



VisibleNetworkLabs



RECETAS



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## Survey on Improving Health and Well-Being Through Social Prescribing and Nature

### RECETAS Aggregate Report

March 2022



This report for the Survey on Improving Health and Well-Being Through Social Prescribing and Nature was produced by **VISIBLE NETWORK LABS** in collaboration with the **RECETAS** Project using **PARTNER** (Platform to Analyze, Record & Track Networks to Enhance Relationships).

**VISIBLE NETWORK LABS** is a data science company developing tools and technology to help people measure, understand and evolve the personal and professional networks that influence the communities where they live.

**PARTNER** is a social network analysis data tracking and learning tool designed to measure and monitor collaboration among people/organizations. It is a new, scientifically validated way to design data-driven network strategies that generate social impact.

**PARTNER** is a registered product of Visible Network Labs.

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# Project Background

## About the RECETAS project

RECETAS is a five-year research project funded by the European Union's Horizon 2020 research and innovation program. RECETAS stands for "Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces." The goal of the social network analysis was to better understand how stakeholder organizations across six cities (Helsinki, Melbourne, Marseille, Cuenca, Prague, and Barcelona) are currently working to address loneliness, mental health, and well-being through social prescribing and nature-based activities. These organizations were sent a network survey using Visible Network Labs' PARTNER platform ([www.partnerool.net](http://www.partnerool.net)).

## PARTNER Survey

In October and November 2021, 253 organizations across five cities (Melbourne, Australia; Helsinki, Finland; Barcelona, Spain; Prague, Czech Republic; and Cuenca, Ecuador) were invited to participate in a Social Network Analysis of their current organizational partnerships as part of the RECETAS research project. Of these, 160 organizations responded to the survey, for a 63% response rate. In addition, another Social Network Analysis was carried out in Marseille, France using a different survey distribution method (*More on page 6*). The RECETAS project will use these PARTNER data to better understand how stakeholders across the six cities are working to address mental health, well-being, and loneliness through social prescribing and nature-based activities with the ultimate goal to systematically improve mental health and well-being, reduce loneliness, promote vibrant socially-connected communities, contribute to the sustainability of cities, and reduce health inequities by connecting diverse populations to nature in meaningful ways.

## What is a Network?

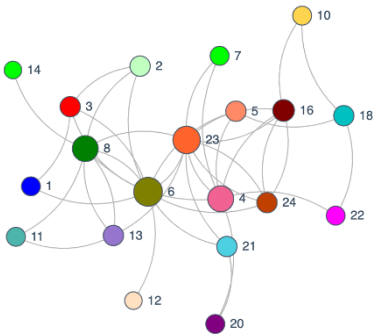
A **network** is a formal partnership created between three or more organizations. Social Network Analysis (SNA) measures the number and quality of connections and increases the visibility of these connections. Using SNA to understand how a network functions can help leaders, members, funders and other stakeholders:

- ❖ Improve ways of working to achieve common goals;
- ❖ Plan and implement relationship building and resource leveraging among network partners;
- ❖ Assess the quality, content, and outcomes of connections;
- ❖ Monitor change in networks over time;
- ❖ Develop strategies and action steps to fill gaps and leverage strengths in networks.

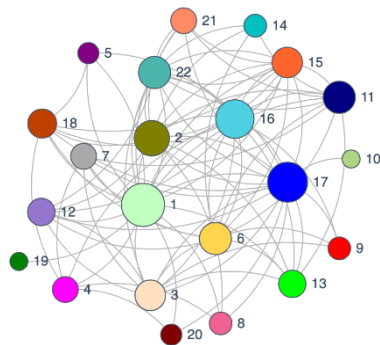
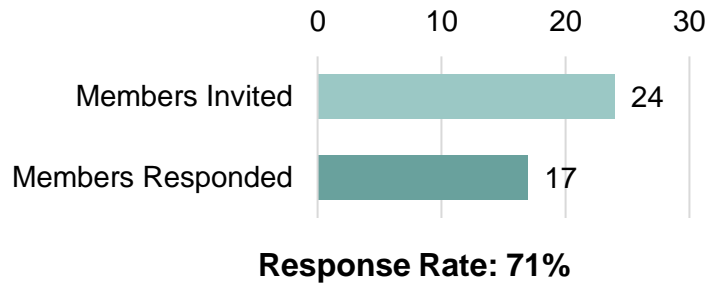
# Network Structure and Members

Below are network maps of organizations that are currently working to address loneliness, mental health, and well-being through social prescribing and nature-based activities in the six cities.

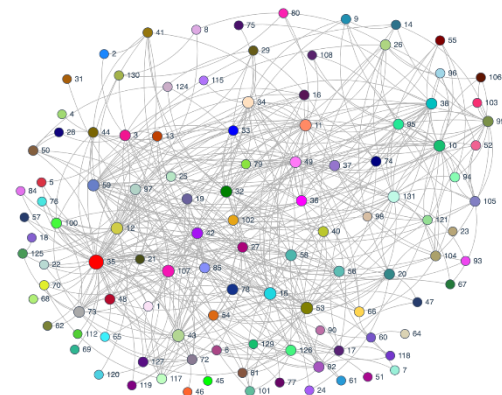
- ❖ This map shows each organization represented as a circle (node). The lines among the nodes represent all relationships that were reported by respondents.
- ❖ The size of the node shows which organizations have the greatest number of connections (they are larger).



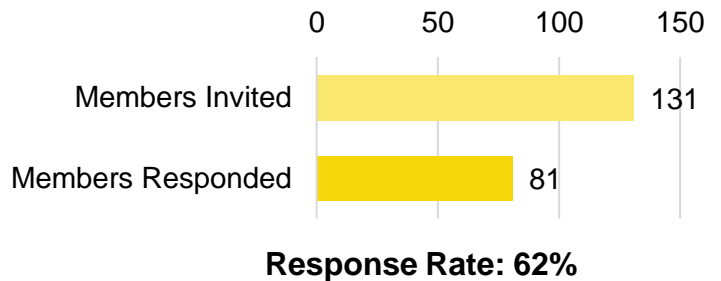
## Melbourne



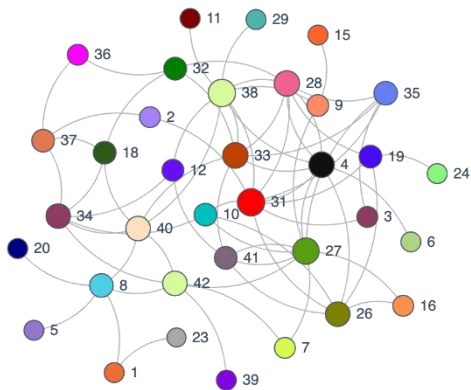
## Helsinki



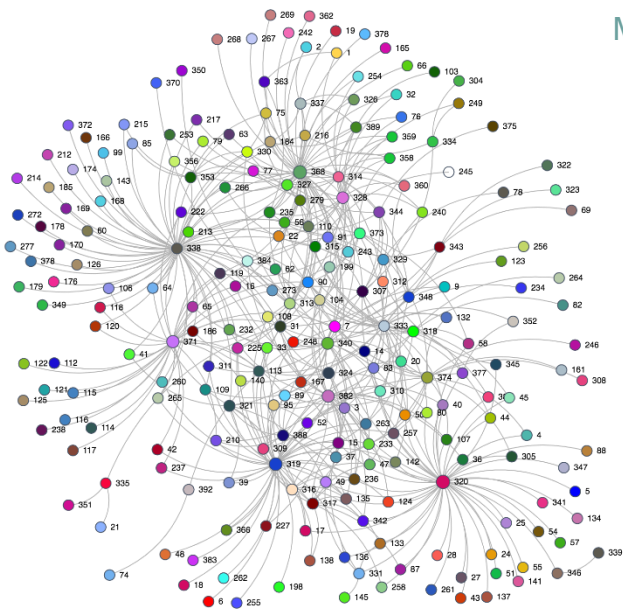
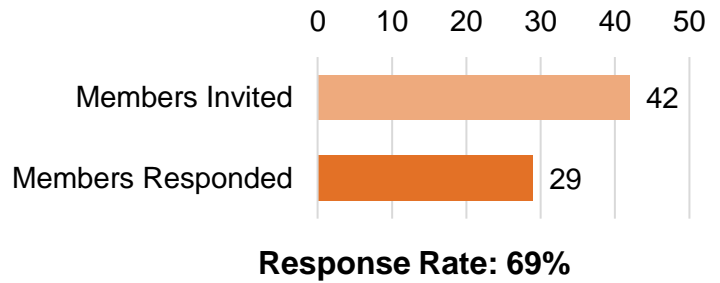
## Barcelona



# Network Structure and Members

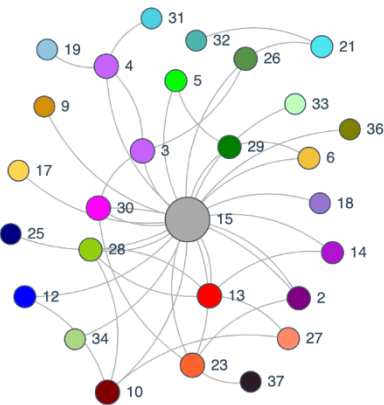


## Prague



## Marseille

*Note that Marseille survey respondents were recruited differently than other survey respondents. Because of privacy concerns, a generic (rather than personalized) survey link was distributed to identified stakeholder organizations, who then forwarded the survey on to additional stakeholders unknown to the research team in a snowball sample design. A total of 66 organizations responded to the survey, and through their survey responses, 392 organizations were identified as working in Marseille to address loneliness, mental health, and well-being.*



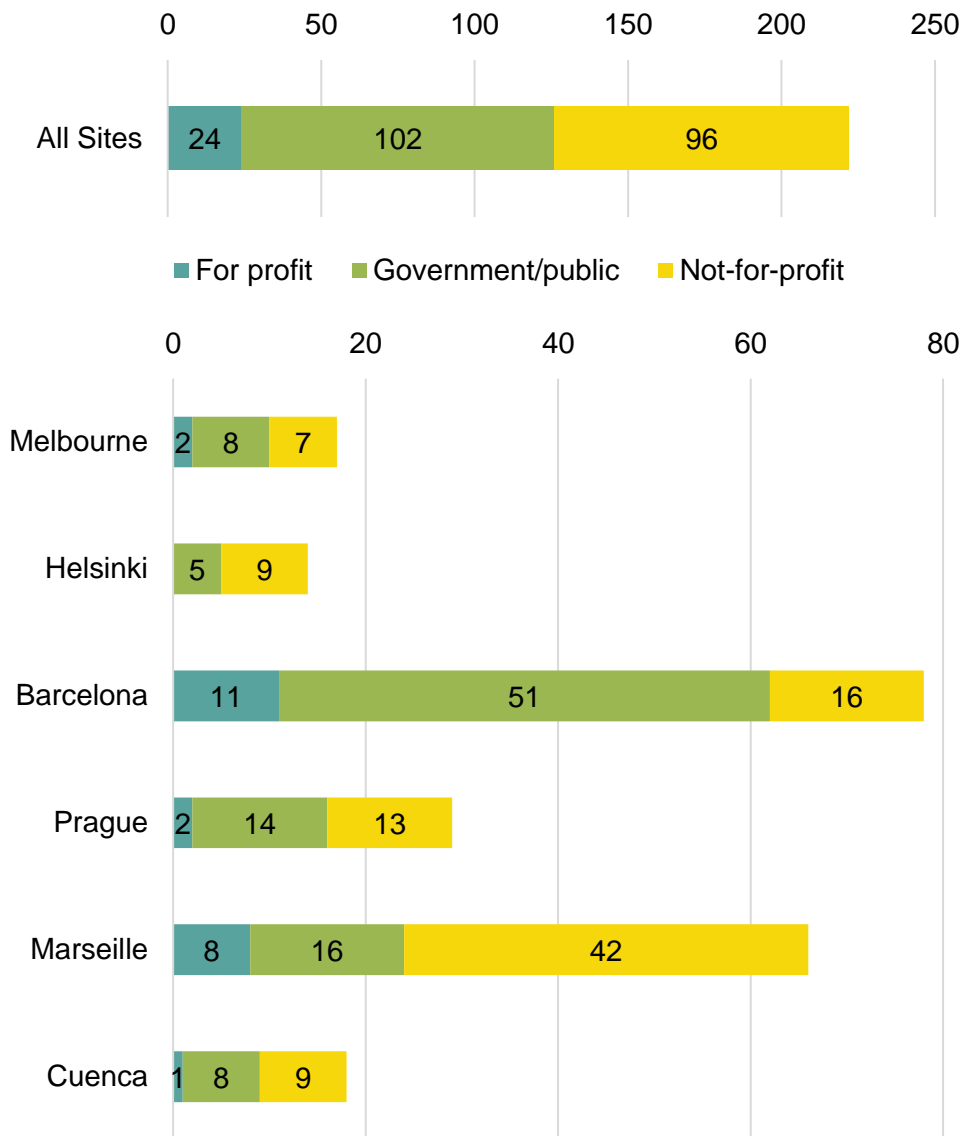
## Cuenca



# Network Composition – Sector and Industry

Q1: Which of the following best describes the sector in which you work? (Choose only one)

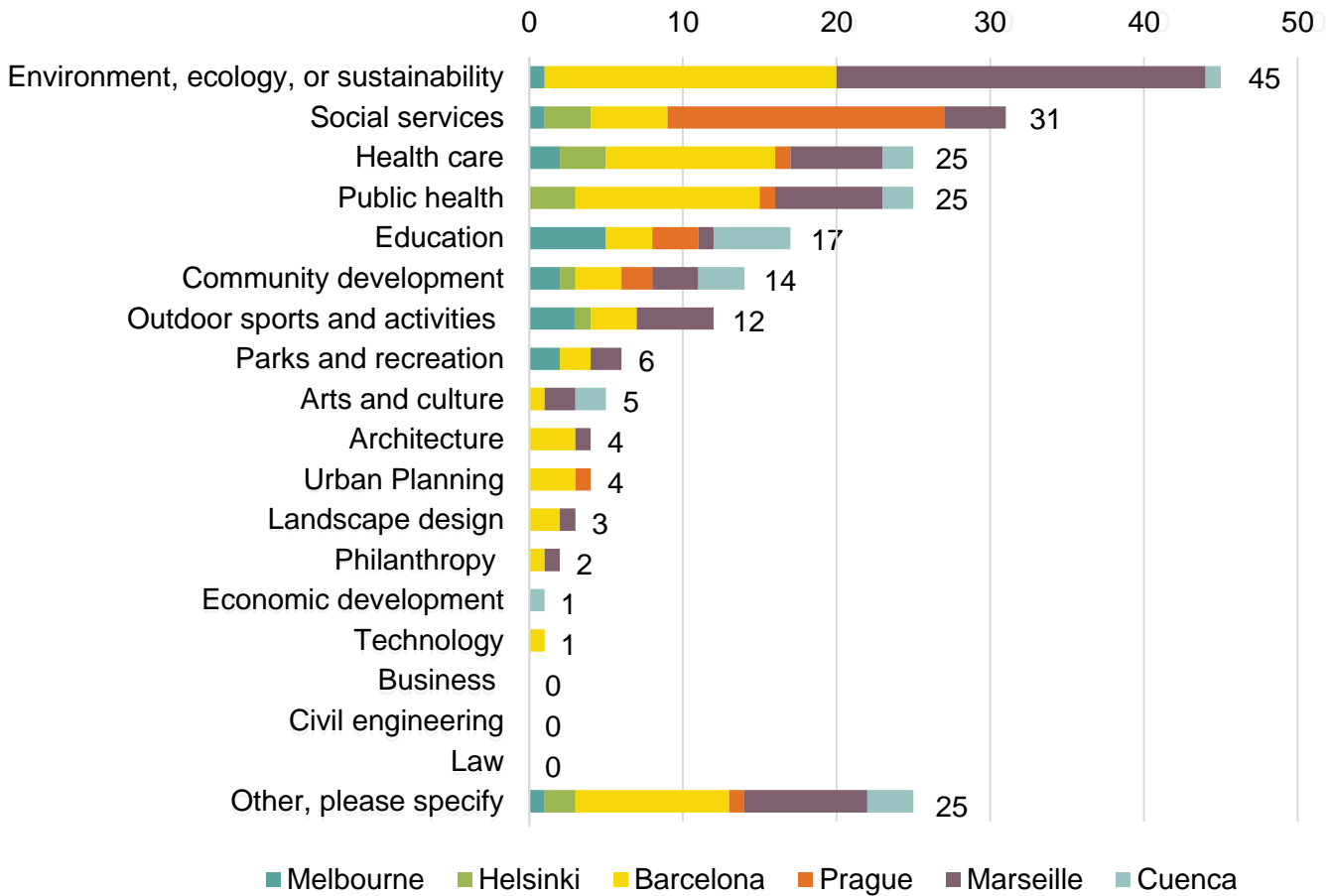
*n = 222 responses*



# Network Composition – Sector and Industry (Cont.)

**Q2: Which of the following best describes the industry or field in which you work? (Choose only one)**

*n = 220 responses*

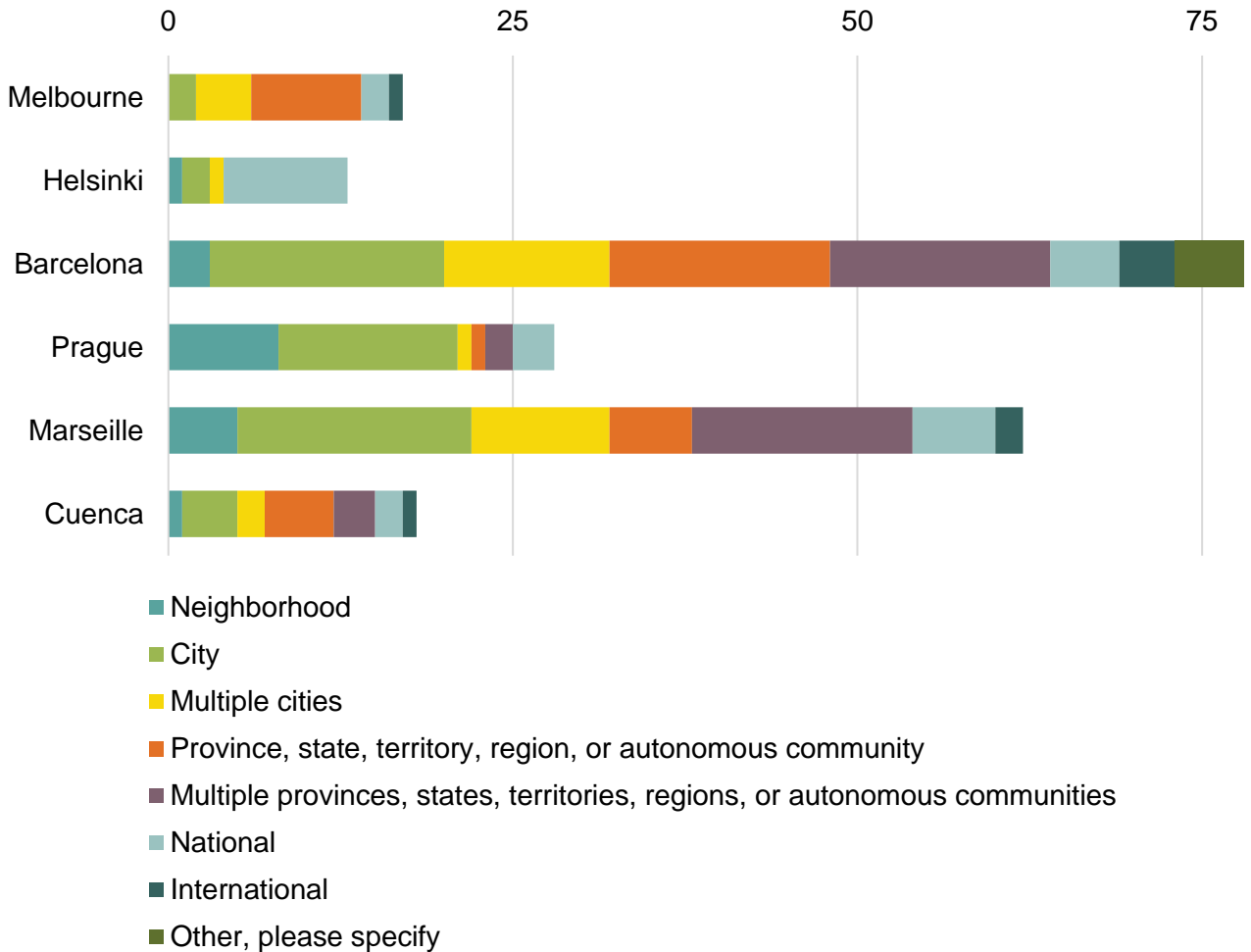




# Network Composition – Populations Served

**Q3: Which of the following best describes the geographic scope of the populations that your organization serves? (Choose only one)**

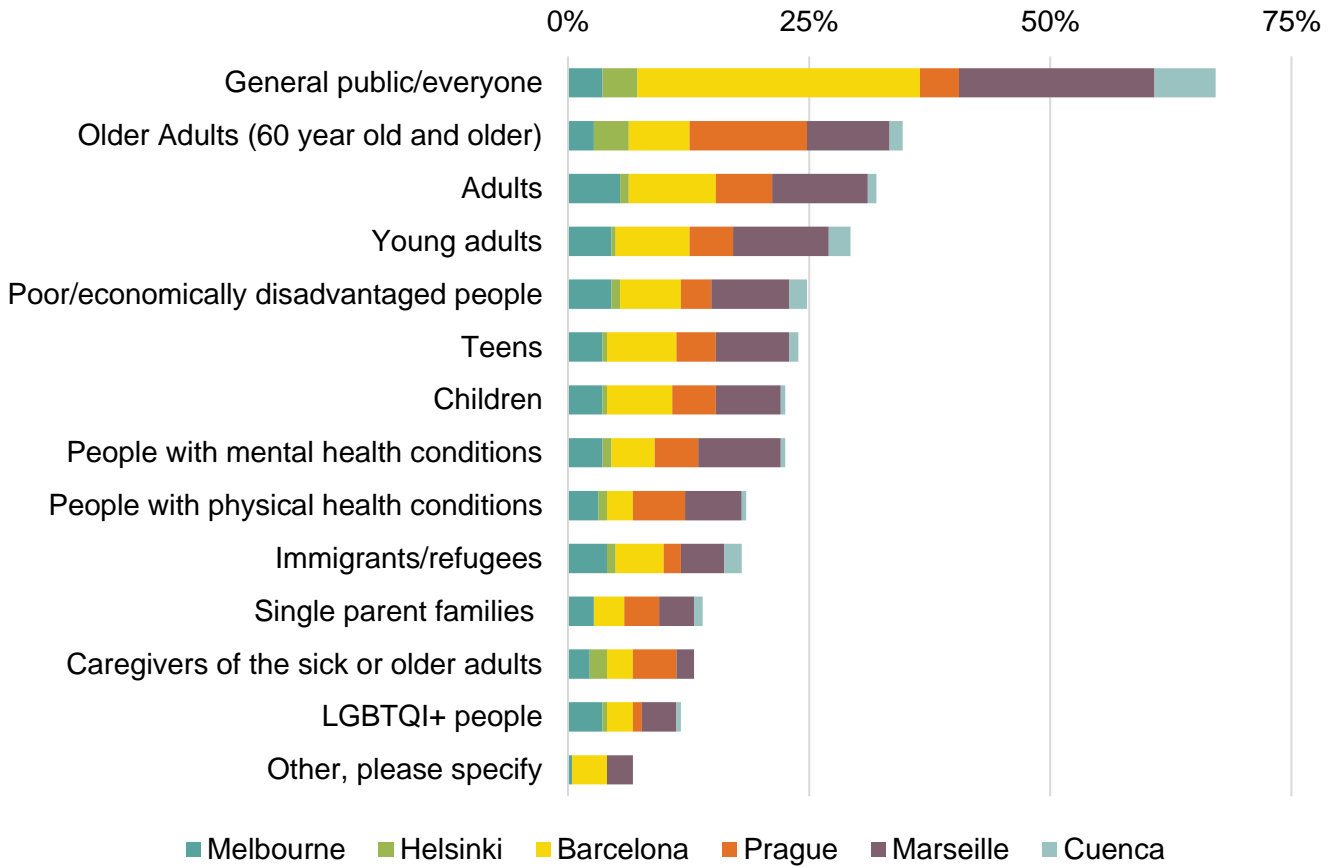
*n = 216 responses*



# Network Composition – Populations Served (Cont.)

## Q4: Which populations does your organization serve? (Choose all that apply)

*n = 222 responses*

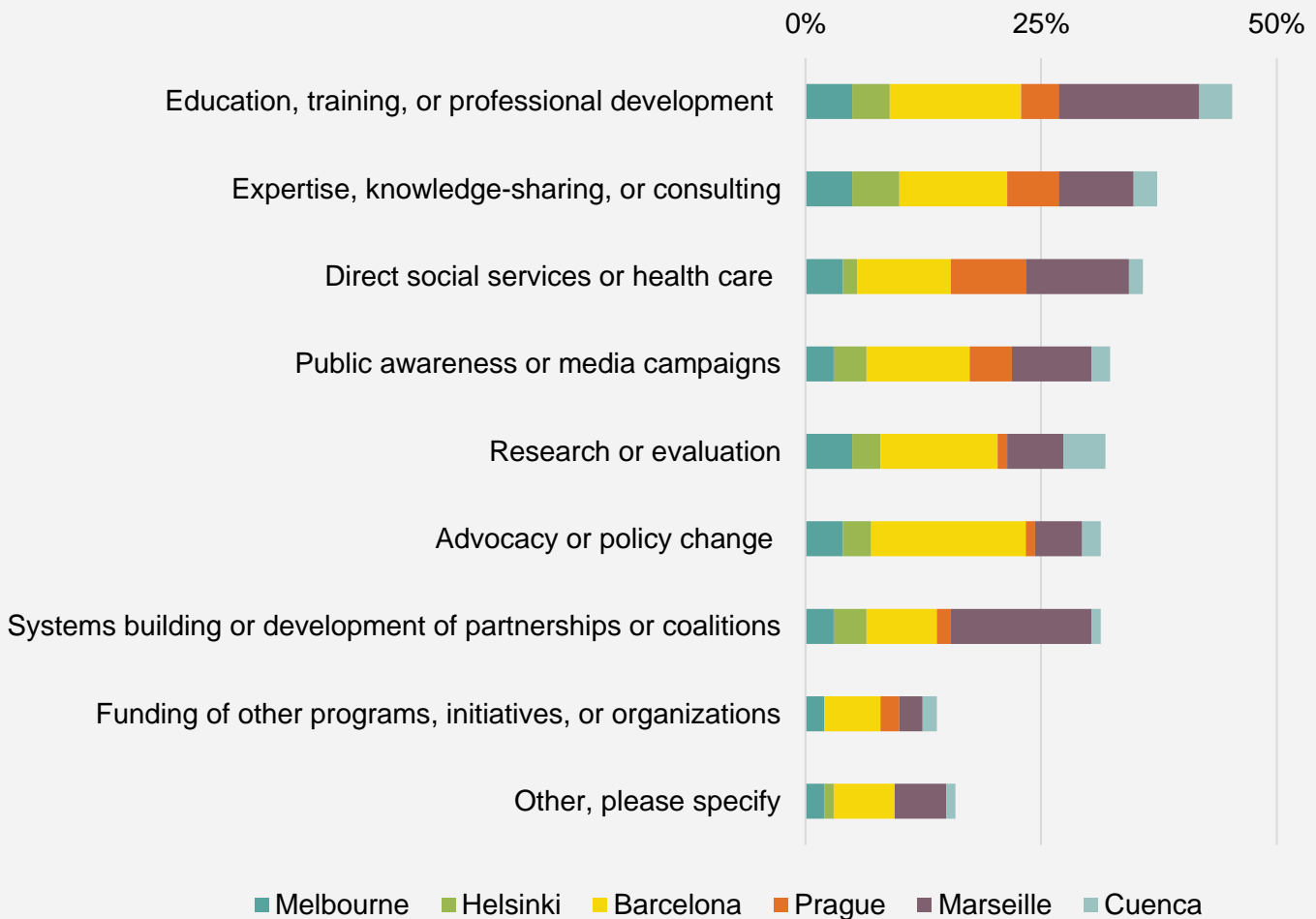


# Programs and Services

The types of programs or services that the most organizations engage in include education, training, or professional development (45%), expertise, knowledge-sharing, or consulting (37%), and direct social services or health care (36%).

**Q5: Which of the following types of programs or services does your organization engage in to address mental health, well-being, or loneliness, if any? (Choose all that apply)**

*n = 201 responses*

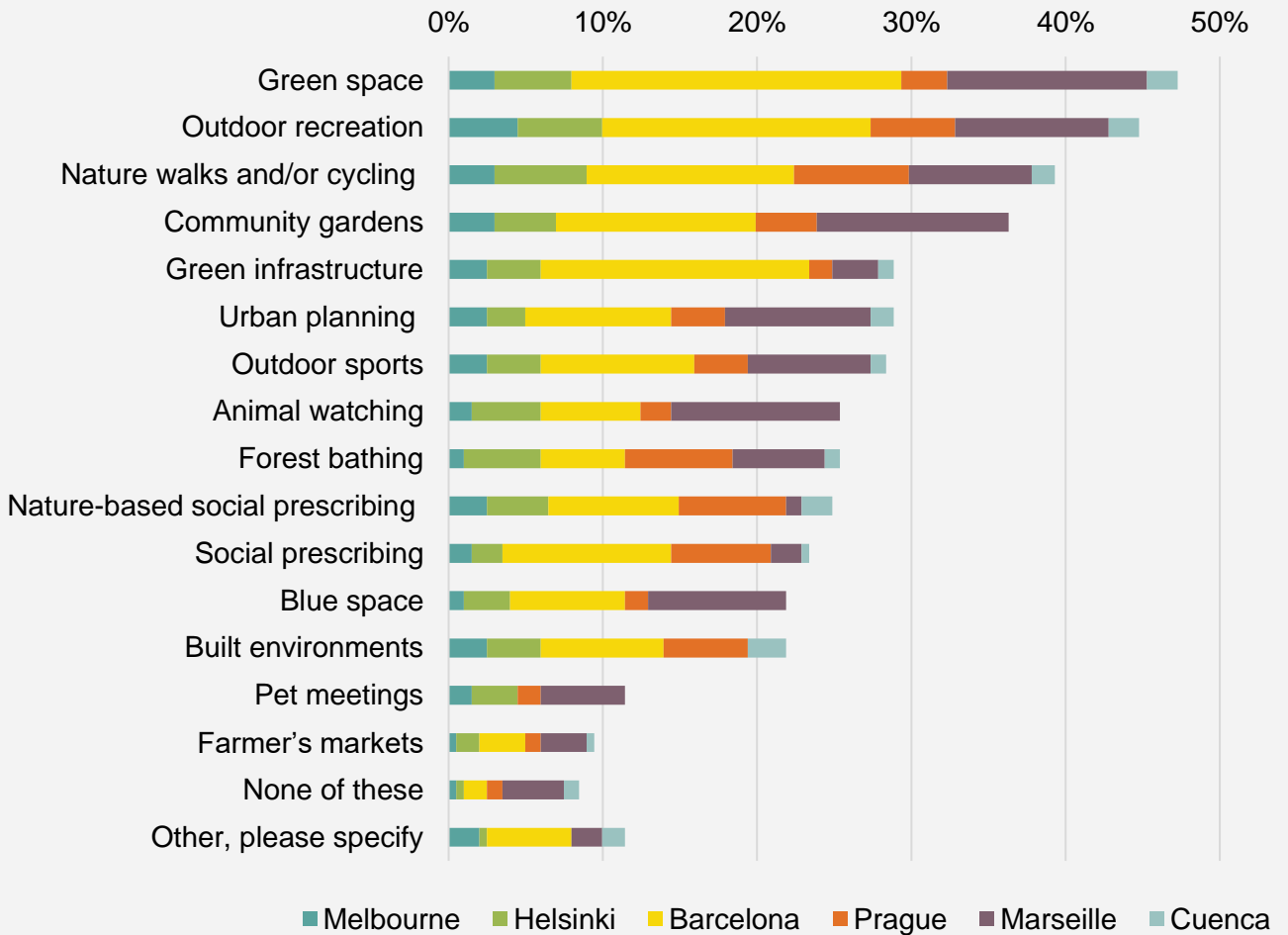


# Nature-based Solutions Used

The most used solutions by respondent organizations include green space (47%), outdoor recreation (45%), and nature walks and/or cycling (39%).

**Q7: Which of the following solutions in nature, natural spaces, or activities in natural space does your organization use to address mental health, well-being, and loneliness, if any? (Choose all that apply)**

*n = 201 responses*



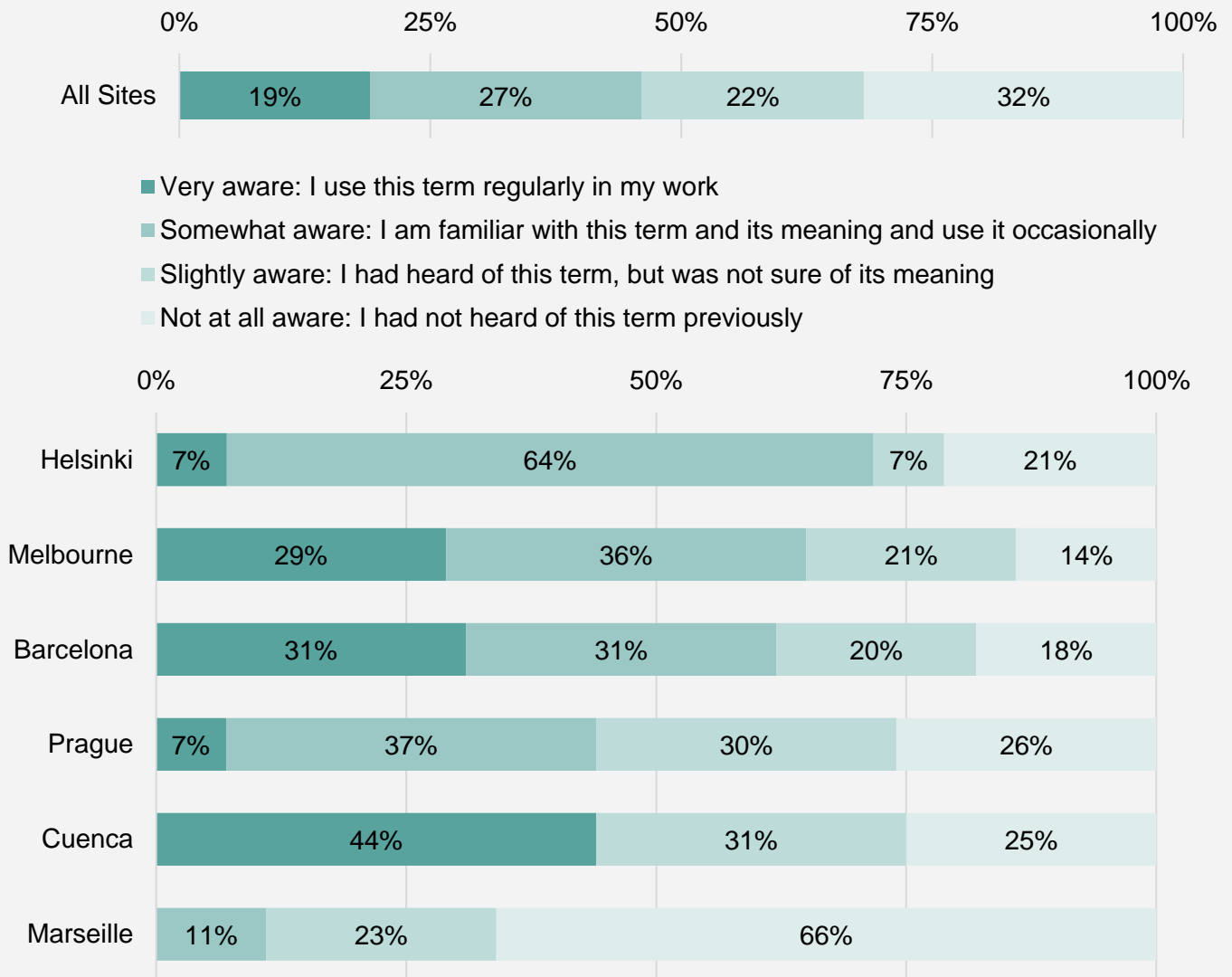
# Nature-based Social Prescribing and Solutions

As many as 46% of respondents indicate they are either “somewhat” or “very” aware of the term “nature-based social prescribing.” Helsinki leads in awareness (71% somewhat or very aware), followed by Melbourne (65%), and Barcelona (62%). While Cuenca comes in lower (44%), this value is noteworthy as it is entirely made up of “very aware” respondents.

## Q8: To what extent are you aware of the term “nature-based social prescribing”?

*In contrast to medical prescriptions, “social prescriptions” are prescriptions to spend time with other people in order to improve health and well-being. “Nature-based social prescriptions” are prescriptions to spend time in nature with other people, in order to improve health and well-being.*

*n = 189 responses*



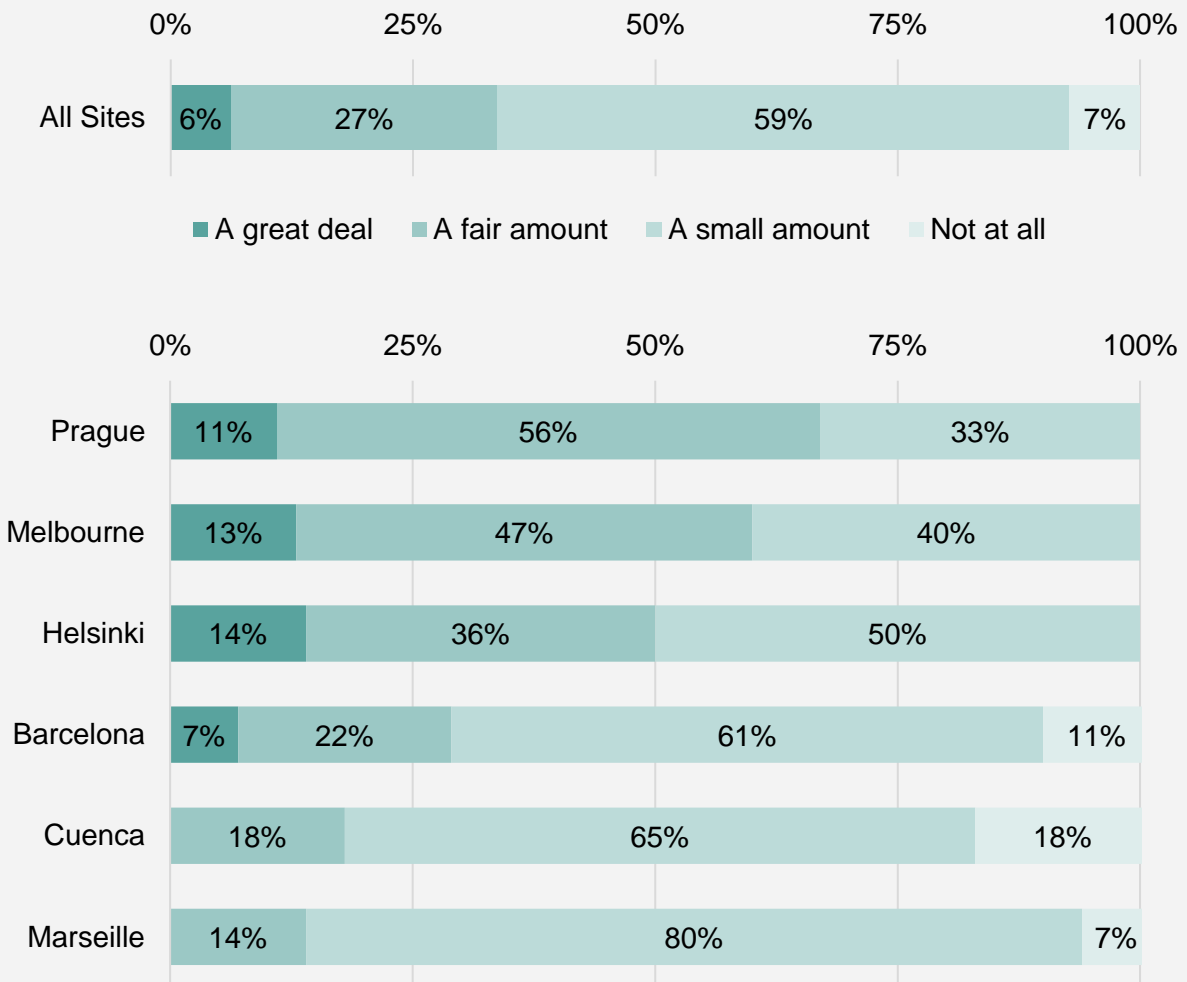
# Nature-based Social Prescribing and Solutions

Barcelona reflects the average belief across all sites in terms of whether nature-based solutions are being adopted to address mental health, well-being, or loneliness, with a roughly 30-70 split (29% either “a great deal” or “a fair amount”, 72% either “a small amount” or “not at all”). Prague shows the most optimism (67% positive responses).

## Q9: To what extent have nature-based solutions to address mental health, well-being, or loneliness been adopted by people in your city?

*Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).*

n = 193 responses

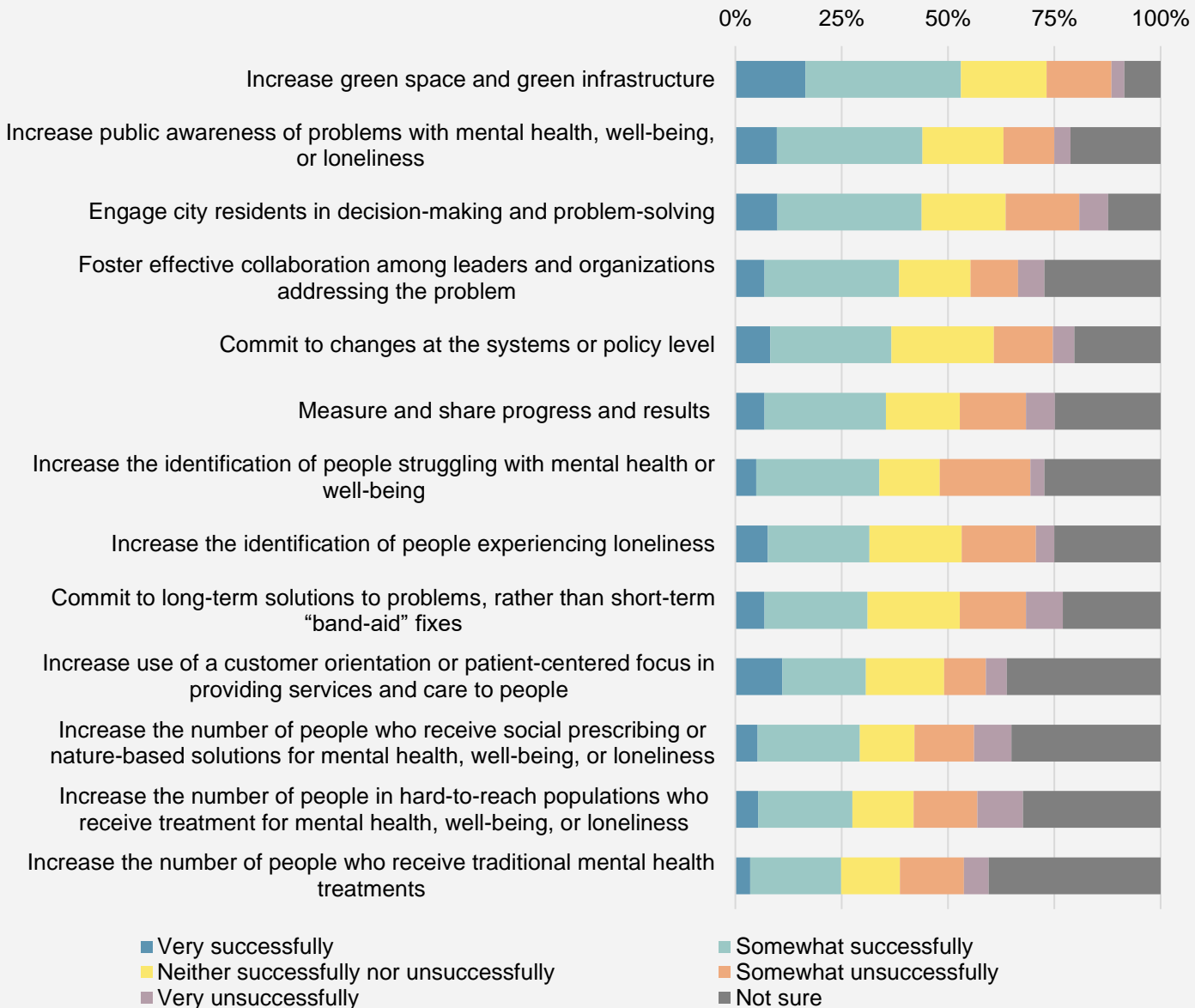


# Success at Achieving Objectives

Respondents across all sites found their cities most effective at increasing green space and infrastructure; and increasing public awareness of problems with mental health, well-being, or loneliness. Respondents likewise had the most certainty when sharing their opinion on increased green space and infrastructure, with as few as 9% reporting “not sure.”

**Q10: How successfully does your city achieve the following objectives with regard to addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)**

*n = 184 responses*



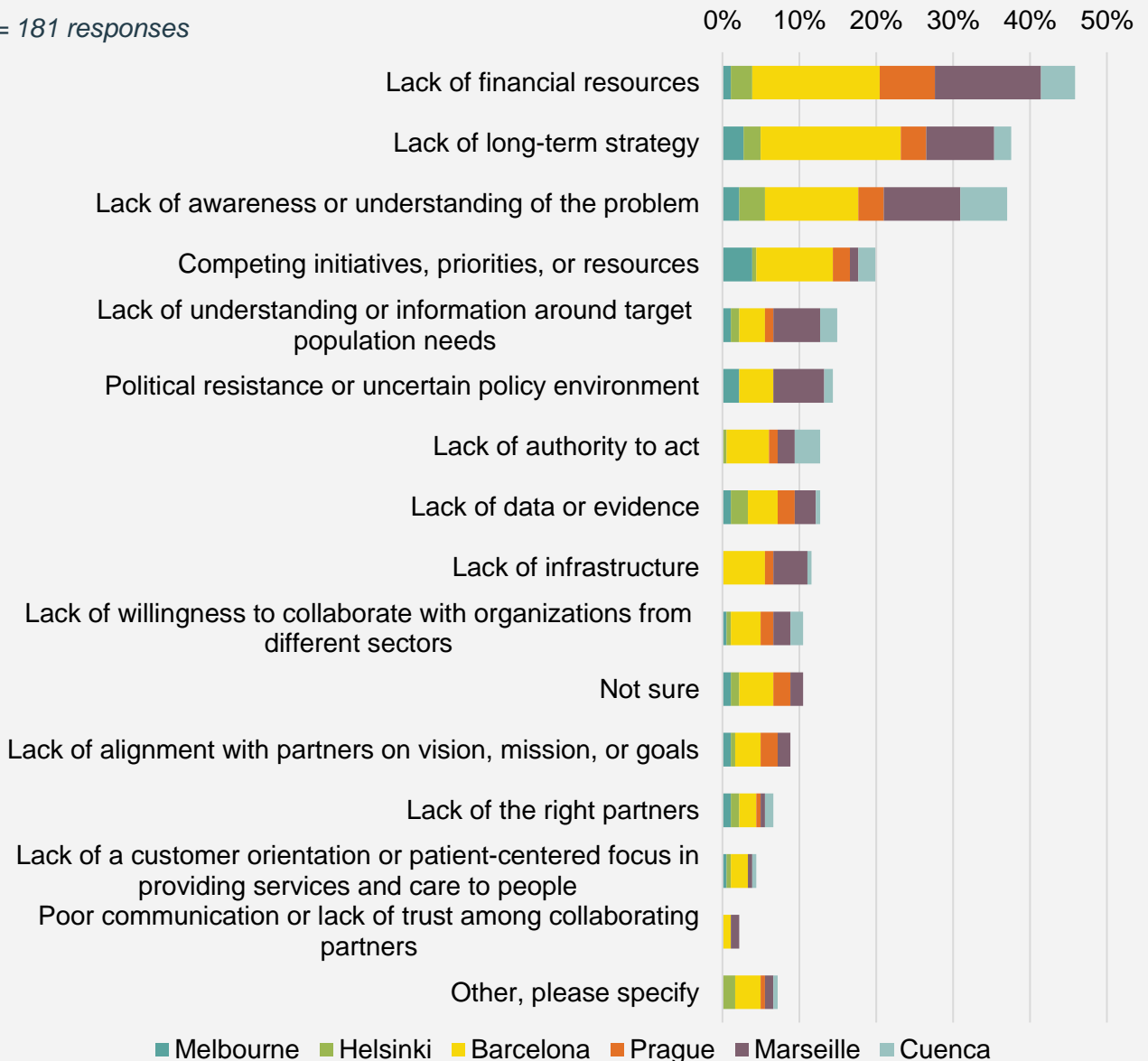
# Barriers and Challenges

46% of respondents selected lack of financial resources among barriers or challenges; followed by lack of long-term strategy (38%); lack of awareness and understanding of the problem (37%); and—distantly—competing initiatives, priorities, or resources (20%).

**Q11: What are the greatest barriers or challenges currently hindering your city’s progress in addressing mental health, well-being, and loneliness through nature-based solutions? (Choose up to 3)**

*Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).*

n = 181 responses



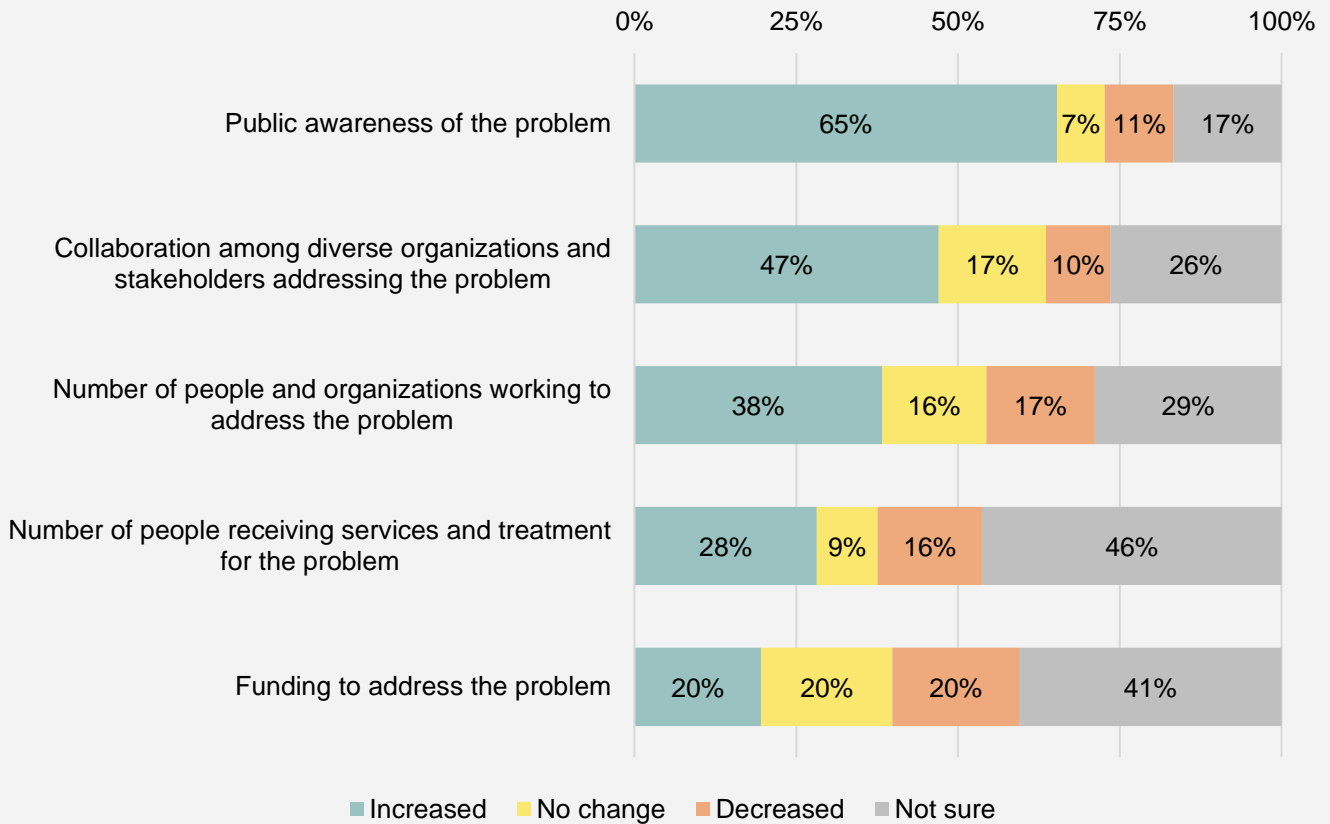


# Impact of COVID-19

Most respondents believe that the COVID-19 pandemic increased public awareness of the problem of mental health, well-being, and loneliness. Respondents are evenly split on how the pandemic affected funding, as well as substantially uncertain both on the question of funding (41%) and the number of people receiving services and treatment (46%).

## Q12: How has the COVID-19 pandemic affected your community's progress in addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)

*n = 151 responses*



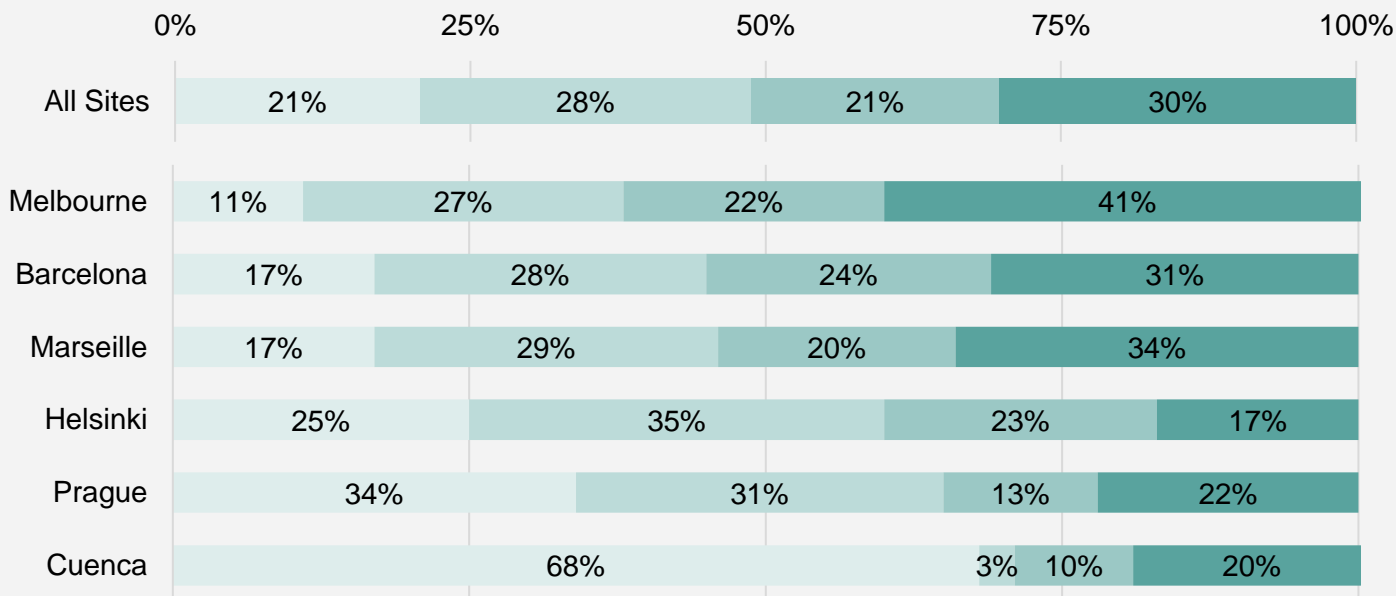
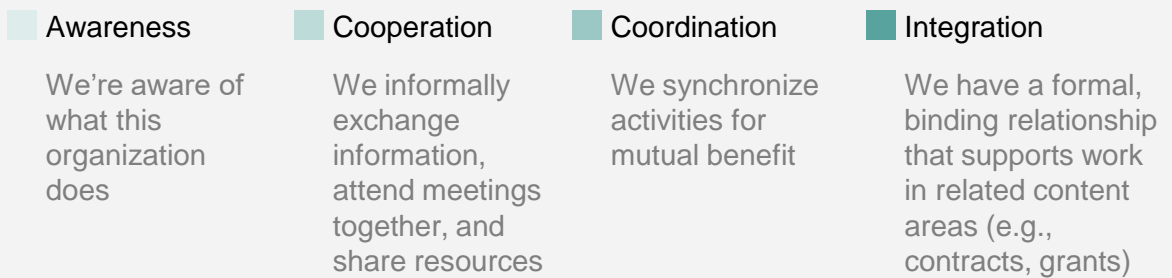
# Intensity of Relationships

Network relationships were assessed according to their level of intensity. This is important, because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, organizations are equally challenged with the reality that they have limited relationship budgets—that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

## Q14: What is your organization’s most common way of interacting with this organization? (Choose only one, and use the scroll bar if needed to view all options)

*n = 1,026 relationships*

Cost of relationship increases with increase in intensity

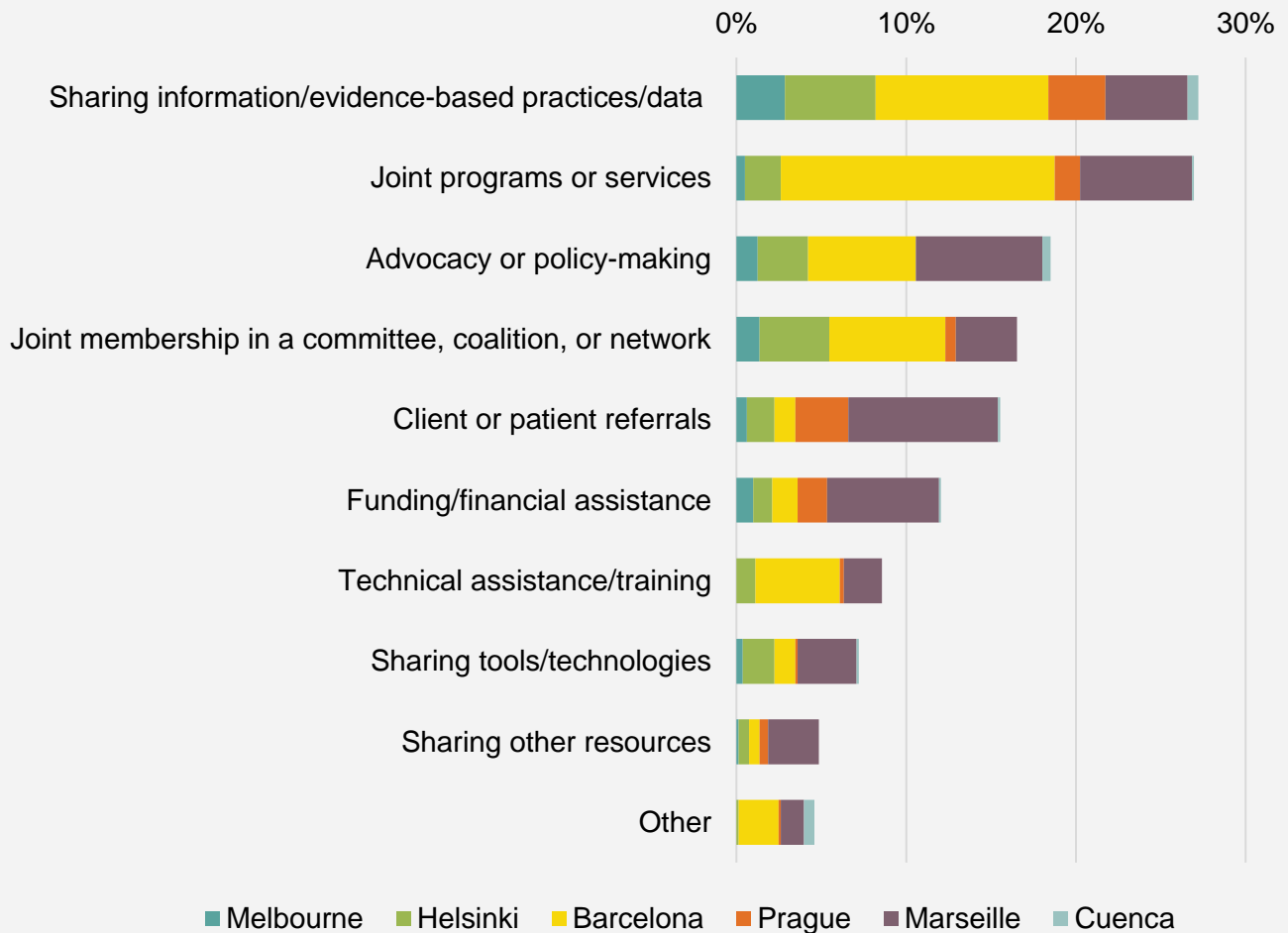


# Shared Activities

27% of relationships across all site networks involve sharing information/evidence-based practice/data (cooperative activity); similarly, 27% involve joint program and services as well (integrated activity). Advocacy and policy-making (coordinated activities) define 19% of relationships across sites. Generally speaking, the balance demonstrates a fairly even distribution among activity categories, but perhaps an overreliance on integrated action.

**Q15: What activities does your relationship with this organization include? (Choose all that apply, and use the scroll bar if needed to view all options)**





*n = 805 relationships*



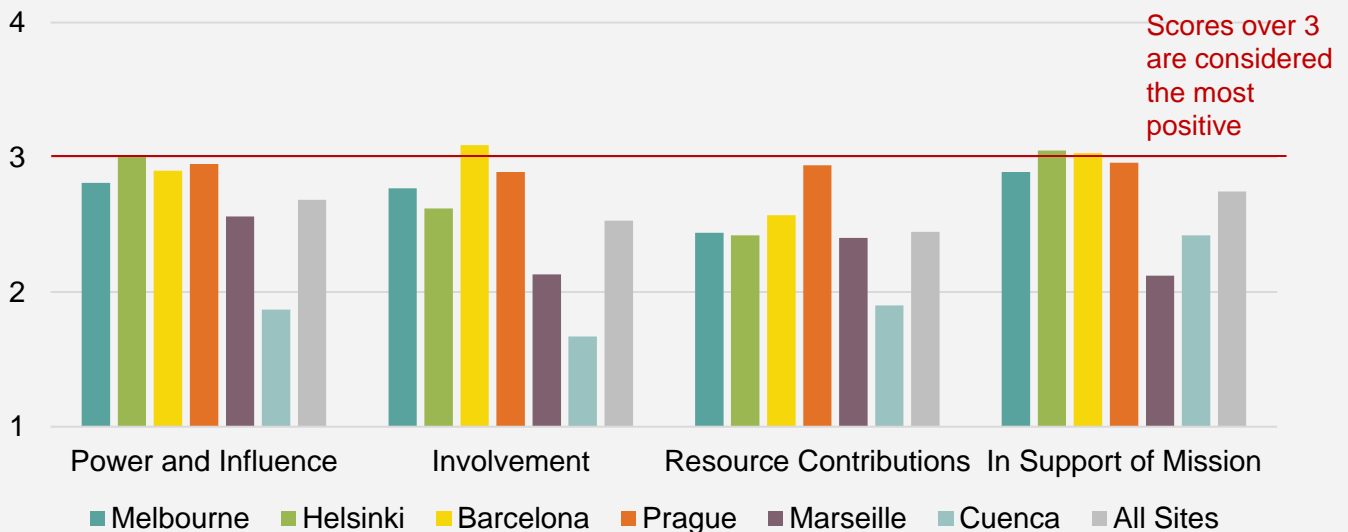
# Relationship Scores

The survey assessed four validated dimensions—power and influence, level of involvement, resource contributions, and support of mission (see definitions below). Survey participants assessed each of their reported relationships on these four dimensions according to a 4-point scale, with 1 = Not at all, 2 = A Small Amount, 3 = A Fair Amount, and 4 = A great deal. Scores over 3 are considered the most positive.

Understanding network relationships is important in leveraging the different ways in which members contribute to the network. The column chart below depicts the average relationship scores within the network.

	<b>Power &amp; Influence:</b> The organization holds a prominent position in the community because of its financial resources or policy-making authority, and/or because it has displayed leadership and success as a change agent.
	<b>Level of Involvement:</b> The organization is strongly committed and active in this work, and gets things done.
	<b>Resource Contribution:</b> The organization brings resources to the work like funding, staff time, and information.
	<b>In support of Mission:</b> The organization shares a common vision of the end goal of what working together should accomplish.

## Q16-19 Relationship Scores

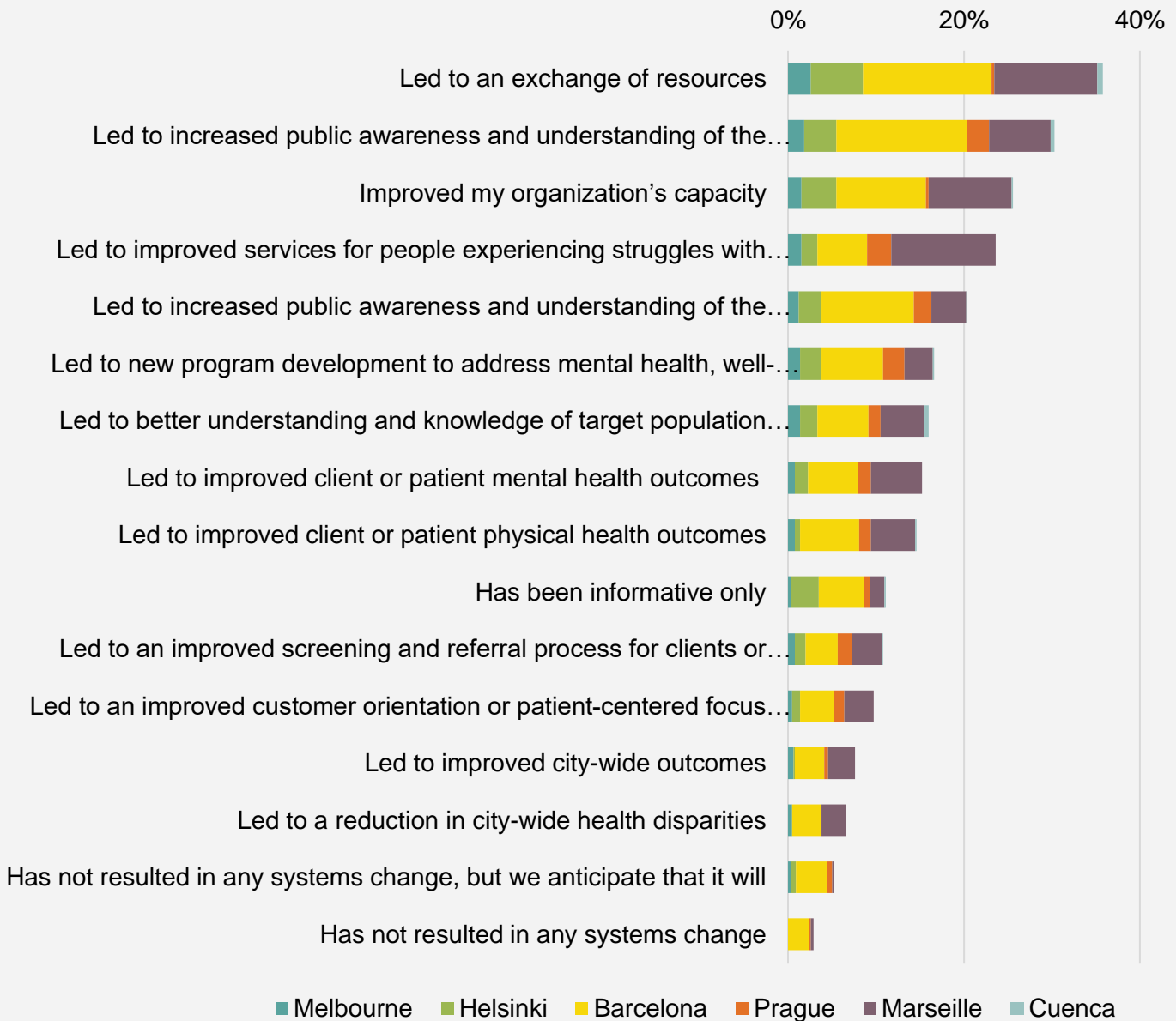


# Relationship Outcomes

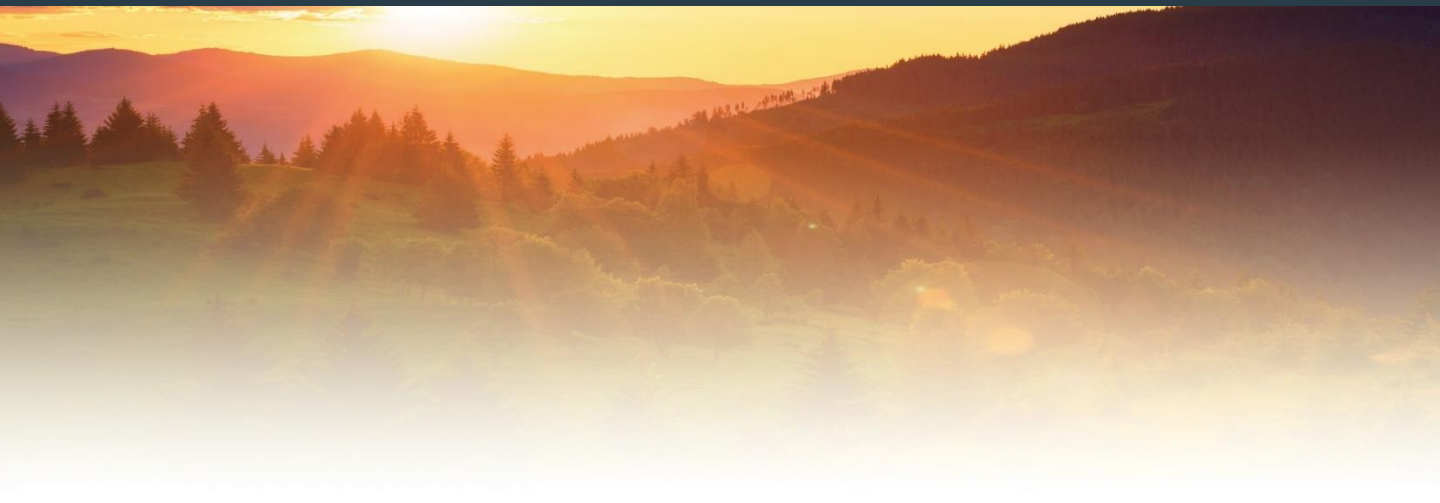
Respondents reported that 36% of their network relationships led to an exchange of resources, 30% led to increased public awareness and understanding of mental health and well-being, and 26% improved their organizational capacity.

**Q20: Has this relationship resulted in any of the following outcomes? (Choose all that apply, and use the scroll bar if needed to view all options)**

*n = 657 relationships*



# Summary and Recommendations



- ❖ Discuss the characteristics of the overall network with network members and make sense of the network maps together.
  - Consider how network members connect with each other and which ones are considered most valuable to partners. For example, participating cities show a general trend toward high intensity relationships (Q14).
  - Are there sectors or types of organizations that are under- or over-represented in a given network? For example, the number of national-level actors in Helsinki, or neighborhood-level in Prague (Q3).
  - Are the networks overly dependent on just a few members?
  - Considering the ways in which members connect with one another and the types of activities they work on together. Is this sustainable over time?
  
- ❖ Consider whether changes in the nature of the network relationships would improve collaboration or increase impact.
  - Discuss how to manage the expected and recorded levels of activity among members. What is the minimum amount of effort required to reach goals? Where are gaps?
  - Are the resources contributed to each network by members being properly leveraged to achieve network goals? Consider whether there are ways these networks could facilitate the further exchange of resources among members. Identify gaps and redundancies in resource contributions to devise member recruitment and engagement strategies.
  - Look to relationship dimensions (Q16-19) to pinpoint factors of success among similarly scoring cities such as Helsinki and Barcelona that may otherwise have very different features.
  
- ❖ Use the process outcomes in this report to track, demonstrate, and celebrate progress toward long term goals.
  - Develop intentional strategies for partner engagement and involvement in the network over time.
  - Develop strategies to increase perceptions of the value of power and influence among members of each network.
  - Discuss what success means for the members of these networks and develop strategies to achieve it—for example, for all their differences, all sites consistently report the same barriers or challenges to progress in addressing mental health, well-being, and loneliness through nature-based solutions (Q11).

# Appendix A: Glossary and Resources

## Nature-based social prescribing

In contrast to medical prescriptions, “social prescriptions” are prescriptions to spend time with other people in order to improve health and well-being. “Nature-based social prescriptions” are prescriptions to spend time in nature with other people, in order to improve health and well-being.

## Nature-based solutions

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

## Green infrastructure

Green infrastructure is a strategically planned network of natural and semi-natural areas with other environmental features designed and managed to deliver a wide range of ecosystem services such as water purification, air quality, space for recreation and climate mitigation and adaptation. This network of green (land) and blue (water) spaces can improve environmental conditions and therefore citizens' health and quality of life. Examples include parks, gardens and green roofs.

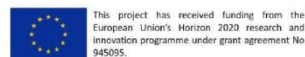
## RECETAS Resources

For more information on RECETAS, please see the resources below:

- ❖ [RECETAS Website](#)
- ❖ [RECETAS – What is Nature-based Social Prescribing?](#)
- ❖ [RECETAS Infographic](#)

# Appendix B: PARTNER Survey

## Survey on Improving Health and Well-Being Through Social Prescribing and Nature



Please note: Text that appears in *italics* does not require translation and is included as a note to the research team only.

### Research Questions (for reference only; do not translate):

In each of the six municipal study sites (*Cuenca, Barcelona, Marseille, Prague, Helsinki, & Melbourne*)...

1. *ECOSYSTEM*: What is the ecosystem of stakeholders engaged in addressing mental health, well-being, and loneliness through social prescribing and nature-based solutions? What are the characteristics of collaborative relationships in this ecosystem? How do stakeholders work together?
2. *SOLUTIONS*: What programs, policies, and practices do these stakeholders engage in, and which populations do they serve? What terms do they use to describe their work?
3. *COMMUNITY CONTEXT*: To what degree have social prescribing and nature-based solutions to address mental health, well-being, and loneliness been adopted in this city? What are the factors that act as facilitators and barriers to engaging in social prescribing and nature-based solutions? How has the COVID-19 pandemic affected this work?
4. *STUDY PARTICIPATION*: How do stakeholders wish to participate in RECETAS?

### Instructions:

You are invited to take this survey to help us better understand how stakeholders in your city are working to address mental health, well-being, and loneliness through social prescribing and nature-based activities. For example, these may include building green infrastructure or providing social activities in nature such as community gardens and forest bathing.

This survey should require about 30 to 45 minutes to complete. At any point, you can save your responses and continue the survey later. When complete, you can review your responses and modify them, if desired. Your response will be kept **confidential and anonymous**. The information you share will be de-identified, combined with other survey responses, and analyzed. In exchange for completing this survey, we will provide you with a detailed report of the survey results.

This survey is part of RECETAS, a five-year research project funded by the European Union's Horizon 2020 research and innovation program. RECETAS stands for "Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces." For more information about RECETAS, please go to <https://www.recetasproject.eu>. With your help, we hope to systematically improve mental health and well-being, reduce loneliness, promote vibrant socially-connected communities, contribute to the sustainability of cities, and reduce health inequities by connecting diverse populations to nature in meaningful ways. Thank you very much for your time and feedback!

Q#	Question Text	Response Options	Research Question (do not translate)
<b>SECTION 1: YOUR WORK AND ORGANIZATION</b>			
1	Which of the following best describes the sector in which you work? (Choose only one)	<ol style="list-style-type: none"> <li>1. For profit</li> <li>2. Government/public</li> <li>3. Not-for-profit</li> </ol>	1. <i>Ecosystem</i>
2	Which of the following best describes the industry or field in which you work? (Choose only one)	<ol style="list-style-type: none"> <li>1. Architecture</li> <li>2. Arts and culture</li> <li>3. Business</li> <li>4. Civil engineering</li> <li>5. Community development</li> <li>6. Economic development</li> <li>7. Education</li> <li>8. Environment, ecology, or sustainability</li> <li>9. Health care</li> <li>10. Landscape design</li> <li>11. Law</li> <li>12. Outdoor sports and activities</li> <li>13. Parks and recreation</li> <li>14. Philanthropy</li> <li>15. Public health</li> <li>16. Social services</li> <li>17. Technology</li> <li>18. Urban Planning</li> <li>19. Other, please specify:</li> </ol>	1. <i>Ecosystem</i>
3	Which of the following best describes the geographic scope of the populations that your organization serves? (Choose only one)	<ol style="list-style-type: none"> <li>1. Neighborhood</li> <li>2. City</li> <li>3. Multiple cities</li> <li>4. Province, state, territory, region, or autonomous community</li> <li>5. Multiple provinces, states, territories, regions, or autonomous communities</li> <li>6. National</li> <li>7. International</li> </ol>	1. <i>Ecosystem</i>



# Appendix B: PARTNER Survey (Cont.)

		8. Other, please specify: _____	
4	Which populations does your organization serve? (Choose all that apply)	<ol style="list-style-type: none"> <li>1. General public/everyone</li> <li>2. Children</li> <li>3. Teens</li> <li>4. Young adults</li> <li>5. Adults</li> <li>6. Older Adults (60 year old and older)</li> <li>7. Caregivers of the sick or older adults</li> <li>8. People with mental health conditions</li> <li>9. People with physical health conditions</li> <li>10. Poor/economically disadvantaged people</li> <li>11. Immigrants/refugees</li> <li>12. LGBTQI+ people</li> <li>13. Single parent families</li> <li>14. Other, please specify: _____</li> </ol>	2. Solutions
5	Which of the following types of programs or services does your organization engage in to address mental health, well-being, or loneliness, if any? (Choose all that apply)	<ol style="list-style-type: none"> <li>1. Advocacy or policy change</li> <li>2. Direct social services or health care</li> <li>3. Education, training, or professional development</li> <li>4. Expertise, knowledge-sharing, or consulting</li> <li>5. Funding of other programs, initiatives, or organizations</li> <li>6. Public awareness or media campaigns</li> <li>7. Research or evaluation</li> <li>8. Systems building or development of partnerships or coalitions</li> <li>9. Other, please specify: _____</li> </ol>	2. Solutions
6	Please briefly describe in your own words the work that your organization does to address mental health, well-being, or loneliness.	[Open-ended]	2. Solutions
7	Which of the following solutions in nature, natural spaces, or activities in natural space does your organization use to address mental health, well-being, and loneliness, if any? (Choose all that apply)	<ol style="list-style-type: none"> <li>1. Animal watching</li> <li>2. Blue space</li> <li>3. Built environments</li> <li>4. Community gardens</li> <li>5. Farmer's markets</li> <li>6. Forest bathing</li> <li>7. Green infrastructure</li> <li>8. Green space</li> <li>9. Nature-based social prescribing</li> <li>10. Nature walks and/or cycling</li> <li>11. Outdoor recreation</li> <li>12. Outdoor sports</li> <li>13. Pet meetings</li> <li>14. Social prescribing</li> <li>15. Urban planning</li> <li>16. None of these</li> <li>17. Other, please specify: _____</li> </ol>	2. Solutions
8	<p>To what extent are you aware of the term "nature-based social prescribing"?</p> <p>In contrast to medical prescriptions, "social prescriptions" are prescriptions to spend time with other people in order to improve health and well-being. "Nature-based social prescriptions" are prescriptions to spend time <b>in nature</b> with other people, in order to improve health and well-being.</p>	<ol style="list-style-type: none"> <li>1. Not at all aware: I had not heard of this term previously</li> <li>2. Slightly aware: I had heard of this term, but was not sure of its meaning</li> <li>3. Somewhat aware: I am familiar with this term and its meaning and use it occasionally</li> <li>4. Very aware: I use this term regularly in my work</li> </ol>	2. Solutions
<b>SECTION 2: MENTAL HEALTH, WELL-BEING, &amp; LONELINESS IN YOUR CITY</b>			
9	<p>To what extent have nature-based solutions* to address mental health, well-being, or loneliness been adopted by people in your city?</p> <p>*Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).</p>	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A small amount</li> <li>3. A fair amount</li> <li>4. A great deal</li> </ol>	3. Community Context
10	Matrix format (for an example of this question format, please see the last page of the survey):	<p>Rows:</p> <ol style="list-style-type: none"> <li>1. Increase public awareness of problems with mental health, well-being, or loneliness</li> </ol>	3. Community Context

# Appendix B: PARTNER Survey (Cont.)

	<p>How successfully does your city achieve the following objectives with regard to addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)</p> <p><i>Columns:</i></p> <ol style="list-style-type: none"> <li>Very unsuccessfully</li> <li>Somewhat unsuccessfully</li> <li>Neither successfully nor unsuccessfully</li> <li>Somewhat successfully</li> <li>Very successfully</li> <li>Not sure</li> </ol>	<ol style="list-style-type: none"> <li>Increase the identification of people struggling with mental health or well-being</li> <li>Increase the identification of people experiencing loneliness</li> <li>Increase the number of people who receive traditional mental health treatments</li> <li>Increase the number of people who receive social prescribing or nature-based solutions for mental health, well-being, or loneliness</li> <li>Increase the number of people in hard-to-reach populations (for example, immigrants and refugees, economically disadvantaged people) who receive treatment for mental health, well-being, or loneliness</li> <li>Increase green space and green infrastructure</li> <li>Increase use of a customer orientation or patient-centered focus in providing services and care to people</li> <li>Foster effective collaboration among leaders and organizations addressing the problem</li> <li>Commit to changes at the systems or policy level</li> <li>Commit to long-term solutions to problems, rather than short-term “band-aid” fixes</li> <li>Engage city residents in decision-making and problem-solving</li> <li>Measure and share progress and results</li> </ol>	
11	<p>What are the greatest barriers or challenges currently hindering your city’s progress in addressing mental health, well-being, and loneliness through nature-based solutions*? (Choose up to 3)</p> <p>*Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).</p>	<ol style="list-style-type: none"> <li>Competing initiatives, priorities, or resources</li> <li>Lack of authority to act</li> <li>Lack of awareness or understanding of the problem</li> <li>Lack of data or evidence</li> <li>Lack of financial resources</li> <li>Lack of infrastructure</li> <li>Lack of long-term strategy</li> <li>Lack of the right partners</li> <li>Lack of alignment with partners on vision, mission, or goals</li> <li>Lack of willingness to collaborate with organizations from different sectors</li> <li>Lack of understanding or information around target population needs</li> <li>Lack of a customer orientation or patient-centered focus in providing services and care to people</li> <li>Poor communication or lack of trust among collaborating partners</li> <li>Political resistance or uncertain policy environment</li> <li>Not sure</li> <li>Other, please specify: _____</li> </ol>	3. Community Context
12	<p><i>Matrix format:</i></p> <p>How has the COVID-19 pandemic affected your community’s progress in addressing mental health, well-being, and loneliness? (Choose all that apply)</p> <p><i>Columns:</i></p> <ol style="list-style-type: none"> <li>Increased</li> <li>Decreased</li> <li>No change</li> <li>Not sure</li> </ol>	<p><i>Rows:</i></p> <ol style="list-style-type: none"> <li>Public awareness of the problem</li> <li>Number of people and organizations working to address the problem</li> <li>Collaboration among diverse organizations and stakeholders addressing the problem</li> <li>Number of people receiving services and treatment for the problem</li> <li>Funding to address the problem</li> </ol>	3. Community Context
<b>SECTION 3: YOUR NETWORK OF STAKEHOLDERS WORKING TO ADDRESS MENTAL HEALTH, WELL-BEING, AND LONELINESS</b>			
13	<p>Below is a list of organizations that the RECETAS project team has identified as working on solutions in social prescribing, nature, natural spaces, and activities in natural spaces to address mental health, well-being, or loneliness in your city. From this list, please select everyone with whom you have an established working relationship around addressing mental health, well-being, and loneliness.</p> <p>In subsequent questions, you will be asked to describe your relationship with each of these partners. Please remember that all of your responses will be kept confidential and anonymous. These questions may take a few extra minutes. We are grateful for your time in answering them!</p>	<p><i>[The list of stakeholders for the respondent’s country will be displayed as response options to select from. Note that all subsequent questions in this section are matrix-format relational questions, meaning that the respondent will answer each question about the organizations they selected in this question.]</i></p>	1. Ecosystem

# Appendix B: PARTNER Survey (Cont.)

	If an organization with whom you have a relationship is missing from the list, please make a mental note of them. At the end of the survey, we will ask you to provide the names of any missing organizations.		
14	What is your organization's most common way of interacting with this organization? (Choose only one, and use the scroll bar if needed to view all options)	<ol style="list-style-type: none"> <li>1. Awareness: We're aware of what this organization does</li> <li>2. Cooperation: We informally exchange information, attend meetings together, and share resources</li> <li>3. Coordination: We synchronize activities for mutual benefit</li> <li>4. Integration: We have a formal, binding relationship that supports work in related content areas (e.g., contracts, grants)</li> </ol>	1. Ecosystem
15	What activities does your relationship with this organization include? (Choose all that apply, and use the scroll bar if needed to view all options)	<ol style="list-style-type: none"> <li>1. Advocacy or policy-making</li> <li>2. Client or patient referrals</li> <li>3. Funding/financial assistance</li> <li>4. Joint membership in a committee, coalition, or network</li> <li>5. Joint programs or services</li> <li>6. Sharing tools/technologies</li> <li>7. Sharing information/evidence-based practices/data</li> <li>8. Sharing other resources (e.g., office space, staff)</li> <li>9. Technical assistance/training</li> <li>10. Other</li> </ol>	1. Ecosystem
16	To what extent does this organization have power and influence* to impact the use of social prescribing or nature-based solutions to address mental health, well-being, or loneliness in your city?  *Power and influence: The organization holds a prominent position in the community because of its financial resources or policy-making authority, and/or because it has displayed leadership and success as a change agent.	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A small amount</li> <li>3. A fair amount</li> <li>4. A great deal</li> </ol>	1. Ecosystem
17	What is this organization's level of involvement* in the use of social prescribing or nature-based solutions to address mental health, well-being, or loneliness in your city?  *Level of Involvement: The organization is strongly committed and active in this work, and gets things done.	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A small amount</li> <li>3. A fair amount</li> <li>4. A great deal</li> </ol>	1. Ecosystem
18	To what extent does this organization contribute resources* to using social prescribing or nature-based solutions to address mental health, well-being, or loneliness in your city?  *Contributing Resources: The organization brings resources to the work like funding, staff time, and information.	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A small amount</li> <li>3. A fair amount</li> <li>4. A great deal</li> </ol>	1. Ecosystem
19	To what extent does this organization share a mission* with your organization in using social prescribing or nature-based solutions to address mental health, well-being, or loneliness in your city?  *Mission Congruence: The organization shares a common vision of the end goal of what working together should accomplish.	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A small amount</li> <li>3. A fair amount</li> <li>4. A great deal</li> </ol>	1. Ecosystem
20	Has this relationship resulted in any of the following outcomes? (Choose all that apply)	<ol style="list-style-type: none"> <li>1. Improved my organization's capacity</li> <li>2. Led to an exchange of resources</li> <li>3. Led to increased public awareness and understanding of the importance of mental health and well-being</li> <li>4. Led to increased public awareness and understanding of the problem of loneliness</li> <li>5. Led to an improved screening and referral process for clients or patients</li> <li>6. Led to improved services for people experiencing struggles with mental health, well-being, or loneliness</li> </ol>	1. Ecosystem

# Appendix B: PARTNER Survey (Cont.)

		<p>7. Led to new program development to address mental health, well-being, or loneliness</p> <p>8. Led to improved client or patient mental health outcomes</p> <p>9. Led to improved client or patient physical health outcomes</p> <p>10. Led to better understanding and knowledge of target population needs</p> <p>11. Led to an improved customer orientation or patient-centered focus in providing services and care to people</p> <p>12. Led to improved city-wide outcomes (e.g., higher rates of active citizenship, intergenerational communication, social cohesion)</p> <p>13. Led to a reduction in city-wide health disparities</p> <p>14. Has been informative only (we only exchange information)</p> <p>15. Has not resulted in any systems change, but we anticipate that it will</p> <p>16. Has not resulted in any systems change</p>	
<b>SECTION 4: FINAL THOUGHTS</b>			
21	Think about the list of organizations displayed previously in this survey, that use solutions in social prescribing, nature, natural spaces, and activities in natural spaces to address mental health, well-being, or loneliness in your city. Are there any organizations that you have a relationship with, that were missing from this list? If yes, please provide their names below. If no, please advance to the next question.	<i>[Open-ended]</i>	1. <i>Ecosystem</i>
22	RECETAS is a 5-year research project that began in 2021 and will conclude in 2026. Are you interested in participating in any of these upcoming activities with RECETAS researchers? (Choose all that apply)	<p>1. Develop of a framework or "menu" of social prescribing and nature-based solutions to address mental health, well-being, or loneliness that can be used by communities around the world</p> <p>2. Recruit participants for a clinical trial to test the health benefits of social prescribing and nature-based solutions to address mental health, well-being, or loneliness</p> <p>3. Quantify the economic value of social prescribing and nature-based solutions in different cities and populations</p> <p>4. Disseminate evidence-based practices around social prescribing and nature-based solutions to policymakers, health care and social service providers, and the general public</p> <p>5. Develop a digital platform that supports the delivery of social prescribing and nature-based solutions to a wide audience</p>	4. <i>Study participation</i>
23	Which communication channels do you prefer to follow the work of the RECETAS project? (Choose all that apply)	<p>1. Twitter</p> <p>2. Facebook</p> <p>3. Email</p> <p>4. Website</p> <p>5. I do not wish to follow this work</p> <p>6. Other, please specify: _____</p>	4. <i>Study Participation</i>
24	Do you have any additional questions or comments? Your feedback is valuable to us!	<i>[Open-ended]</i>	

The social network analysis was conducted using **PARTNER** by **Visible Network Labs**. For more information about Visible Network Labs and the tools and resources available, please visit [www.visiblenetworklabs.com](http://www.visiblenetworklabs.com).

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