Conversation with Julia Hotz
Ashley Hopkinson
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Ashley Hopkinson: Can you introduce yourself, tell me a little bit about yourself and what brought you to the work that is the social prescribing book?

Julia Hotz: My name is Julia Hotz. I am a journalist. I also work with the Solutions Journalism Network, managing some of our fellowships around youth mental health and a program called Complicating the Narrative. I recently wrote a book, The Connection Cure, which is about the science and spread of social prescribing, which I believe is a key policy and practical intervention to support the goals of collective wellbeing.

In 2018, before joining Solutions Journalism Network, I was studying sociology and public health in England. It was in that year that the British government established the world's first Minister of Loneliness. In that announcement, I learned that actually loneliness, the absence of meaningful connections, is associated with all of these adverse health outcomes: anxiety, depression, chronic pain, dementia, even premature death. Some epidemiologists have compared the health consequences of loneliness to smoking 15 cigarettes a day.

My master's project was around investigating systemic solutions by talking to people who were lonely. What came up was the seedlings of the idea of social prescribing, which is a practice in which healthcare providers refer patients to non-medical, community-based activities and resources that can improve their health and strengthen their connections.

That runs the gamut from food, housing support, support paying your heating bills, to activities promoting socialization and healthy lifestyle, like a cycling course or art workshop and transportation to get there. It’s really about shifting the focus from what's the matter with you to what matters to you and actually having healthcare connect their patients to something that responds to that answer.

Ashley Hopkinson: What do you think is missing from the conversation we're having on collective wellbeing? What are some of the gaps you see? What do you wish we were talking more about?

Julia Hotz: Great question. Sometimes when we hear the word wellbeing the temptation is to equate that with wellness. When we talk about wellness, there's a focus on, for example, meditation and deep breathing and self-care and rest and supplements and we equate it with this wellness industry.

Wellbeing is so much more than that. It's systemic, it's collective, and it refers to the supports that honor our basic and psychological needs for security, a sense of belonging, meaning and economic mobility.

Often it's talked about in terms of what can the individual do to increase their wellness, but I think the question should be how can we reorganize systems, whether it's local governments or in my case healthcare, to actually support people's basic and psychological needs, which we know accounts for up to 80% of their health outcomes.

Ashley Hopkinson: What has been an insight or a takeaway from doing the research for, The Connection Cure, that you think would be valuable to pass along?

Julia Hotz: The first is the way more and more people in healthcare are converging on this idea, that they wish they could do more to address people's non-medical needs, their social needs, their economic needs, their needs for connection and belonging and security. We also have heard that there's tremendous pressure in healthcare to treat the patient's symptoms, get them in and out in these 15-minute appointments.

Social prescribing is this convergence of ideas that if we want people to be healthy in the long term, we need to change that. We need to invest in long-term health supports that are in the community. That's one insight.

We should also shift from wellness to wellbeing. It's a call for healthcare to focus less on what's the matter, ill-being and more on wellbeing, what matters to you. I learned that individuals need to feel like they have agency and control over their own lives, and need to see themselves in this. What do I mean by that? I think in the conversation around collective wellbeing there's a debate about what is the best way to get support to people who need it. I found that the more that the support comes from the local level as a decision by the person or the patient to engage with that support, the more likely they are to utilize it, improve their health, and then surprisingly go on to help other people.

One example is I was in Canada investigating a social prescribing program at a community health center. What happened when this health center invested in social prescriptions for food and cooking classes and culturally tailored dance and art activities, fishing, sports, really every activity under the sun, what happened was when people received the social prescription, which they got to select based on what mattered to them, they went on to not only improve their own health but then go on and say, "I want to volunteer. I want to spread the word. I want to help other people who are in my shoes."

It creates this knock-on effect, which I think is not only important for spreading the gains of social prescription and collective wellbeing but also reduces pressure on the symptom. If you have that former patient coming on to help facilitate and organize social prescriptions, then that's less pressure on the health care provider.

Ashley Hopkinson: What did you see coming up as challenges for other people who are working in this space around a connection cure and social prescribing? How are they working to overcome some of those challenges?

Julia Hotz: Let's start with the evidence base, which is strong when you break down the different kinds of social prescriptions, and when you also triangulate this with data showing that our social determinants do affect our health. They play a major, major role. You triangulate that data with data showing nature improves our capacity to pay attention and physical activity is good for preventing a lot of diseases down the line.

There's data suggesting social prescribing does improve long-term health, improves mood, self-esteem, wellbeing, reduces instances of anxiety and depression, can reduce the number of hospitalizations and emergency room visits, and can save money down the line. The data on social prescribing while it is there— there's still this tough thing with evidence, these are mostly small studies.

There's also not a top-down policy anywhere. The closest is England and that creates a challenge when it comes time to invest in these programs. Governments say this evidence is weak, it's small scale, there's no uniformity across these different social prescribing programs.

It's a catch-22. What's so important in social prescribing is it has to be tailored to the local community. There was this fear when some support became integrated into national policy in England, for example, 'Oh the NHS is going to try to dictate how we do this and that's going to ruin it because we know what works best for our community.' There's this tension around evidence, but also honoring communities' agency.

Then I'd say the second big challenge, which I'm sure comes up in a lot of collective wellbeing projects, is the upfront cost. Even though there's every reason to believe in these small-scale studies that demonstrate that this can save money down the line. This can prevent diseases and deaths and incarceration and homelessness, all these things that get prevented, it's a joint challenge of trying to make the case to invest financially in something else, but also to ask these already overburdened healthcare providers to add something else to their plate.

Ashley Hopkinson: What do you think is distinctive about this idea around social prescribing? What would you say is really unique about this approach?

Julia Hotz: The most surprising thing is this can be done. There are these ideas that have preceded social prescribing. The idea that social determinants affect our health, this is well-known in healthcare. It's been practiced in Indigenous medicine, Eastern medicine. We have people 2000 years ago saying your health is connected to your environment.

The idea that there's actually a uniform practice that healthcare providers and mental health professionals, nurses and physicians, community health workers can actually converge on this practice of literally prescribing non-medical community support and activities the same way they prescribe pills and therapies, I think that is really exciting to people because it's a practical method to actually execute on this well-known idea.

I quote a survey in the book that found 80% of physicians agreed that they needed to do more to screen for and treat things related to the social determinants of health. That's a slightly smaller (study) but still a significant majority agreed that they don't have the tools and resources to do that right now. What's exciting is here's social prescribing. It's a tool and resource that can enable healthcare professionals to act on this knowledge.

Ashley Hopkinson: In the work that you were doing for the book, what came up in terms of the conversation around partnerships, collaboratives, people working together? What role did it play and how did people make those connections?

Julia Hotz: Let's talk about the United States, for example, where we're not as small as England. We're not as bought into the idea of public health as a public good we should all chip into; things are really complicated here. We have insurers, we have a big country and it's hard to imagine any national policy that would make social prescribing go mainstream.

When people ask me how I would get this started, I always tell them, start with what matters to you locally and look for those community partners. One example I talk about that always blows people's

mind is in my home state, New Jersey, there is an insurer Horizon Blue Cross Blue Shield that has teamed up with a local partner, New Jersey Performing Arts Center to do this pilot around prescribing people at risk of overspending on their insurance up to six months of art classes and glassblowing workshops and theater tickets. That's an example of a local partnership.

The Cleveland Clinic in the United States, revered as this mega-famous health institution has teamed up with Holden Forests and Gardens, a local arboretum and nature center to offer one small slice of social prescriptions for seniors who are in need of a little bit more support and outdoor exposure but need material support to get there. That's where this local partnership is really succeeding. In the United States, it is going to be almost fully dependent on the strength of local partnerships at first. That's been true everywhere. In the UK, it started with these local partnerships before it was backed in national policy.

Ashley Hopkinson: What do you think leaders and decision-makers can do to advance this idea of the connection cure and social prescribing?

Julia Hotz: They could do a lot of things. The first would be to start talking about it. Talk about and look up and learn more about what social prescribing is because the more we can talk about it and see this as what should be an integral part of healthcare, the more that local leaders will take the initiative to understand what version of this could work for them.

Particularly in New York City where these programs were threatened to be cut, this can only happen if you have local community organizations that are willing to host the social prescriptions. So don't cut budgets from city libraries or parks departments or these vital, vital, vital community institutions. Not only should budgets not be cut, I think they deserve an extra investment. Social prescription is medicine; we should treat it like that in budgets.

Finally, I would say learn from each other. I'm working to put together this guide showing what social prescribing has looked like across the 50 states, across different cities of different sizes and demographics. Much like the Solutions Story Tracker ©. I would hope that local leaders would take it upon themselves to ask, what's worked at other places and can we do this here?

Ashley Hopkinson: Given the right support, what would you like to see grow and expand when it comes to social prescribing and ideas highlighted in The Connection Cure?

Julia Hotz: My dream agenda. The UK government has invested, as part of its national health system long-term plan, in a position called the link worker. The link worker is somebody who is embedded in a healthcare office, a doctor's office, a social work office, a community health institution, who actually is

the one who, number one, has the time to get to know what matters to the patient. And instead of that 15-minute conversation where the doctor's rushing them out the door, the link worker has up to 60 minutes in their first session to really listen to the person and understand what matters to them. Then the other half of their job is proactively going around to different community institutions and seeing, are these clubs legit? Are these activities legit? Are they going to be welcoming? Is there a staircase that my 86-year-old patient who uses a walker is not going to be able to climb? The link worker is really important. Based on the growing evidence around social prescribing in the UK, The National Health Service (NHS) has funded them.

I would love to see something similar in the US. National might be too ambitious, but even at the state level. It's been demonstrated that the presence of a link worker can save money over time, improve healthcare outcomes, all the things that we look for in healthcare programming. The other big-picture policy, in addition to funding a position like the link worker, would be for more medical schools to start teaching this.

A really cool grassroots thing happened in the UK. A bunch of phenomenal students were like, "Let's get this taught in our curriculum. I believe in this." At first, the leaders who are tasked with determining what goes into a medical school curriculum said, "All right, silly kids. We'll see." Then what happened is they built a network. These students started organizing a social prescribing student collective anyway.

Eventually the board said, "All right, you win. You're teaching it anyway. Let's formally put this in the curriculum." Now every medical school in the UK is teaching social prescribing. There's a similar student collective in the U.S., where it's been fought to be taught at Harvard and Columbia and certain schools around the nation. I would love to see a similar grassroots effort succeed where it's just this is something we teach fundamentally.

Ashley Hopkinson: What do you think it will take to demonstrate the value of this work? How do you have conversations about social prescribing in a world where everything feels so urgent?

Julia Hotz: Great question. I think about that a lot. I think the question contains the answer. We need to demonstrate that social prescriptions are not just, a nice to have. They're a response to the urgency of our joint crises in health and healthcare. Rising rates of mental illness, disease, loneliness—issues that are disproportionately affecting people lower in the socioeconomic spectrum, that's one crisis that's urgent, people dying, people being sick.

There is a crisis within healthcare, especially in family medicine. If you look at the numbers, there's some really scary stats suggesting that the number of primary care providers is decreasing, particularly in rural parts of the country. People are literally dying prematurely because their state hospital closed down or they don't have a primary care provider within an hour of them.

There's a joint urgency to improve our health at the population level and reduce pressure on healthcare. I almost dislike the term social prescribing because it makes it seem frou-frou and like, “Oh, this is sweet. Neighbors getting to know each other.” There's such a temptation to dismiss it as a nice to have, but you look at the data and it suggests that this is actually a really powerful intervention that improves our health and reduces pressure on healthcare.

A quote that I always think about from one of the pioneers who preceded social prescribing, but who made the case for more investments in health equity and social determinants of health, is why would you treat someone and send them back to the conditions that made them sick?

Why would you treat someone who is struggling with asthma, for example, you give them an inhaler, and then they're back two weeks later because they can't breathe. Only later through the practice of social prescribing do you come to find out their home has mold in it. By not fixing the underlying problem of the mold, by not giving them housing support, you're just going to prolong this problem. I think it is really urgent.

Ashley Hopkinson: How would you describe collective wellbeing?

Julia Hotz: Any non-medical support that improves a person's health and addresses their fundamental needs for economic mobility, security, respect, meaning, joy, and belonging. It's contained in the word collective. This is not just about treating individuals and sending them back to the conditions that made them sick. This is how wellbeing and wellness are different. This is about broad holistic support.

Ashley Hopkinson: Great, thank you Julia.

Ashley Hopkinson is an award-winning journalist, newsroom entrepreneur and leader dedicated to excellent storytelling and mission-driven media. She currently manages the Solutions Insights Lab, an initiative of the Solutions Journalism Network. She is based in New Orleans, Louisiana.

** This conversation has been edited and condensed.*
** Editor's note : Julia Hotz is a staff member of the Solutions Journalism Network. The Solutions Insights Lab is a research-based initiative of SJN.*