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Strengthening Community Health Infrastructure for a Resilient, Democratic, and Secure Canada: A Role for Social Prescribing

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CSA Public Policy Centre

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Executive Summary

Social prescribing is a referral system that helps people engage with non-clinical community supports for their health-related social needs. Benefits range from social connectedness to access to culture and nature to increased food and income security. Through shared decision-making and community-building activities, social prescribing promotes health, links the health and social sectors, and strengthens both individual and community capacities. The return on investment is great: every $1 invested or reallocated to social prescribing reduces healthcare costs by $4.43 and boosts social and economic participation; the health benefits far exceed those of many prescription drugs. Social prescribing is about healthy, resilient communities that build social cohesion, reduce social friction, support an engaged population and workforce, and enhance overall security through connection and shared purpose.

This report reviews the evidence for social prescribing, scans the related Canadian and international policy landscapes, and offers actionable policy recommendations. The report makes the case for social prescribing as a strategic investment in Canada's future that supports action on three key policy objectives: accessible and sustainable healthcare; social and economic participation across the life course; and strong social infrastructure for made-in-Canada resilience, while upholding applicable federal and Indigenous jurisdiction and Indigenous rights of self-determination.

The report offers three policy recommendations for social prescribing:

- **Formally integrate social prescribing into healthcare:** Amend Federal–Provincial–Territorial (FPT) agreements and legislation to recognize social prescribing as a reimbursable healthcare intervention, akin to current medical services. For example, explicitly include social prescribing in renewed *Canada Health Act* discussions and integrate it into accreditation standards for primary care networks.
- **Promote social and economic participation across the life course:** Increase investment in social determinants of health such as affordable housing, education, and income support programs. Dedicate resources to hiring community health workers and connect health services with small businesses like art studios and gyms.
- **Build community social infrastructure for made-in-Canada resilience:** Shift from precarious grants to stable, multi-year funding for community organizations delivering social prescribing activities. Prioritize investment in and retrofit of community centres, libraries, and parks, integrating this social infrastructure planning into all major FPT economic and physical projects. For example, ensure new and "nation-building" investments are paired with funding for local social services.





1.0 Introduction

Canadians have long understood that a strong and healthy society isn't just about economic indicators. It's about the protection of Canadian lands, well-being of its peoples and the resilience of communities. Social prescribing is a practical, immediately implementable approach that builds both individual health and community resilience by connecting people to local, non-medical infrastructure and initiatives for their health-related social needs.

Canada's healthcare system is stretched to its limit.[1] Millions of Canadians lack timely access to primary healthcare, mental health crises are on the rise, and unequal access to both health services and the social determinants of health continues to divide communities and reduce the length and quality of lives.[2]

Social determinants of health are the everyday conditions into which Canadians are born, live, work, and age. They include access to safe housing, nutritious food, good education, stable jobs, nature, and strong social connections within communities. These factors, part of neighbourhood social and physical infrastructure, often have a much bigger impact on health than medical care alone.[3] Social isolation has physical and mental health impacts comparable to smoking 15 cigarettes a day: increased risk of stroke, cardiovascular disease, anxiety and depression, and all-cause mortality.[4] But while up to 80% of health and wellbeing comes from outside the healthcare system,[5] the current healthcare system still reflects last century's medical model: one that invests primarily in doctors, hospitals, and, in some settings, prescription drugs.[6] The result is rising rates of chronic disease, mental health challenges, and other preventable health conditions and a strained healthcare system that keeps falling further behind.[7] Compounding these issues, climate change, and economic pressures pose threats to the health security of local communities and neighbourhood infrastructure across the country.[8]

A growing body of evidence shows that healthy people, communities, and societies are built on robust social connections and empowered citizens, not just medical treatments.[9] There is a timely and innovative solution: *social prescribing* that helps healthcare and social service providers formally link people with a wide array of evidence-based, non-clinical support and resources. These can include everything from housing assistance and income support to opportunities for volunteering, and access to arts and culture programs, physical activity groups and nature-based activities.[10] The goal is to address the social, emotional, and practical needs that significantly impact a person's health and wellbeing. Social prescribing is gaining acceptance across Canada, with unique, locally driven models emerging in every province and territory over the past several years.[11]

> **Social prescribing moves beyond focusing on *'What's the matter with you?'* Instead, it emphasizes that *you matter* as an individual and a community, helping you take action on *what matters to you* most.**
>
> – Social prescribing: Community power and the community paradigm[12]

Although it has long been known that the majority of health outcomes are shaped by everyday environments, Canada lacks strong and stable health programs and services that operate at the neighbourhood level, between broad population health policies (public health) and individual clinical care (healthcare). Social prescribing fills that gap. It is a tool for health promotion, a way to help people and communities take more control over their own health and its underlying causes – something consistently advocated for in foundational documents such as the federal government's 1974 Lalonde Report on the health of Canadians,[13] the WHO's Ottawa Charter for Health Promotion,[14] and healthcare's Quintuple Aim for quality improvement.[15]

Social prescribing is a health and social care tool. But it plays an equally vital role in strengthening democracy and building societal resilience. By linking individuals with local organizations and initiatives, it cultivates civic participation, shared decision-making, and collective responsibility—all essential elements of a healthy democracy.[16] Social prescribing also helps communities bounce back from crises: those with strong social prescribing networks can more effectively mobilize volunteers, support underserved residents, and maintain social cohesion.[17] Crucially, social prescribing also highlights and values the often overlooked and underfunded contribution of non-clinical services, from unpaid caregivers to local gyms and parks, in fostering both individual and population health.[18]

> **"Public spaces are critical health tools that reduce feelings of loneliness and promote well-being."**
>
> – Rx For Social Connection: Public space as a strategy to combat loneliness. The Bentway[19]



Social prescribing works. Recent implementation research about social prescribing in Canada has demonstrated:

- positive impacts on health outcomes, healthcare experiences, and use of health services, with benefits to participants, communities, and the healthcare workforce;[20]
- widespread public demand, intersectoral readiness, and feasible implementation across diverse settings;[21] and
- robust cost-effectiveness.[22]



2.0 Social Prescribing

Social prescribing is a practical referral and data tracking tool that can be implemented immediately to promote health, boost social and economic participation, and strengthen the links between healthcare and community social infrastructure.

2.1 What is social prescribing?

Social prescribing is a strengths-based, structured, and collaborative process that helps people connect to non-medical support to address their health-related social needs. Social prescribing works best when adapted to meet local strengths, needs, and conditions. The process usually follows these steps:[23]

1 – IDENTIFY: Identify the non-medical health-related social needs (e.g., issues with housing, food, employment, income, and/or social support) of the individual. Identification can be based on self-assessment, the professional judgement of a healthcare provider or social services professional, and/or the use of structured screening tools for poverty, loneliness, and other social needs.

2 – COLLABORATE: Healthcare workers collaborate with the individual as an equal partner to make a social prescription based on what is important to the individual (often called co-production). Participant-led collaboration is the cornerstone of social prescribing. It requires time and trust-building, focuses on "what matters" and "you matter" over "What's the matter?" and can happen through a direct conversation with a healthcare provider or a local community health worker called a "link worker" or "community connector."

3 – CONNECT: Promote the connection to non-clinical supports and services within the community. Successful connection is built on strong partnerships among healthcare providers and non-health services and organizations in the community, along with adequate investment in community social infrastructure. Most social prescribing initiatives begin with a community asset map, which is a thorough accounting of local community services and spaces, and small-scale referral pathways developed by individual champions and organizations.

4 – MEASURE: Document the referral, support participation, and follow up about the results. Ongoing monitoring and documentation are essential for learning, improving, assessing, and ensuring the effectiveness of social prescribing and for demonstrating demand – where and how more investment is needed in community-based social infrastructure to meet local needs.

> **Many services are already using one or more components of this basic model of social prescribing, often referring to it by different names.**
>
> – Social Prescribing and Community Paramedicine in Canada: A Guide to Promising Practices Healthcare Excellence Canada[24]

2.2 What is the evidence for social prescribing?

The evidence base for social prescribing is diverse and growing, with research showing positive impacts across a range of non-clinical interventions. Studies consistently demonstrate that referrals to material supports, food prescriptions, and to community engagement through arts and culture programs, nature-based interventions, exercise groups, volunteering, and peer connection can improve participants' mental and physical health, reduce loneliness, support self-efficacy, and enhance overall wellbeing.[25] This is particularly important for people who face social isolation and exclusion on the basis of social and structural factors such as sexual and gender diversity, racial identity, immigration status, geographic location, age, income, and disability.[26] At the community level, social prescribing fosters stronger social connections, civic participation, and local leadership, helping to build more resilient and inclusive communities and meeting goals set out by the World Health Assembly and World Health Organization for social connection and social participation.[27]

Social prescribing helps healthcare providers, too: promising studies show that addressing social needs of patients mitigates against burnout by reconnecting care workers with a sense of purpose, reducing workloads, and allowing providers to focus on clinical skills while knowing social needs are being addressed.[28]

> **Integrating environmental considerations into social prescribing initiatives offers a unique opportunity to address both public health and ecological sustainability challenges simultaneously.**
>
> – Social and nature prescribing: Considerations for health and environment. CASCADES (Creating a Sustainable Canadian Health System in a Climate Crisis)[29]

Canadian and international evidence points to reduced demand on primary care and emergency services, improved care coordination, reduction of economically and environmentally intensive clinical and pharmacological treatments, and significant cost savings, with up to 42% fewer primary care appointments and 24% fewer emergency department visits among participants in social prescribing programs.[30]

The bottom line: Every dollar invested in social prescribing returns an estimated $4.43 in reduced healthcare costs and increased social and economic participation.[31]



2.3 What makes social prescribing innovative?

Caring for one another's social wellbeing is not a new idea. Indigenous health leadership, for example, has long demonstrated the value of incorporating culture as medicine, land-based interventions, and community-led, self-determined care.[33] Mutual aid, community services, and social safety have long been part of the Canadian tradition.[34] However, connections with community-based social infrastructure, from social clubs and sports groups to faith organizations and volunteerism, have weakened over time, with many Canadians reporting being lonely and disconnected.[35]

> **"Social prescribing shifts the focus from patients as passive recipients of care to people as active agents of change."**
>
> – The Case for Social Prescribing. Maclean's[32]





Within healthcare, some social referrals do take place, especially given the growing interest in health equity, integrated care, and population health management.[36] But implementation is often ad-hoc, dependent on local champions rather than system-wide structures and policies, and tends to omit two of the most innovative and potentially transformative steps:

- *collaboration* among participants, communities, and professionals, which strengthens health promotion by starting with participant and community strengths, rather than deficits, and putting them in control of their plans and activities,[37] and
- *measurement,* which incorporates social health into electronic health records and incorporates tools for documentation, data sharing, and evaluation for quality improvement.[38] Measurement can enable learning health policy systems, which brings decision-makers, professionals, and communities together to co-develop goals, build on feedback from initial steps, and share in understanding of progress.[39]

3.0 Social Prescribing in Canada and Around the World

Social prescribing is rapidly expanding across Canada and around the world, with unique, locally led models reflecting local needs, partnerships, and funding structures.

3.1 Global Growth

Social prescribing is a global movement with initiatives spanning at least 31 countries and support from the World Health Organization.[40] The United Kingdom was the first to make social prescribing a national policy priority and has embedded over 3,600 social prescribing link workers into the National Health Service (NHS) to address social determinants of health and reduce healthcare utilization.[41] In Singapore, "wellness coordinators" in hospitals and community settings connect people with local supports, especially for older adults. Singapore also hosts the WHO Collaborating Centre for Social Prescribing.[42] Australia has adapted social prescribing to focus on mental health and Indigenous wellbeing with programs funded by Primary Health Networks and community organizations.[43] In the United States, social prescribing is emerging through "community health worker" and "patient navigation" models, often led by non-profits and health systems in partnership with insurers and local agencies.[44] Other countries, including Ireland, New Zealand, India, and South Korea are implementing similar approaches tailored to their health and social care contexts.[45]

3.2 Canadian Context

Social prescribing is rapidly expanding across Canada, with locally led models emerging in every province and region that reflect local needs, partnerships, and funding structures. Across Canada, social prescribing is typically led by collaborative partnerships between health authorities and community organizations. Funding is a blend of provincial health budgets, federal grants, philanthropic contributions, and in some cases, municipal support. While models vary, all share a focus on bridging clinical care with social support, addressing social determinants of health, and fostering community resilience. The following initiatives are drawn from and described in further detail in the Canadian Institute for Social Prescribing's report on *Social Prescribing in Canada 2025: Bridging the Gap Between Health and Social Care*.[46]



3.2.1 Atlantic

Link workers in Newfoundland and Labrador's Family Care Teams connect individuals to community resources, supported by Seniors NL and NL Health Services, with ongoing evaluation and a vision to make social prescribing the standard approach in healthcare. Research Nova Scotia has funded the co-design of a provincial, community-informed approach to social prescribing in primary care, partnering with the provincial Primary Health Care and Chronic Disease Management Clinical Network at Nova Scotia Health.

3.2.2 Central

Ontario Health Teams and primary care providers are embedding social prescribing into care coordination between healthcare and community organizations, using a provincial resource guide to address social determinants of health. Several initiatives focus on equity-deserving communities such as Black residents, older adults, and people requiring mental health support. In Quebec, several regions are implementing social prescribing. Santé Québec Centre–Ouest partnered with community organizations and local universities to create an online referral platform called Clic Social that streamlines communication and referrals.

3.2.3 Prairies

Social prescribing in Alberta currently employs 35 link workers for older adults in 13 urban and rural communities, largely driven by the community sector, with investment from Healthy Aging Alberta through philanthropic foundations and the Government of Alberta's Ministry of Seniors, Community and Social Services. Manitoba's efforts include incorporating a social-prescribing seniors referral form into electronic medical records and streamlining connections between primary care and community supports. In Saskatchewan, the Saskatchewan Health Authority has partnered with the Health Quality Council and Saskatchewan Seniors Mechanism to implement and evaluate social prescribing. Six communities offer social prescribing with plans to add an additional eight over the next two years.

3.2.4 West and North

The British Columbia Ministry of Health funds 100 social prescribing community connectors in communities across BC and has implemented streamlined referral systems with Fraser Health Authority. The United Way of British Columbia provides education, training, resource development, and knowledge sharing related to social prescribing. Yukon, Northwest Territories, and Nunavut offer programs under other names that are compatible with social prescribing, providing participants with nature prescriptions, therapeutic recreation, Indigenous-led health services, and social referrals from community paramedicine.[47]

3.2.5 Federal and Pan-Canadian

The Public Health Agency of Canada has financially supported several social prescribing initiatives for the mental health of equity-deserving populations and for intersectoral collaboration and published a two-part special issue of their *Health Promotion and Chronic Disease Prevention in Canada* journal dedicated to social prescribing.[48, 49] Social prescribing for caregivers is underway in four provinces, supported by the Canadian Centre for Caregiving Excellence.[50] Postsecondary students and early career professionals have taken on significant leadership of social prescribing through the Canadian Social Prescribing Student Collective and social prescribing on Canadian campuses.[51]

The Health Standards Organization's Primary Health Care Services Standard, which is currently being updated and revised, will include guidance on social prescribing in the context of comprehensive primary healthcare services that integrate clinical care, local public health, and community empowerment.[52] Healthcare professions, including pharmacy and medicine, have taken up social prescribing in training and curriculum development;[53] community paramedics are poised to implement social prescribing in 30 local services across the country over the next two years with support and coaching from Healthcare Excellence Canada.[54]

3.2.6 First Nations, Inuit, and Métis Peoples and Communities

Health and social referrals aligned with social prescribing take place in Indigenous health settings under many distinct models that recognize culture and land-based activities as medicine.[51] Culturally safe implementation of social prescribing and related approaches across diverse settings requires co-design with Indigenous leadership, knowledge keepers, and community members to ensure cultural relevance, respect for traditional practices, and responsiveness to unique needs, while affirming inherent strengths and cultural assets rather than using deficit-based models.[55] Support for the growth of social prescribing and related approaches by diverse Indigenous peoples and communities must also acknowledge and celebrate contemporary and historic Indigenous leadership on holistic approaches to health and wellbeing and demonstrate accountability for Indigenous governance, data sovereignty (i.e., the rights of Indigenous Peoples' to control, access, interpret, manage, and collectively own data about their communities, lands, and culture), and self-determination.[56]



> **"We promote and support Indigenous cultural practices and activities in our programmes and services, as we believe that they are integral to the self-care and health of Indigenous peoples and are 'good medicine' ...Traditional land and water-based activities are also practised, including fishing, hunting, harvesting, and eating traditional foods."**
>
> – "Two eyed seeing"—Embracing both Indigenous and western perspectives in healthcare. Dr. Nel Wieman & Dr. Unjali Malhotra, First Nations Health Authority,[57] on Two-Eyed Seeing, developed by Mi'kmaw Elders Albert and Murdena Marshall from Eskasoni First Nation alongside Dr. Cheryl Bartlett

Promotion and support of Indigenous cultural practices and activities are not just aspirational goals. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), to which Canada is a signatory, affirms the rights of Indigenous peoples to self-determination, traditional medicines, culturally appropriate healthcare, and participation in the development and implementation of healthcare programs that affect them.[58] Social prescribing in Canada should fully recognize and uphold Indigenous leadership and governance under UNDRIP and the recommendations of Canada's Truth and Reconciliation Commission,[59] taking a distinctions-based approach that recognizes the unique health determinants and priorities, governance and legal frameworks, and jurisdictional complexities facing First Nations, Inuit, and Métis peoples.[60]

4.0 Policy Recommendations

4.1 How can Canada enable social prescribing to help meet pressing health needs?

Social prescribing is a locally adaptable approach that can help achieve a range of healthcare policy objectives central to the priorities of Canada's federal government and the broader health and community sectors across provinces. These objectives include:

- **Ensuring an accessible and sustainable healthcare system:** Social prescribing boosts population health, significantly reduces primary care and emergency department visits, improves clinician wellbeing and system efficiency, and supports health system trends toward integrated and team-based care, person-centred care, health equity, population health management, patient voice, and accountable, value-based care.
- **Promoting social and economic participation across the life course:** Social prescribing combats isolation and mental health issues across the life course for youth facing mental health declines, working-age adults caregivers coping with multiple stressors, and older adults aging at home and in the community. It boosts participation in jobs and communities and delivers strong economic and societal value of $4.43 per $1 invested.
- **Building community social infrastructure for made-in-Canada resilience:** Funding for social prescribing fosters cross-group interaction; strengthens and leverages the health-promoting roles of libraries, parks, community organizations, and small businesses, and mobilizes rapid community responses in times of crisis.

4.2 What actions can be taken today to realize these objectives across Canada?

- **Start investing in social prescribing immediately:** Notwithstanding the work needed to embed social prescribing into Canadian healthcare, the start-up cost of social prescribing is remarkably low. An investment of $100 million a year—or around 0.03 percent of Canada's $372-billion healthcare spending—would fund one locally employed link worker for every 40,000 patients in Canada, about the ratio used in the UK. For $200–$500 million Canada-wide, thousands more link workers could be hired, and assessment, evaluation and data tools could be built to make sure that healthcare and social-service investments are funneled to where they are most needed and most effective, and that their impact can be measured and assessed.
- **Amend Federal–Provincial–Territorial (FPT) agreements:** Embed social prescribing by establishing it as an essential and reimbursable healthcare intervention. This can be accomplished by amending Federal–Provincial–Territorial (FPT) agreements to establish stable, outcomes-based funding for community-led social prescribing organizations and invest directly in local economic and social infrastructure for social prescribing. Such infrastructure includes small businesses, social enterprises, community agencies, municipalities, and non-profits.
- **Integrate social prescribing into accreditation standards:** FPT governments should amend local agreements and legislation to reimburse healthcare social intervention, integrating it into professional accreditation standards and funding agreements.

> **"65% of primary care physicians believe that better integration with community-based social services is essential for improving patient access and care quality."**
>
> – Fact Sheet on Social Prescribing: Strengthening Canada's Health Care Landscape. Canadian Institute for Social Prescribing [61]

- **Incorporate social prescribing into a renewed *Canada Health Act:*** Foreground social prescribing and embed community governance, particularly with respect to sociodemographic data and patient-accessible health records, into the *Canada Health Act.* Social prescribing should be included in the ongoing development of standardized, interoperable digital tools for patient assessment and referral management, implementing consistent national data collection and governance standards. In addition, all legislative, policy, and regulatory changes must uphold applicable federal and Indigenous jurisdiction over health services.
- **Expand existing social prescribing programs:** Current provincial and territorial social prescribing programs can be integrated into minimum standards in primary healthcare networks and teams and be made a requirement for the receipt of new healthcare investments. This will ensure financial support for social prescribing initiatives and provide dedicated funding to hire and train community-based social prescribing link workers and Indigenous community health workers to facilitate culturally appropriate referrals. Provinces should update medical curricula to include training on social prescribing, health equity, and cultural safety, with specific inclusion of First Nations, Inuit, and Métis perspectives. Federal and provincial research funding agencies should prioritize social prescribing and establish implementation science innovation funds to test new models, expand community-led programs, and strengthen university–government–community partnerships.
- **Stabilize long-term funding for community providers:** FPT and municipal governments must shift from precarious granting systems to stable, long-term core funding and dedicated budget allocations for community organizations delivering health-supportive services. Enacting "wellbeing budgeting" will support the shift and more accurately account for costs and benefits, recognizing community assets as essential healthcare assets rather than net costs. Align mandates across departments and require clearer reporting on how investments impact community health and healthcare systems.[62] In addition, simplified, multi-year grant application processes will reduce administrative burdens and boost local capacity for social connection.

Active investment in community centres, libraries, parks, and digital inclusion, particularly in underserved areas, while retrofitting existing facilities for equitable access will build resilient social infrastructure. Social infrastructure planning must be incorporated into all major economic and physical infrastructure projects, ensuring all investments in trade or transportation are paired with investments in local social, health, and community services. It should also centre community leadership by supporting local organizations as key partners in social infrastructure planning and ensure First Nations, Inuit, and Métis planning and resource allocation are community-led and self-determined, respecting their unique governance and knowledge systems.

A direct strategy for social participation will prioritize volunteering for the wellbeing of volunteers and their communities by dedicating resources for modernized and simplified approaches to recruitment, training, and retention to enhance community capacity, build social capital, and empower individuals.

> **"We must invest in vibrant, connected, local solutions to help us withstand the unpredictable winds of global change."**
>
> – The Hill Times [63]

Focus funding on social determinants of health: Funding for coordinated, intersectoral action on underlying social determinants of health such as public health, education, housing, and income support programs must be increased by FPT and municipal governments to provide a stronger and more equitable foundation for wellbeing. This includes adequate funding for local leadership and self-determination by municipalities, community organizations, and Indigenous governments and communities.

Table 1: Summary of Policy Recommendations for Social Prescribing

Policy objective	Key actions	Proposed funding mechanisms	Potential impacts
Accessible and Sustainable Healthcare	Recognize social prescribing in health legislation and funding agreements	Federal/provincial transfers, provincial health budgets, capitation models, bundled payments	Reduced primary care/ emergency department visits, improved clinician wellbeing, enhanced health equity
	Embed social prescribing link workers in healthcare settings and update professional curricula	Provincial health and education budgets, federal grants, dedicated training funds	Improved care coordination, culturally safe referrals, reduced clinician burnout
	Stabilize and increase long-term funding for community organizations	Multi-year, flexible provincial/municipal grants, social finance tools, federal/ provincial transfers	Enhanced capacity of community sector, sustainable delivery of social prescribing activities
	Expand existing provincial programs and targeted initiatives	Provincial health budgets, federal grants for scaling	Wider population coverage, deeper integration into healthcare systems, reduced inequities
	Develop equitable digital tools and data standards, ensuring Indigenous data sovereignty	Federal/provincial investment in health tech, co-development with Indigenous communities.	Efficient referral management, robust evaluation, community-led data governance
	Invest in implementation science and cross-ministerial innovation funds	Federal/provincial innovation funds, cross-ministry budgets	Evidence-based model development, expansion of nature/arts-based programs
	Respect and resource Indigenous-led social prescribing	Direct funding to Indigenous governments/organizations, dedicated Indigenous health transfers	Culturally appropriate care, self-determined health outcomes, trust-building
Social and Economic Participation Across the Life Course	Streamline funding for community initiatives	Federal/provincial health budgets, municipal/ provincial grants	Simplified application processes for reduced administrative burden, increased local capacity for social connection
	Support intersectoral action and comprehensive community wellbeing plans	Joint funding from provincial health and social services, municipal, and federal departments	Coordinated efforts addressing root causes of social challenges, integrated service delivery

Policy objective	Key actions	Proposed funding mechanisms	Potential impacts
	Value and invest in volunteerism	Dedicated resources for recruitment, training, retention, incentives	Enhanced community capacity, increased social capital, greater individual agency
	Support Indigenous-led community engagement and culturally appropriate investments	Direct funding to Indigenous communities, distinctions-based funding, self-determined resource allocation	Strengthened cultural identity, improved mental wellbeing, enhanced self-determination
Social Infrastructure for Made-in-Canada Resilience	Prioritize investment in social infrastructure for health	Federal/provincial infrastructure funds, municipal budgets, retrofitting grants	Enhanced public spaces, improved equitable engagement, strengthened local support networks
	Increase funding for underlying social determinants of health	Public health budgets, education, affordable housing, income support programs	Reduced health inequities, improved foundational wellbeing
	Integrate social infrastructure planning into major economic and physical infrastructure projects	Cross-ministerial mandates, joint funding agreements for large-scale projects	Holistic community development ensures social services accompany physical growth
	Implement wellbeing budgeting and align mandates across government(s); mandate clear reporting requirements	Federal/provincial budget processes, inter-ministerial agreements	Accurate cost-benefit accounting, incentivized cross-sectoral investment, integrated health/social care ministries
	Centre community leadership in social infrastructure planning and delivery, mandated engagement with community organizations	Stable resources for capacity building	Locally responsive solutions, leverage existing assets, foster self-sufficiency
	Value and invest in Indigenous-led resilience and traditional knowledge	Self-determined resource allocation, dedicated funds for Indigenous knowledge systems	Respect for Indigenous governance, reciprocal learning, enhanced community adaptation



5.0 Conclusions

Social prescribing offers a pragmatic and transformative solution to Canada's multifaceted health and social challenges, moving beyond traditional clinical care to foster holistic wellbeing and societal resilience. Formally linking individuals with diverse community resources not only alleviates pressure on the healthcare system and delivers substantial economic returns but also helps to cultivate civic participation and strengthens the social fabric of communities. Embracing social prescribing as a core component of healthcare policy and infrastructure is a strategic investment that can build a more connected and equitable Canada, capable of navigating future uncertainties and enhancing the health and prosperity of all who live here.

Endnotes

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