Social Prescribing for Older Adults: First Year Findings

November 2nd, 2023

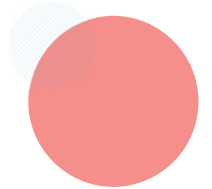**Hosted by:**

In the spirit of our journey to promote reconciliation, we would like to honour the truth of the shared history and acknowledge the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations.

We are grateful for the traditional Knowledge Keepers and Elders who are still with us today and those who have gone before us.

Housekeeping
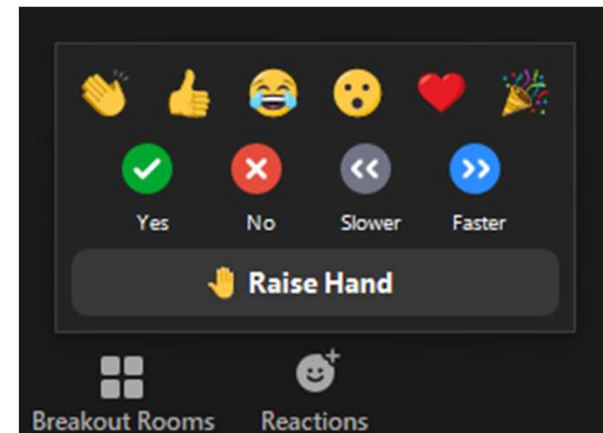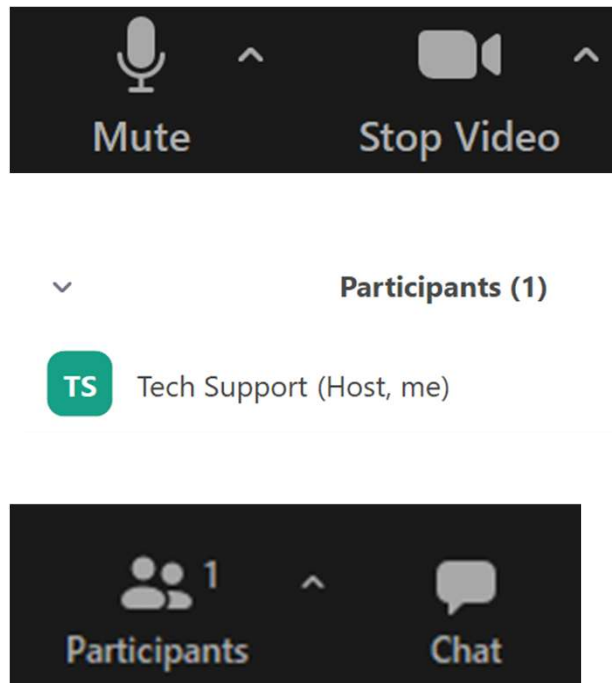
This session will be recorded, and the slides will also be available.

They will be uploaded on the CORE Alberta platform https://corealberta.ca/

| Topic	Speaker	Time
Overview of Year 1 Healthy Aging Alberta Work	Beth Mansell, Provincial Social Prescribing Project Manager, Healthy Aging Alberta	20 Minutes
Edmonton Regional Project – Year 1 Results, Successes and Challenges	Krista Mulbery, Edmonton Social Prescribing Project Manager, Edmonton Seniors Coordinating Council	15 Minutes
Calgary Regional Project – Year 1 Results, Successes and Challenges	Megan Hincks, Network Coordinator, The Way In Network	15 Minutes
Lethbridge Regional Project – Year 1 Results, Successes and Challenges	Heather Bursaw,	15 Minutes
Vulcan Regional Project – Vision for Social Prescribing	Ruth Mueller, Community Development Coordinator, AHS/Vulcan Act4Health Coalition	7 Minutes
Innisfail Regional Project – Vision for Social Prescribing	Dixie McLeod, Senior Practice Specialist, McMan Youth, Family and Community Services Association	7 Minutes
Q&A		10 Minutes
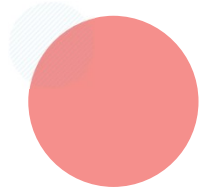
SOCIAL PRESCRIBING

A FORMAL REFERRAL PATHWAY

Connecting healthcare providers to commmunity-based services for older adults

Healthcare Providers

Link Workers

Aging in Community Supports

Referral Pathway

◀ BRIDGING THE GAP ▶

Healthcare Providers

- Primary care
- Hospital discharge
- Home care

Link Workers

- Holistic assessment
- Co-create goals and care plan
- Regular support and follow-up
- Progress updates for healthcare providers

Aging in Community Supports

- Meal preparation and food security support
- Case management support
- Home and yard maintenance, and snow removal
- Financial assistance
- Transportation support
- Service navigation
- Social and recreational programs

Provincial Principles

Social Prescribing:

01 requires a formal pathway to connect clinical care to community-based services

02 begins with an identifier – who is considered a clinical professional

03 is a holistic, person-centred approach

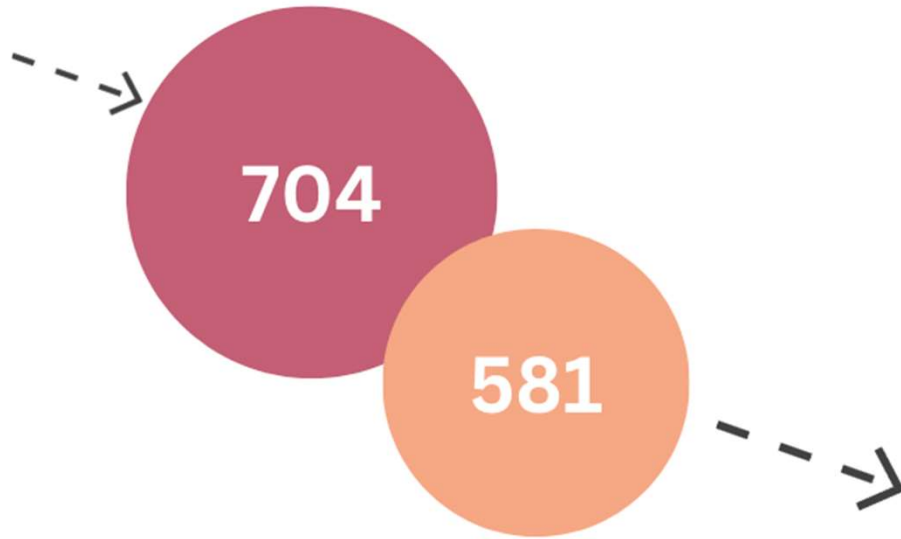**04** is strength-based

05 is co-creative

06 is community led

07 is not a one-size-fits-all approach

08 is rooted in health equity

Phase 1
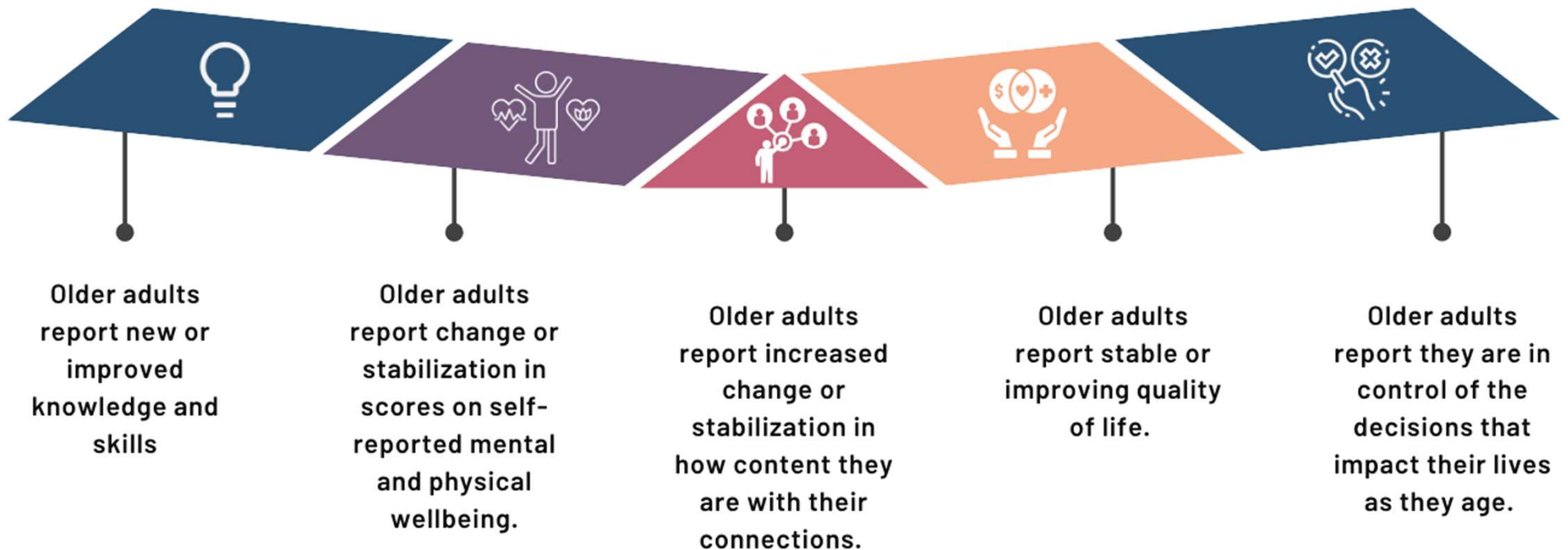
SOCIAL PRESCRIPTIONS MADE

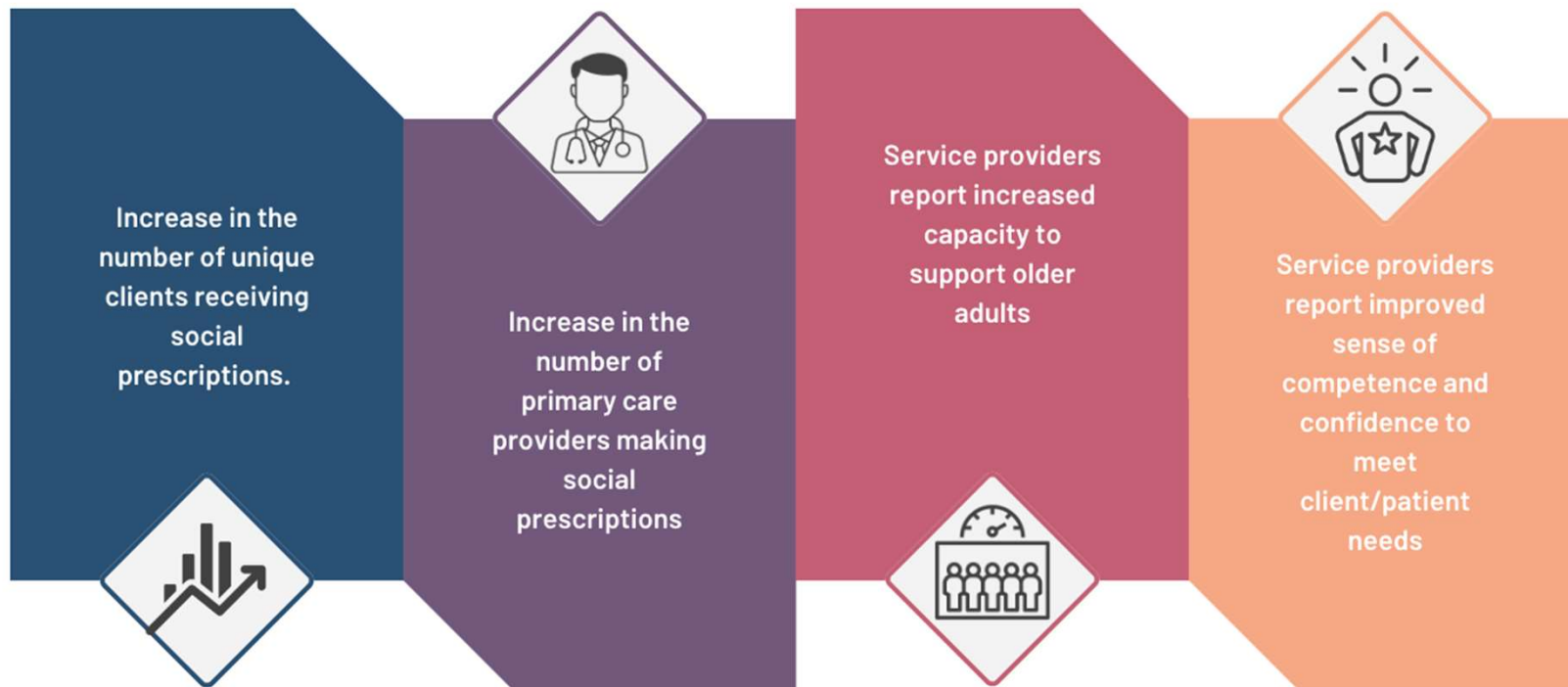**704**

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OLDER ADULTS SERVED

Evaluation Framework – Older Adults

To what extent, and in what ways, are regional project making progress towards achieving anticipated outcomes for older adults?

Older adults report new or improved knowledge and skills

Older adults report change or stabilization in scores on self-reported mental and physical wellbeing.

Older adults report increased change or stabilization in how content they are with their connections.

Older adults report stable or improving quality of life.

Older adults report they are in control of the decisions that impact their lives as they age.

Evaluation Framework – Service Providers

To what extent, and in what ways are regional projects making progress towards achieving anticipated outcomes for service providers of older adults in both the health and social service sectors?

Increase in the number of unique clients receiving social prescriptions.

Increase in the number of primary care providers making social prescriptions

Service providers report increased capacity to support older adults

Service providers report improved sense of competence and confidence to meet client/patient needs
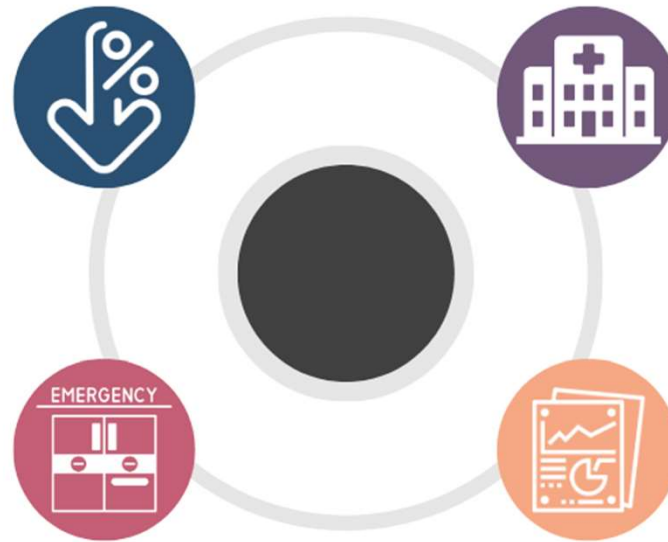
Healthy Aging Alberta

Evaluation Framework – Health Outcomes

To what extent, and in what ways, is the regional project making progress towards achieving anticipated outcomes for the health system?

Service providers report that relationships between community partners have improved

Service providers report that referral pathways are improving

Service providers report that service delivery models are becoming more streamlined and strong

Service providers report that there is increased data sharing across community-based organizations and the health system

Evaluation Framework – Health Outcomes

To what extent, and in what ways, is the regional project making progress towards achieving anticipated outcomes for the health system?

Key Stakeholders from the Primary Care sector report that older adults referred for social prescribing services have a reduction in non-medical primary care visits
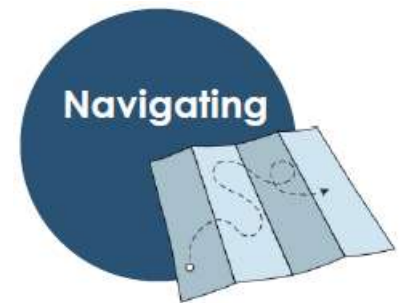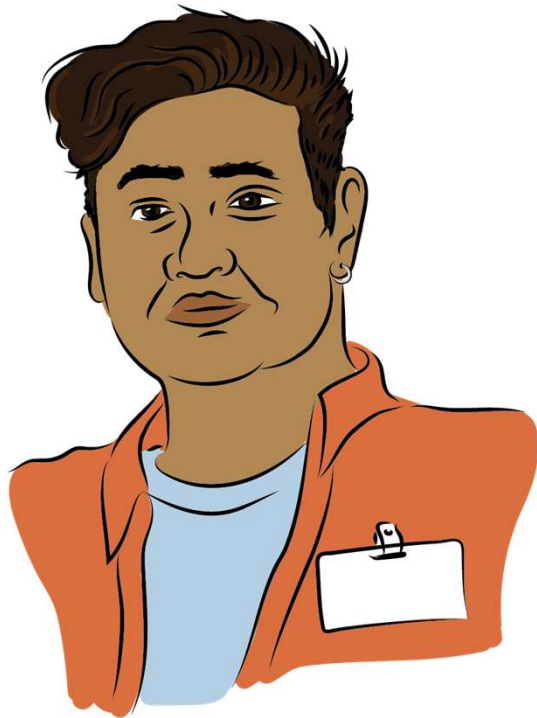
Older adults report they have reduced the frequency of their admissions to the hospital and decrease their length of stay when admitted

Older adults report they have reduced the frequency of their visits to the emergency room

Service providers report they have increased capacity to collect, analyze, and report on the information they need to understand the impact they are having on their clients.

Healthy Aging Alberta

Link Worker – Core Competencies

Making connections

Self-reflecting

Listening

Navigating

Advocating

# Link Worker Curriculum

5 Modules:

- **Module 1 – The Link Worker Function and Ecosystem - Start immediately as part of onboarding**

- **Module 2 – Equity Based Approaches to Care – Complete after Module 1 as part of onboarding**

- **Module 3 – Practical Skills for Serving your Clients – Complete after Module 2 as part of onboarding**

- **Module 4 – Building Community Connections to Support your Clients - Completed within 30 days of starting your Link Worker role**

- **Module 5 – Supporting your Wellbeing - Completed within 60 days of starting your Link Worker role consultation with your supervisor**
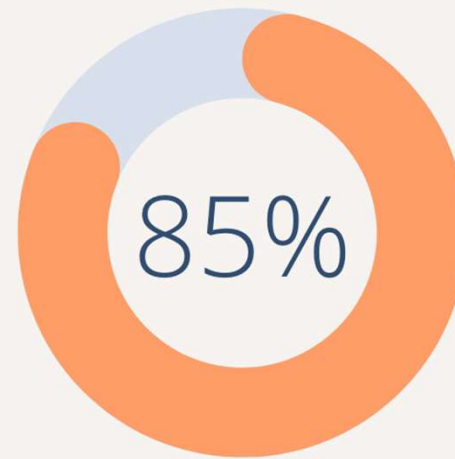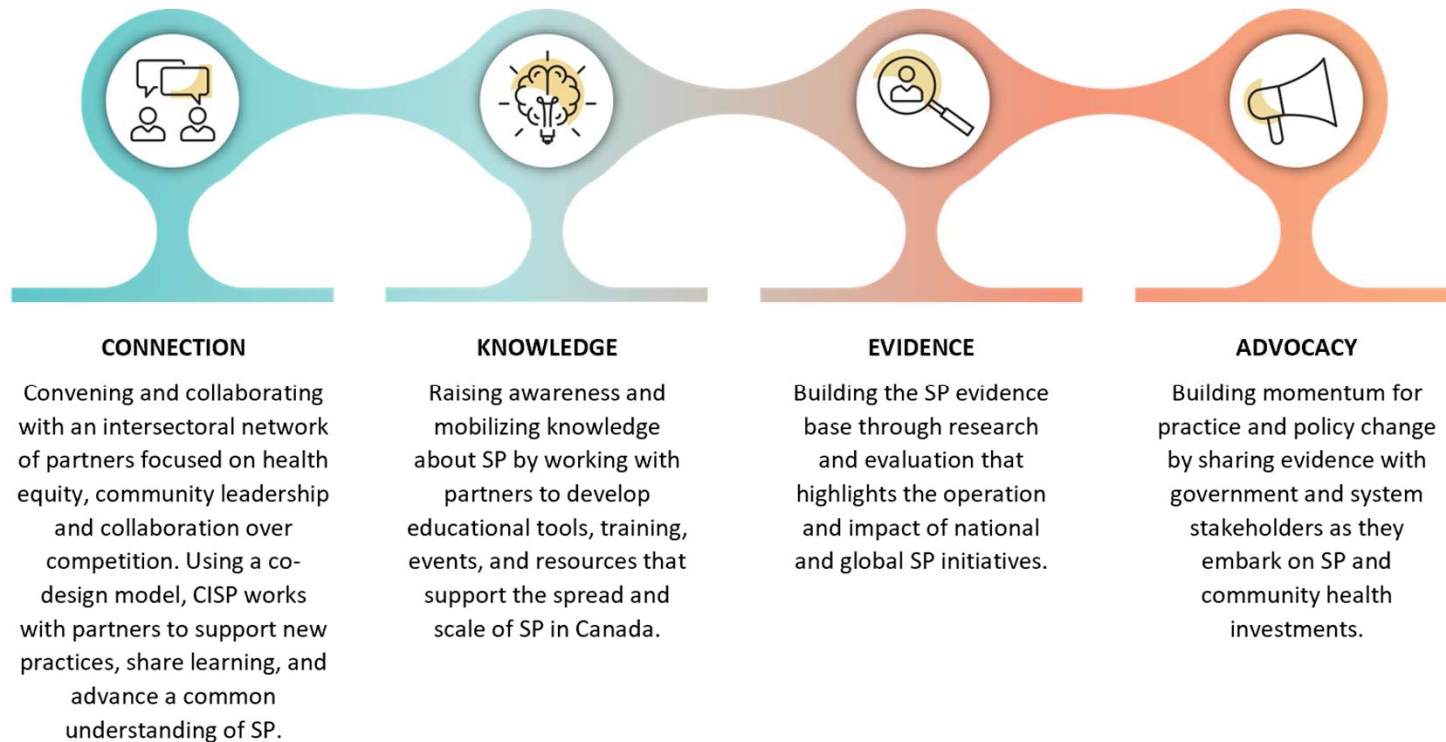
Healthy
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Link Worker Competency Improvements
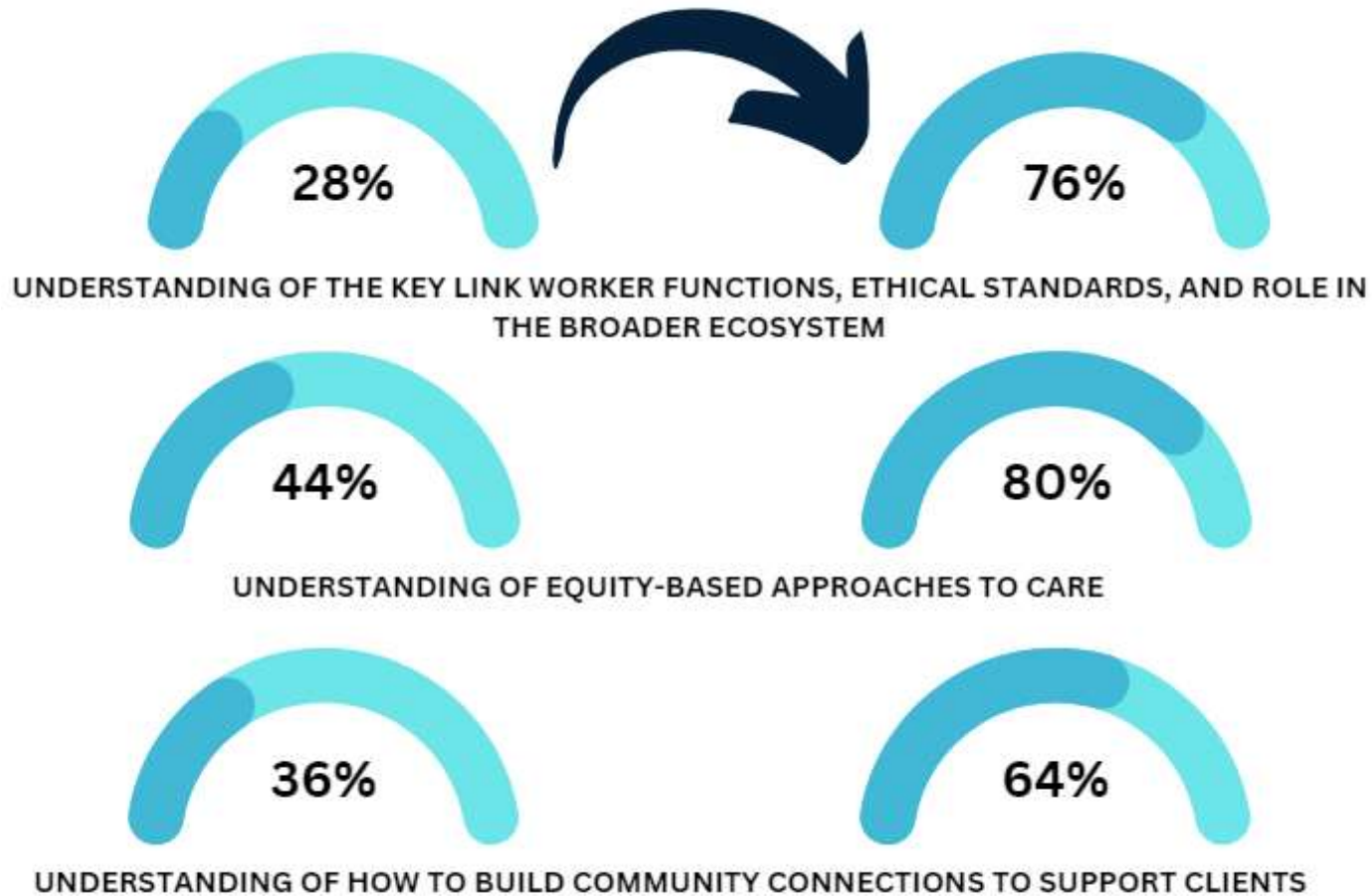
Link Worker Curriculum
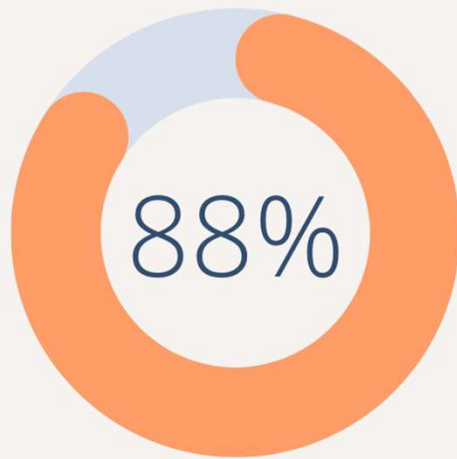
88% agreed that the topics covered were relevant and useful to their role

85% indicated that they were confident, or very confident, in their ability to apply the knowledge and skills from this training in their practice

CISP — Canadian Institute *for* Social Prescribing

CONNECTION

Convening and collaborating with an intersectoral network of partners focused on health equity, community leadership and collaboration over competition. Using a co-design model, CISP works with partners to support new practices, share learning, and advance a common understanding of SP.

KNOWLEDGE

Raising awareness and mobilizing knowledge about SP by working with partners to develop educational tools, training, events, and resources that support the spread and scale of SP in Canada.

EVIDENCE

Building the SP evidence base through research and evaluation that highlights the operation and impact of national and global SP initiatives.

ADVOCACY

Building momentum for practice and policy change by sharing evidence with government and system stakeholders as they embark on SP and community health investments.

Phase 2

- Jasper
- Whitecourt
- Sylvan Lake
- Innisfail
- Red Deer County
- Wheatland County
- Vulcan

What Can You Do?