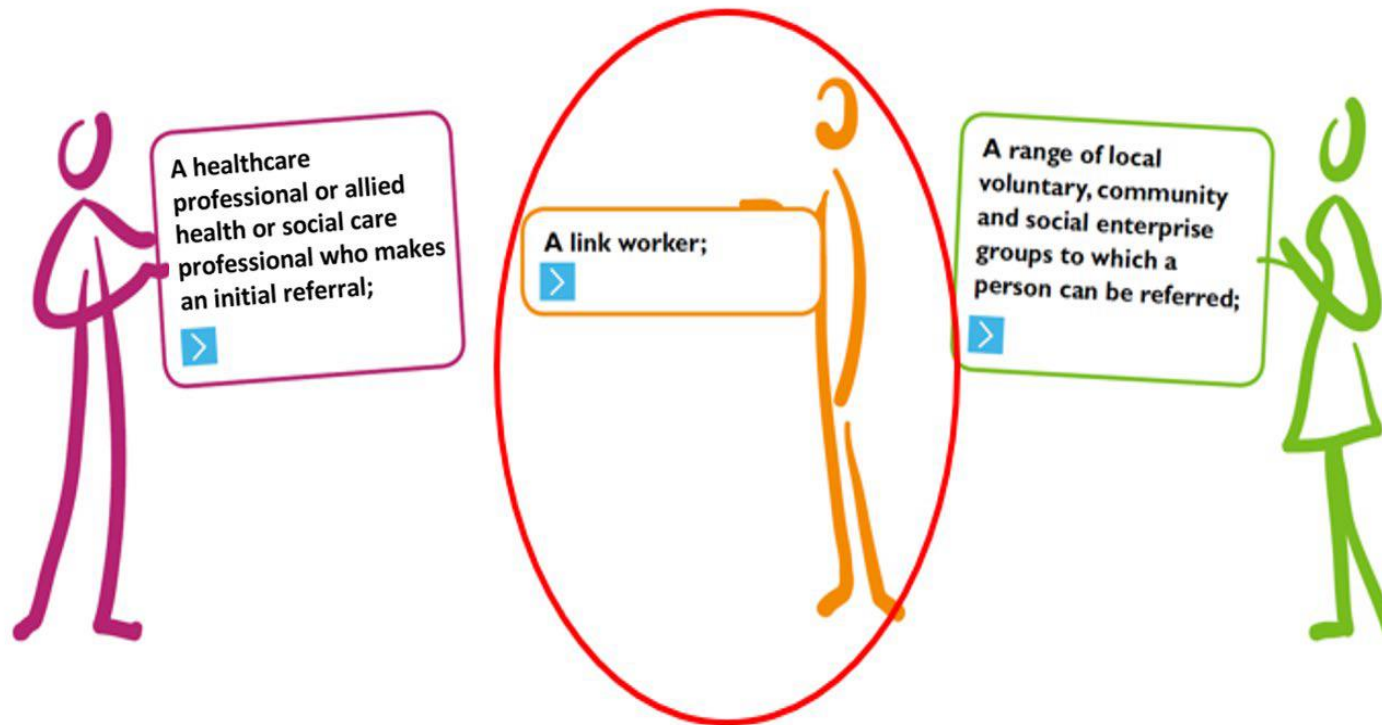
Social Isolation Affects Health



Social Risk Factors	Health Risk Factors
Living alone	Impaired mobility
Major life transition – loss of partner, employment Loss of resources; limited or low access to transportation, financial limitation to travel and participate	Severe chronic disability Loss of Health Abrupt
Being a caregiver	Psychological, cognitive vulnerability - dementia
Living in rural setting Relocation to be near children	Low self esteem
Neighborhood, community limitations	addiction
Small social network	depression
English as second language	Compromised self efficiency
Minority group, LGBTQ, religious, cultural	Frailty

Social Prescribing – A Simple Idea

What is Social Prescribing?



Source: University of Westminster: Making sense of social prescribing

Social Prescriptions



- Non-clinical interventions to address social elements that can lead to negative health outcomes
- A Social and health model of care – **integration** of Health system with local community social services
- Approach with **equity lens**, addressing Social Determinants of Health (**SDH**)
- Enable lifestyle changes that lead to healthy aging such as: enabling food security and health diet, exercise and activities to promote mobility and social connections, addressing social deprivation and promotion of health equity

History of Social Prescribing



In the UK, approximately 20% of visits to their family physicians were for assistance with **social**, not medical issues

“Prescribing” social supports services to more effectively address patients’ needs and address workload challenges for doctors

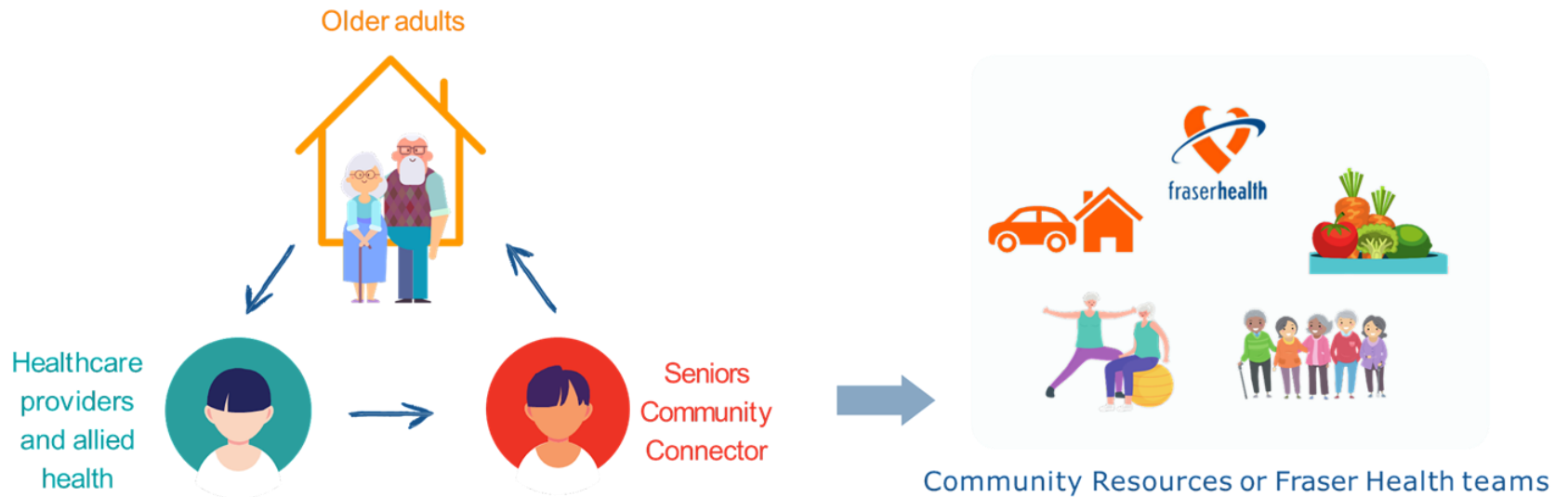
Programs proved very successful at improving access to wide range of essential social supports services for multiple vulnerable populations including seniors, and reducing the use of family physician and emergency services



What this looks like in Fraser Health



A means for healthcare providers to refer older adults to **local, non-clinical** services



Supports health care system

Reduce Health Care utilization



A and E attendance		Unplanned Inpatient Stays	
	Percentage decrease in patient usage		Percentage decrease in patient usage
Adult 'Carers'	-19.83%	Adult 'Carers'	-4.79%
Over 55s with frailty / ill health	-23.64%	Over 55s with frailty / ill health	-5.18%
18-55 years olds with ill health	-18.78%	18-55 years olds with ill health	-2.80%

Impact of social prescribing on demand for acute care in West Kent, summary of report findings, February 2023.

From Signposting to Social Prescribing

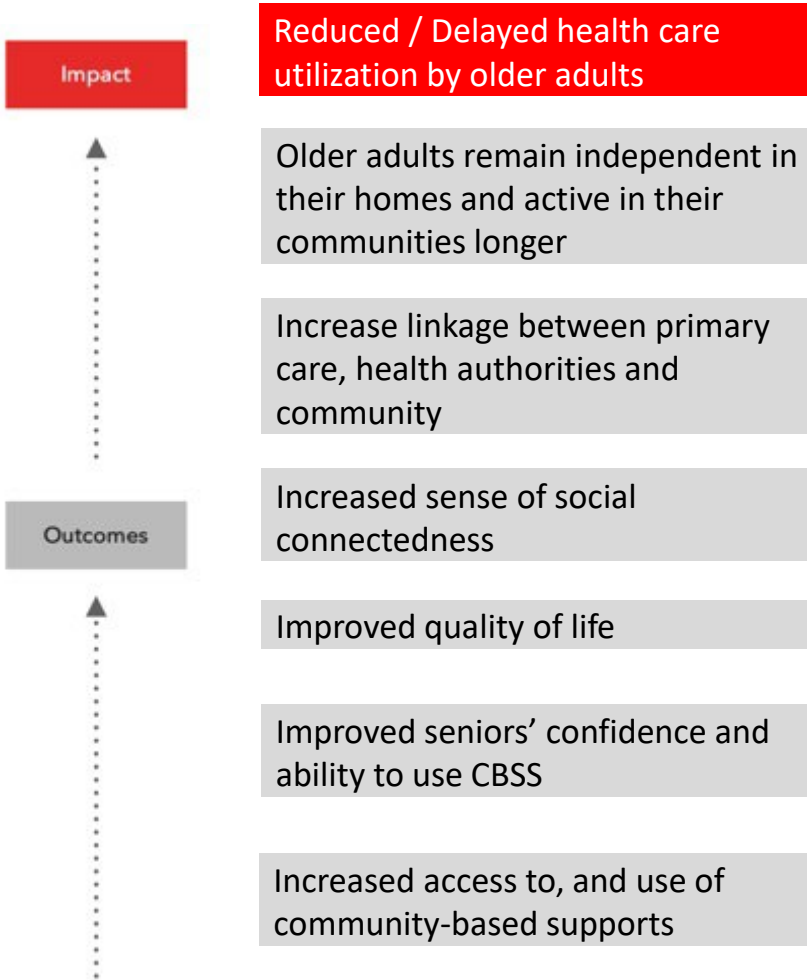


- Hierarchy of need
 - **BC211** for those able to access and self navigate
 - **Light touch connector** support – refer to volunteers, better at home etc.
 - Social work student practicums UBC, UFV
 - **Highest need** managed by community connectors
 - Weekly calls, build relationship
 - Follow up to 3 months
 - Motivational interviewing to develop and enable wellness plan
 - Surface other social needs eg. Financial need – access rent subsidy, community chest etc
 - **Follow up note** back to referring source and **patient discharged** when able to self manage or higher need and handed back to health authority home health
 - Home Health Outreach Worker, ER Surge Nurse

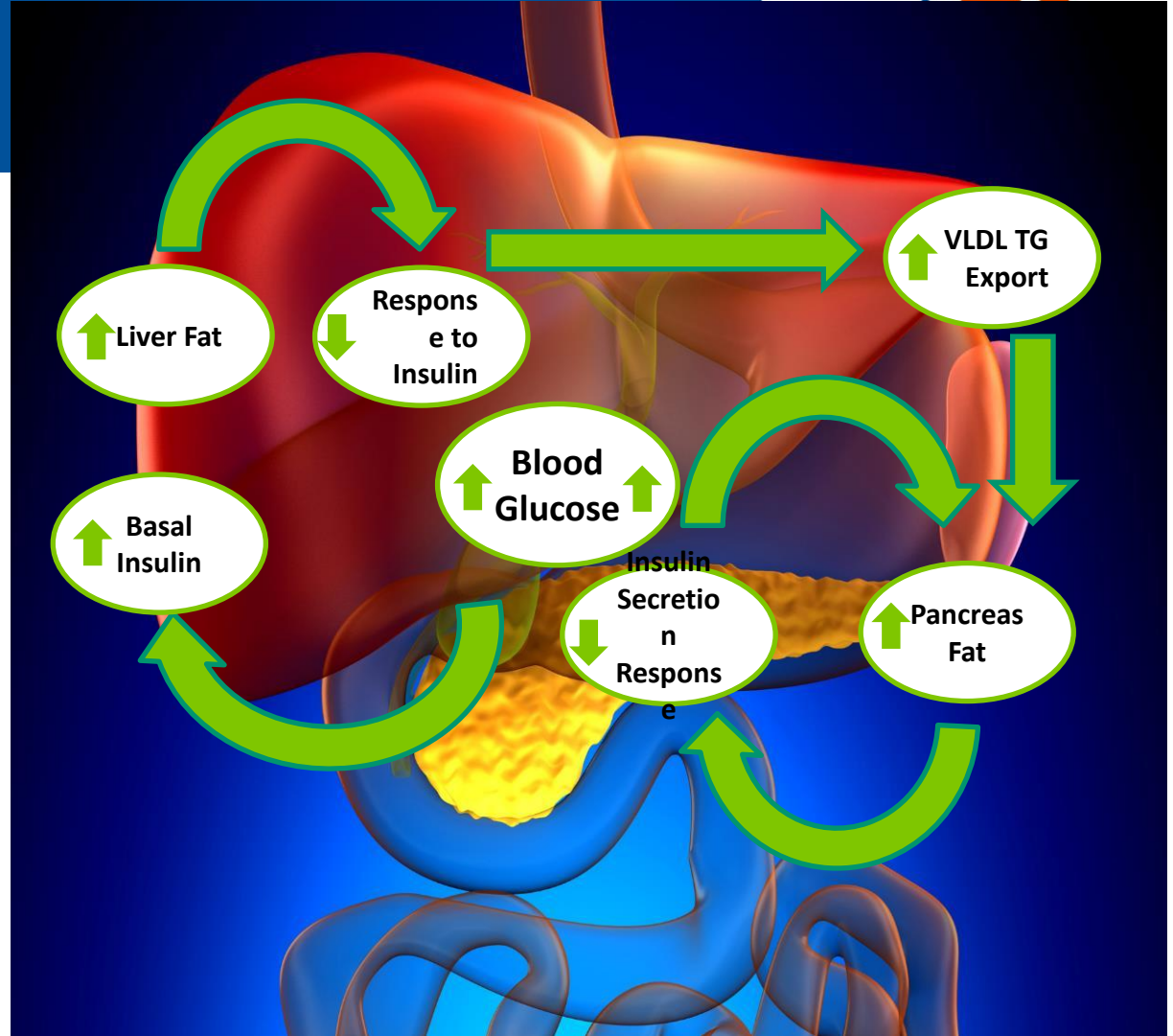
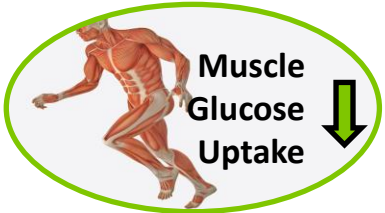
Community Connections



- In FH social prescribing is through community connectors
- Build relationship with visits over period of 8 – 12 weeks
- Understand context, social needs; financial, cultural, physical, psychological
- Overcome barriers to social connections with community



T2DM story





How to Stop This Cycle?

Get rid of liver fat

Decrease basal insulin requirements

Normalize fasting blood sugars



Be Kind to Your Liver

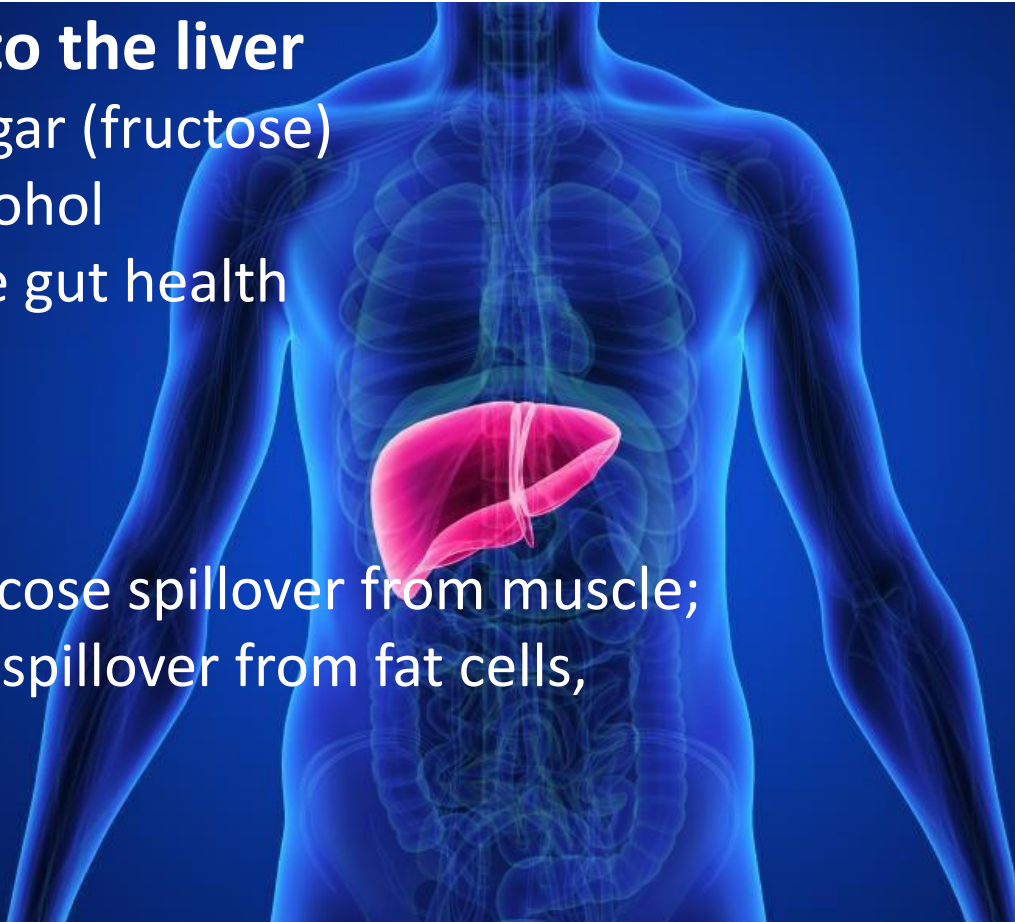


Be kind to the liver

- Stop sugar (fructose)
- Less alcohol
- Improve gut health

- Less glucose spillover from muscle;
- Less fat spillover from fat cells,

3



AVOID T2DM and NASH

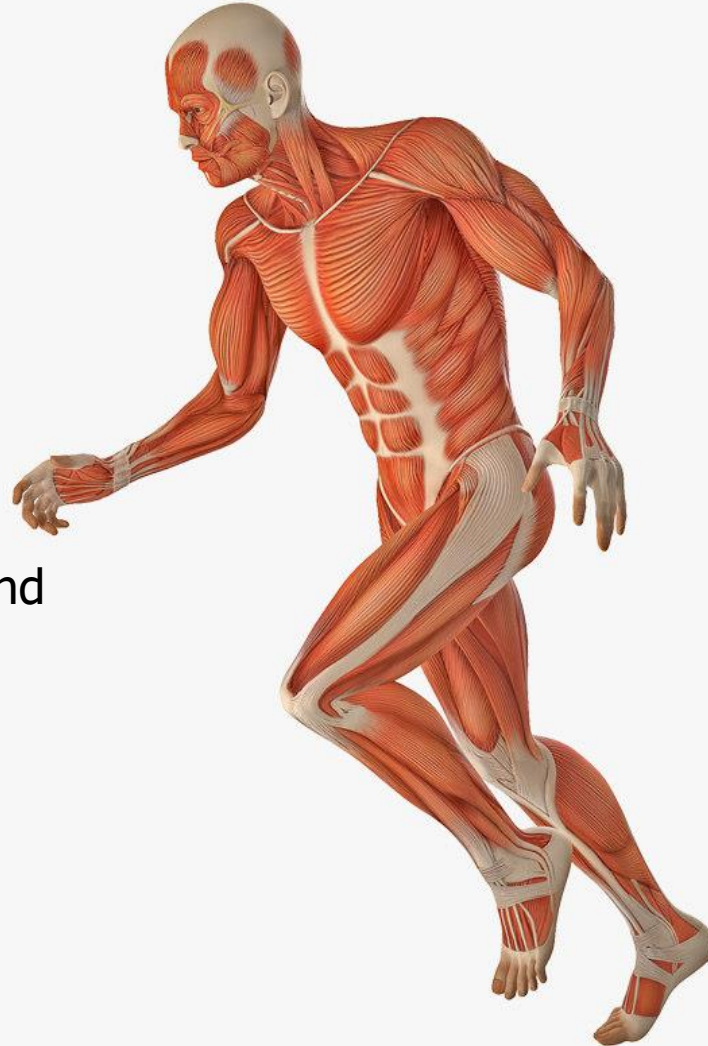


- Any supportive measure to achieve a sustained weight loss of 7 – 10 % from baseline
- Mediterranean diet
- Regular exercise (150 min) per week of aerobic or anaerobic, pref aerobic
- Avoid alcohol if liver fibrosis, limit alcohol in all others
- Avoid industrial fructose in sugar, sweetend beverages



Muscle

Normally takes absorbs
80-90% of glucose and
stores it as glycogen for
future activity



**“Glucose
Sink”**



Sit < 8 hr per day

(and get **150** min per week)

Garden Clubs



Manage Stress:



Week 9

4 Key Strategies

To manage our Stress Response

1. Architect Your Life
2. Change Perception & Mindset
3. Active Stress Recovery
4. Enhance Recovery Ability

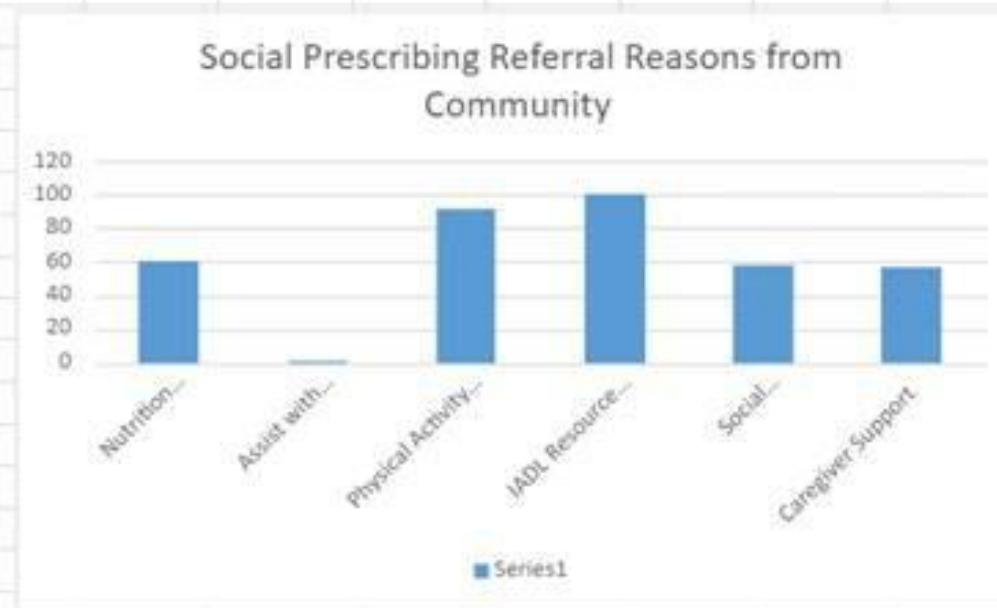
De-stress



Social Prescriptions from Community @ Fraser Health



Social Prescribing Referral Reasons from Community	
Nutrition Support/Food Access Concerns	60
Assist with Discharge Home from Hospital	1
Physical Activity Needs	92
IADL Resource Navigation	100
Social Engagement/Leisure Activities	58
Caregiver Support	57
Totals	368



How to access Social Prescribing – FH context



- Team based primary care setting, RN, NP, MD, SW, OT
- Identify social vulnerability
- Pathwaysbc.ca
- Fraser Health pulse page
- Complete referral form
 - Activity
 - Food security
 - Socialization
 - Caregiver support
- Get to know your community connector

James MacDonald's Story



- Suffered from depression and anxiety
- Spoke to his PCP – NP at PCN
- Referred to SP at Brella
- Community Connector:
 - Affordable housing
 - Identified strength love of music
 - Co developed Happy Hearts
 - Leads, plays, volunteers
 - Depression, anxiety treated!
 - No medication required

40 year old diagnosed with T2DM – told 'end stage' will lose sight, kidney failure amputation etc.



- Spoke to a practitioner who said 'yes you have T2DM but its reversible'
- Social Prescribed a community cooking class
- Changed diet and way to eating, started walking
- Reversed his diabetes....
- Without medication!
- He continues to walk!



Disease of hormones need to be treated!



- Thyroid hormone excess = Graves disease
- Cortisole excess = Cushings disease
- Insulin excess = hyperinsulinemia.....

- 11% US citizens have T2DM
- 29% over 65 y.o. have T2DM
- Almost 50% US either has or is pre-diabetic (165 M)

- We can all play a part
- Social Prescribing can help

Wage War on T2DM



- It can be reversible!
- Everyone has a role to play
- Community, individuals, volunteers, agencies
- Not just the health care sector and providers
- Social Prescribing is a way for everyone to sign up for this war;
 - as a practitioner,
 - a neighbor,
 - a family member,
 - community org,
 - health authority, government

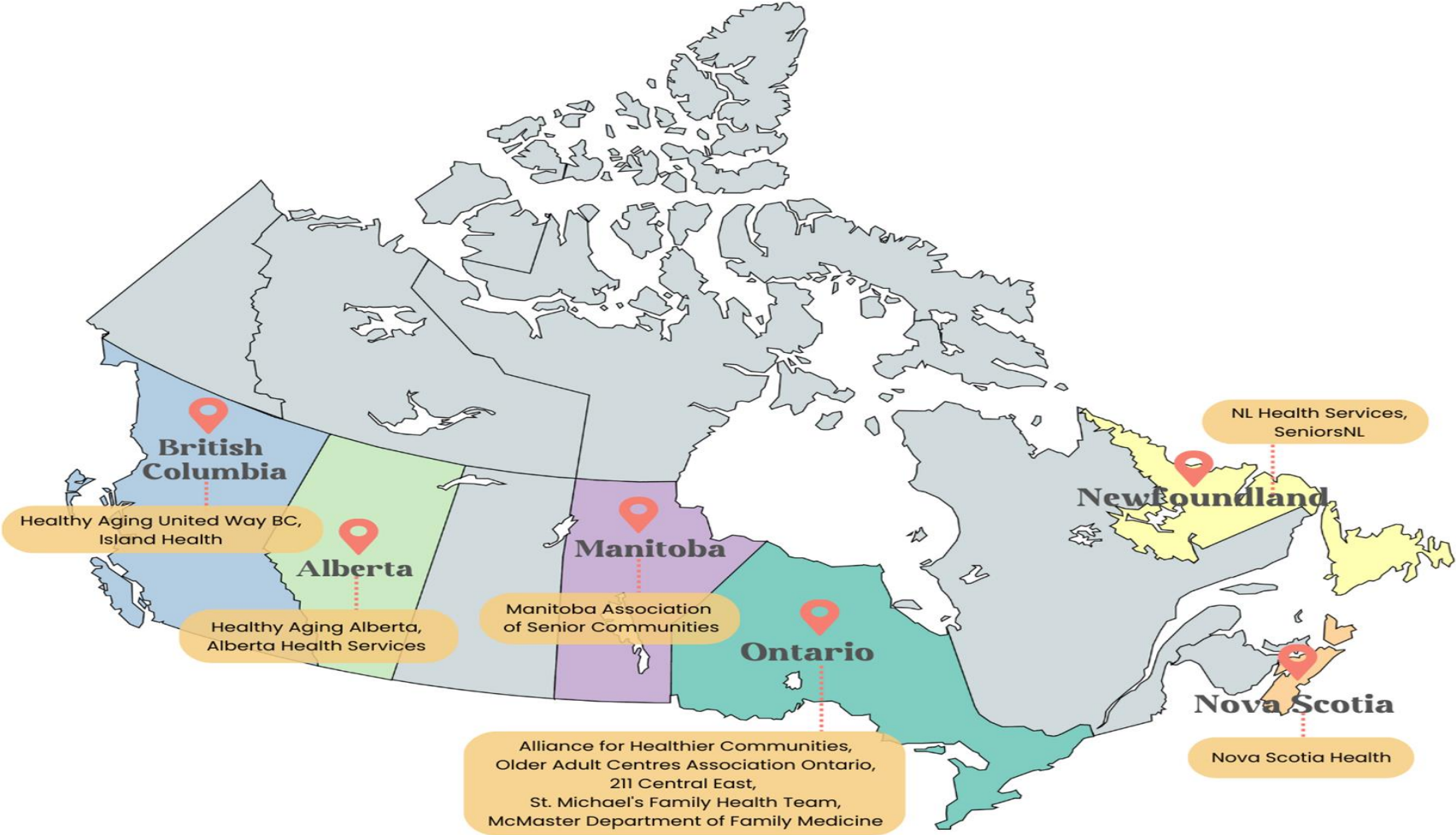
Canadian Institute for Social Prescribing (CISP)



Social Prescribing Momentum in Canada



fraserhealth



Global movement in Social Prescribing



Thank you



For resources, newsletter, events & map of social prescribing initiatives:

socialprescribing.ca

A toolkit on how to implement social

prescribing (WHO)

Social Prescribing: a Resource for Health Professionals



CISP is an intersectoral collaborative of



Twitter: @CISP_ICPS



Better health.
Best in health care.

slido



Audience Q&A Session

① Start presenting to display the audience questions on this slide.

More Social Prescribing Events this Week

- Coproduction in Social Prescribing: Better Together
 - **Who:** United Way British Columbia
 - **When:** October 19th 9am – 2pm
 - **Where:** MOSAIC, Vancouver, BC
- Meet, Greet and Eat – Social Prescribing
 - **Who:** Canadian Social Prescribing Student Collective
 - **When:** October 18th Evening (Time TBC)
 - **Where:** Vancouver, BC (Restaurant TBC)

Additional Resources

- Canadian Institute for Social Prescribing:
<https://www.socialprescribing.ca/>
- WHO – A toolkit on how to implement social prescribing: <https://www.who.int/publications/i/item/9789290619765>
- Centre for Effective Practice – Social Prescribing: A Resource for Health Professionals:
<https://tools.cep.health/tool/social-prescribing/>
- Pathways BC: <https://pathwaysbc.ca/login>

Thank you!

- Please complete the evaluation survey
- Our next Type 2 Diabetes Network Event:
 - Deprescribing Medications & Diet Changes in Type 2 Diabetes
 - Nov 28 from 12:00pm – 1:00pm Pacific Time

The webinar recording, presentation slides with resources will be posted to our website soon!