



Dansk Selskab for Folkesundhed

Den Nationale Folkesundhedskonference 2026

Det nye landskab

Abstractssamling

Session D

Sociale fællesskaber og social prescribing

Moderator
Marie Henriette Madsen

D	Sociale fællesskaber og social prescribing		2
D.1	Social isolation in midlife: Expectations and motivations for participating in Social Prescribing		2
D.2	Pårørende efter traumatisk skade: Sorg, hverdagsliv og støttebehov samt erfaringer med målrettede indsatser		3
D.3	The referral moment: Older adults' interpretations of social prescribing in Danish primary care: A qualitative study		4
D.4	Social prescribing in Danish general practice		5
D.5	Oplevede effekter af Sundhedskor – evaluering af en sundhedsfremmende gruppesangsintervention i Danmark		6



Dansk Selskab for Folkesundhed

D Sociale fællesskaber og social prescribing

Moderator: Marie Henriette Madsen

D.1 Social isolation in midlife: Expectations and motivations for participating in Social Prescribing

Carl Johannes Middelboe¹, LS Oldrup¹, JW Kirk^{1,2}

1 Department of Clinical Research, Amager & Hvidovre Hospital, Hvidovre, Denmark

2 National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

Primært budskab

Experiences of social isolation in midlife are shaped by perceived societal expectations of adulthood as stable and settled.

Implikationer for praksis

Referring to and delivering Social Prescribing initiatives requires attention to age-related challenges and how these influence experiences of social isolation.

Background

Social Prescribing (SP) initiatives aims to address patients' complex and interrelating social and health challenges by connecting them to non-clinical support. In the Danish SP model 'Social Prescribing Vesterbro-Sydhavnen', general practitioners (GPs) refer patients to community-based support in the civic society through link workers, to promote well-being among patients living in socially vulnerable positions. Existing research on loneliness and social isolation has primarily focused on younger and older populations, while social isolation in midlife remains comparatively underexplored. Limited attention has been paid to how social and cultural expectations associated with adulthood may shape experiences of social isolation and help-seeking behaviour. This study investigates adults in midlife's expectations and motivations for participating in SP initiatives and how these are shaped by life-course expectations.

Methods

This study is based on an ethnographic fieldwork involving participant observations of consultations between GPs and patients and 20 qualitative interviews with patients aged between 25-59. Preliminary results: Through thematic analysis, four themes were identified. Two themes relate to the motivation for help-seeking behaviour 1) extrinsic motivation and 2) intrinsic motivation, and another two themes relate to the specific life-phase that characterises middle-aged adults: 3) the prospect of a return to 'normalcy', and 4) connecting with people in similar situations. Patients' help-seeking behaviour appeared closely connected to their position in the life course. Motivations for participating in Social Prescribing were shaped not only by experiences of social isolation and distress, but also by perceptions of not living up to normative expectations of adulthood as stable, socially integrated, and self-sufficient.

Conclusion

This study contributes to SP research by highlighting how motivations for participation are shaped not only by social and health-related challenges, but also by life-course expectations associated with midlife. The findings suggest that experiences of social isolation are closely connected to perceived societal expectations of adulthood as stable, socially integrated, and self-sufficient.



D.2 Pårørende efter traumatisk skade: Sorg, hverdagsliv og støttebehov samt erfaringer med målrettede indsatser

Sophie Lykkegaard Ravn^{1,2}, L Ørtenblad³, FE Helder⁴, M Guldin⁵, A Walberg⁶, CP Nielsen^{3,5}, T Maribo^{3,5}, NK Nissen^{1,2,3}

1 Specialhospitalet for Polio- og Ulykkespatienter, 2 Institut for Psykologi, Syddansk Universitet, 3 DEFACTUM, Region Midtjylland, 4 Ulykkespatientforeningen, 5 Institut for Folkesundhed, Aarhus Universitet, 6 Insitut for Antropologi, Københavns Universitet

Primært budskab

Projekt ETHAPE giver ny viden om pårørendes sorg, hverdagsliv og støttebehov efter ulykker samt synliggør behovet for målrettede og bæredygtige støtteindsatser for de pårørende

Implikationer for praksis

Projekt ETHAPE viser, at støtte til pårørende bør være fleksibel og tilgængelig – den bør tilpasses pårørendes hverdagsliv og belastning samt deres vanskeligheder ved at formulere egne støttebehov

Baggrund

Trods stigende anerkendelse af pårørendes belastning mangler der fortsat viden om, hvordan det opleves at være pårørende til mennesker med varige følger efter en ulykke, samt hvordan disse pårørende bedst støttes. Projekt ETHAPE undersøger sorg, hverdagsliv og støttebehov blandt pårørende til mennesker med varige følger efter en ulykke samt udvikler og afprøver indsatser målrettet disse pårørende.

Metode: Undersøgelsen bygger blandt andet på et kvalitativt design med semistrukturerede interviews med 17 pårørende. Refleksiv tematisk analyse blev anvendt til at identificere mønstre, og et brugerpanel bidrog til studiets kvalitet og relevans. Herefter blev en række indsatser udviklet og afprøvet i et samarbejde mellem forskere, praktikere og brugerpanel.

Resultater

Pårørende til mennesker med varige følger efter ulykke oplever flere former for tab, herunder tabet af den person, de tidligere kendte, samt tabet af egen identitet, roller, sociale netværk og forventede livsforløb. Dette medfører ofte vedvarende og ambivalent sorg. Mange føler sig misforståede og socialt isolerede, hvilket bidrager til følelsesmæssig belastning og udmattelse. De pårørende påtager sig nye ansvarsområder for at opretholde familiens hverdag og livskvalitet.

Hverdagsaktiviteter får stor betydning for at bevare en følelse af normalitet. Betydningen af tab, sorg og ansvar varierer afhængigt af individuelle ressourcer og livsomstændigheder. Mange pårørende oplever manglende støtte og har samtidig svært ved at formulere egne støttebehov. Afprøvning af ETHAPes indsatser viste metodiske og praktiske udfordringer, især i forhold til rekruttering af pårørende, der ofte oplever begrænset tid, stor belastning og konkurrerende ansvar. Disse fund bidrager til en mere nuanceret forståelse af, hvordan bæredygtige og forskningsinformerede støtteinitiativer kan udvikles og implementeres fremover.

Konklusion

Pårørende til mennesker med varige følger efter en ulykke oplever omfattende tab, sorg og forandringer i hverdagslivet samtidig med utilstrækkelig støtte. Der er behov for videre udvikling af indsatser, som imødekommer deres støttebehov og tager højde for de livsomstændigheder, de lever under.



D.3 The referral moment: Older adults' interpretations of social prescribing in Danish primary care: A qualitative study

LS Oldrup¹, M Broholm-Holst², MB Lindstrøm¹, O Andersen^{1, 3, 4}, P Nilsen^{5, 6} & JW Kirk^{1, 2}.

1 Department of Clinical Research, Copenhagen University Hospital Amager and Hvidovre

2 National Institute of Public Health, University of Southern Denmark, Copenhagen

3 Emergency Department, Copenhagen University Hospital Amager and Hvidovre

4 Department of Clinical Medicine, University of Copenhagen

5 Linköping University, Linköping, Sweden

6 Halmstad University, Halmstad, Sweden

Primært budskab

Highlights how participation in social prescribing is shaped at the referral moment, underscoring the need for tailored and sustainable social prescribing practices in primary care.

Implikationer for praksis

Successful implementation requires recognising the referral moment as pivotal, tailoring approaches to participants' contexts and using their insight to guide local practice and national scale-up.

Baggrund

Loneliness and social isolation are public health challenges among older adults internationally and in Denmark. Social Prescribing (SP) offers a non-clinical approach linking participants to community-based activities to reduce loneliness. The "Social Prescribing Vesterbro-Sydhavnen" project (2024) was launched as the first systematic implementation of an SP-model in Danish primary care. This study explores how participants aged 60+ experienced SP referrals from their general practitioners (GPs), addressing an existing evidence gap.

Metode

This study, a part of the SHINE research project, applies a Hybrid Type II Effectiveness-Implementation Design (Kirk et al. 2025). Through an ethnographic field study, data were collected from 13 participants identified by GPs. Ethnographic observations of GP consultations captured participants' immediate reactions to SP referrals. Semi-structured interviews subsequently explored perceived relevance, social and health determinants. A thematic analysis guided the interpretation.

Resultater

Three themes were identified: (1) interpreting relevance in the context of loss and constrained everyday lives; (2) interpreting relevance through relational obligations and social positioning; and (3) interpreting relevance in relation to conditions for engagement. The engagement with SP begins not at the point of participation, but at this point of referral, where its meaning is actively negotiated. Participation depends on how participants perceive its relevance to their identity and everyday lives, shaped by trust, predictability, and personal vulnerability.

Konklusion

The findings offer insight into how older adults experience SP in general practice, highlighting for whom, under what circumstances and when SP is meaningful and acceptable.



D.4 Social prescribing in Danish general practice

Jeanette Wassar Kirk¹, LS Oldrup¹, O Andersen^{1,3,4}, C Sommer¹, M Broholm-Holst², P Nilsen^{5,6}

1 Department of Clinical Research, Copenhagen University Hospital Amager and Hvidovre

2 National Institute of Public Health, University of Southern Denmark, Copenhagen

3 Emergency Department, Copenhagen University Hospital Hvidovre

4 Department of Clinical Medicine, University of Copenhagen

5 Linköping University, Linköping, Sweden

6 Halmstad University, Halmstad, Sweden

Primært budskab

Social prescribing was enacted not as a standardised model, despite its formal codification, but as a fragile relational practice shaped by clinical judgement and organisational conditions.

Implikationer for praksis

Social prescribing requires organisational embedding and flexible understandings of candidacy, as referrals depend on clinical judgement, continuity, and patient capacity to engage.

Background

Social prescribing links patients in general practice to community-based support addressing social determinants of health. Although general practitioners (GPs) are generally positive towards social prescribing, uptake remains limited. This study explored how social prescribing was understood and applied in Danish general practice and which factors influenced referrals.

Methods

A qualitative exploratory study was conducted in general practice settings in urban Denmark within a structured social prescribing model. Data consisted of one year of participant observations from GP cluster meetings, consultations, and project meetings, and semi-structured interviews with 15 GPs one year after implementation. Data were analysed using thematic analysis inspired by Graneheim and Lundman.

Results

Six themes were identified. Social prescribing emerged as a meaningful but fragile practice rather than a standardised model. Referrals depended on clinical judgement, relational continuity, and assessments of patients' motivation and capacity to engage. Eligibility was constructed through clinical reasoning rather than predefined criteria. Younger adults emerged as a blind spot, as psychosocial needs among younger patients were less likely to be recognised and translated into referrals. Link workers were central in connecting general practice and community services. Limited uptake reflected weak organisational embedding rather than lack of professional support.

Conclusion

Social prescribing was enacted as a situated and relational practice negotiated within everyday clinical work. Referral processes depended not only on patient need, but on how vulnerability became recognisable within consultations. Current approaches may unintentionally exclude younger adults and other less visible patient groups. Sustainable implementation in general practice requires organisational integration, cross-sector collaboration, and broader understandings of who may benefit from social prescribing.



D.5 Oplevede effekter af Sundhedskor – evaluering af en sundhedsfremmende gruppesangsintervention i Danmark

Lasse Skovgaard og Sofie Gram
Sangens Hus

Primært budskab

Gruppesangsaktiviteter kan understøtte en folkesundhedsindsats, hvis de udvikles og implementeres i et samarbejde mellem sundhedsprofessionelle, sangprofessionelle og kommunale forvaltninger.

Implikationer for praksis

Sundhedskor engagerer borgere, der er i mistrivsel og udfordret på deres deltagelse i fysiske og sociale aktiviteter. Det skyldes primært en motiverende kombination af træning og musikalsk fællesskab.

Baggrund

Gruppesang anerkendes i stigende grad som en sundhedsfremmende aktivitet med potentielle gavnlige effekter på både mentale, sociale, fysiske og kognitive områder. Det danske initiativ Sundhedskor blev udviklet af en tværfaglig gruppe og implementeret i 26 danske kommuner i 2025 som en forebyggende indsats målrettet personer med nedsat trivsel eller i risiko for dette.

Formål

Formålet med denne evaluering var at undersøge deltagerens erfaringer med - og oplevede udbytte af - deltagelsen i et Sundhedskor.

Metode

Et Sundhedskor-forløb består af 12–15 sessioner, 1 per uge, á 1,5–2 timer. Det er et krav, at korlederne har deltaget i et kursus i ledelse af Sundhedskor. Til evalueringen blev der anvendt et spørgeskema, som blev sendt ud efter korforløbets afslutning. Spørgeskemaet indsamlede demografiske oplysninger og fokuserede derudover på motivation for deltagelse, tilfredshed samt oplevede sundhedsmæssige effekter. I alt besvarede 290 deltagere spørgeskemaet.

Resultater

Deltagerne var overvejende kvinder (87%) i alderen 50–79 år, og 87% deltog i seks eller flere korsessioner. De hyppigst angivne motivationsfaktorer var ønsket om "at styrke humør og energi" (56%) samt "på grund af det sociale" (28%). Samlet set angav 85% af deltagerne, at de i høj grad havde opnået deres personlige mål med deltagelsen. 75% oplevede i høj grad, at de kunne følge med og mestre aktiviteterne, 97% at stemningen var tryk, og 96%, at der var plads til deres behov. Hvad angår sundhedsmæssige effekter rapporterede 66% en meget høj eller høj grad af forbedring i mental trivsel, 46% ift koncentrationsevne/evne til at fokusere, 46% ift socialt liv og 32% ift fysisk helbred.

Konklusion

Sundhedskor fremstår som en gennemførlig og velmodtaget intervention med betydelige positive effekter på mental og social trivsel samt mere moderate effekter på fysisk helbred. Resultaterne understøtter integration af strukturerede sangaktiviteter i lokalt forankrede sundhedsfremmende indsatser.