About this resource

This resource is intended to provide Healthcare Providers (HCPs) with information on the value and impact that Social Prescribing (SP) can have on their patients and practice.

What will I learn from this resource?

- What SP is, and how it works.
- How SP can impact your patients' lives and well-being.
- How SP can impact your practice.
- The evidence supporting an SP approach to healthcare.
- The key stakeholders in SP, and how they interact.
- The role of the Link Worker (LW).
- How to recognize and refer patients into SP programs in your community.

What can I use this resource for?

- As a self-education resource to learn about the benefits of SP.
- As a promotional resource for circulation.
- As a presentation tool in webinars, conferences and meetings with other HCPs.

Glossary of terms

SP:	Social Prescribing
CBSS:	Community-based senior serving
CHC:	Community Health Centre
LW:	Link Worker
SDoH:	Social Determinants of Health

Healthy Aging Alberta

Social Prescribing promotes holistic health and well-being

What is Alberta's approach to SP?

SP practitioners and community and social services sectors play the most instrumental roles in delivering Social Prescribing in Alberta.

There are 3 main ways that you can incorporate SP into your practice:

1. Identifying patients who may benefit.
2. Making referrals into SP programs.
3. Conducting follow-ups with your patients.

Social Prescribing (SP) connects primary care, individuals, and community services to address the social, economic and environmental drivers of health, in order to improve your patients' overall health and well-being.

SP programs explore needs, strengths and interests of individuals, and collaborates with them to make connections to community-based resources that can address non-medical needs, such as housing support, food security organizations or transportation support.

By focusing on **a preventative approach to wellness**, SP programs have demonstrated the potential to transform our health and social service systems and support primary and acute care.

The healthcare sector in Canada is facing a human resources crisis. HCPs lack the time and resources needed to provide holistic care to patients.
Through SP, patients can seek non-medical supports through their community. This preventive approach to care improves short and long term health which reduces reliance on costly emergency and primary care resources.

> *"The positives were not only better patient outcomes, but better provider satisfaction because collectively [HCPs and SP practitioners] we were able to accomplish things that at times would be crushing work loads."*
>
> – Family Physician, BC

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How can SP improve the health outcomes of my patients?

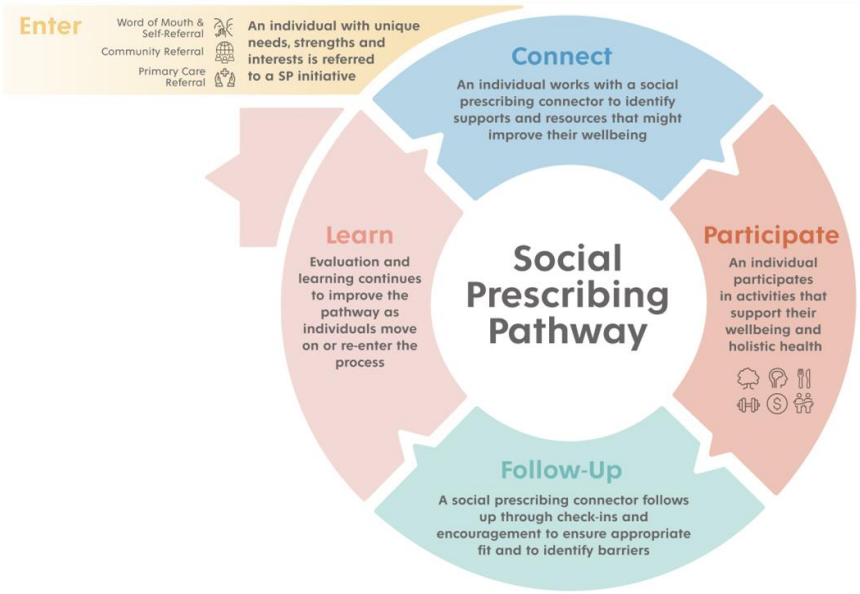
Social Prescribing (SP) connects primary care, individuals, and community services to address the social, economic and environmental drivers of health, in order to improve your patients' overall health and well-being.

Health and well-being are complex and go beyond an individual's medical needs. SP reimagines how we respond to the needs of Albertans by taking action on the **Social Determinants of Health (SDoH).**

SP programs explore the presence of these determinants in your patients' lives in order to shape the kinds of support that would promote their overall health and well-being. SP taps into **individuals' strengths and interests to empower them to take an active role in their health**, build autonomy and community connection, and live healthier lifestyles.

By focusing on **a preventative approach to wellness**, SP programs have demonstrated the potential to transform our health and social service systems and support primary and acute care.

The SP Pathway[1]



SDoH are **the non-medical factors that play a role in your patients' health and well-being**. They include: income, education, employment, identity, housing, food security, early childhood and development, & disability.

[1] Bridgeable (2022, June), *Current state of social prescribing in Canada summary report.*

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What is the global and national success of SP?

There have been many recent studies that have demonstrated the impact of SP on the healthcare system and health outcomes. Take a look:

SPOTLIGHT: Kent, United Kingdom

***Involve Kent*, a CHC, recently conducted a longitudinal study to understand the impact of SP on acute care. This study followed 5,908 patients across 4 social prescribing schemes from the following cohorts:[1]**

- Unpaid caregivers
- Age 55+ with complex health or frailty
- Age 18-55 with long-term conditions, experiencing inequalities
- Age 18+ accessing SP within their primary care networks

Their findings!

5% reduction in unplanned inpatient stays

26% reduction in ER visits among older adults

SPOTLIGHT: Ontario, Canada

In 2018, the *Alliance for Healthier Communities* launched *Rx: Community SP Research Pilot* to understand and study existing SP initiatives in Ontario over the course of 1 year. The initiative achieved the following outputs:[2]

- 1,100 clients served across 11 CHCs
- 3,300 social prescriptions made

Their findings!

19% increase in physical activity

42% decrease in repeat primary care visits*

49% decrease in loneliness

[1] Involve Kent (2023, February). *The Impact of social prescribing on demand for acute care in West Kent a summary of report findings.*
[2] Alliance for Healthier Communities (2020, March) *Rx: Community - Social prescribing in Ontario final report.*

*over the course of 9 months

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Is SP high value to patients and the health system?

The holistic and preventive approach to care that defines SP can promote the individual and community wellness of your older adult patients, and can reduce the burden on primary care.

Benefits to older adults

> *I was referred here [the SP program] by my Nurse Practitioner. Since I'm new to the area and we had the pandemic, I basically was lost because it's just like dropping me into the area not knowing anyone. When they mentioned line dancing, I knew that was going to be my thing. When I leave here it's like walking on a cloud…*
>
> – Participant in senior serving SP program, Windsor Ontario

According to the government of Canada, **30% of Canadian seniors are at risk of becoming socially isolated**.[1] This can lead to lower quality of life and higher use of acute and primary care.

By assessing needs and interests, SP practitioners can prescribe activities that build confidence and support older adults in building social and community connections.

Benefits to HCPs

> *The positives were not only better patient outcomes, but better provider satisfaction because collectively [HCPs and SP practitioners] we were able to accomplish things that at times would be crushing work loads.*
>
> – Family Physician, BC

The **healthcare sector in Canada is facing a human resources crisis**. HCPs lack the time and resources needed to provide holistic care to patients.

Through SP, patients can seek non-medical supports through their community. This preventive approach to care improves short and long term health which reduces reliance on costly emergency and primary care resources.

[1] Government of Canada (2014) Report on the social isolation of seniors

What is Alberta's approach to SP?

Link Workers and community and social services sectors play the most instrumental roles in delivering Social Prescribing in Alberta.

SP for older adults requires participation and partnership from a variety of individuals and teams that might impact a person's health. Key stakeholders in the delivery of SP to older adults include:

- ✓ Healthcare Providers
- ✓ Link Workers (also known as Community Connectors or Navigators)
- ✓ Community-Based Senior Serving organizations (CBSS) and other social services
- ✓ Family and friends
- ✓ Caregivers

As HCPs, leveraging connections with Link Workers and the CBSS sector for older adult patients can enable holistic well-being, healthy aging, and lessens patient reliance on primary care.

SPOTLIGHT: CBSS sector

The CBSS sector and other social services play the most important role in providing your older adult patients with preventive and holistic approaches to care.

SPOTLIGHT: Link Workers

By taking a non-judgmental, compassionate and empathetic approach to care, Link Workers connect your patients to supports that are meaningful to their personal well-being, goals and interests.

What is the SP ecosystem?

As an HCP, I conduct the initial assessment of my patient's non-medical needs. I tell them about Social Prescribing and connect them to a Link Worker.

When I can, I share with the Link Worker any relevant patient information that will help with the social prescription.

I always follow up with my patients on their social needs and any programs they may have attended.

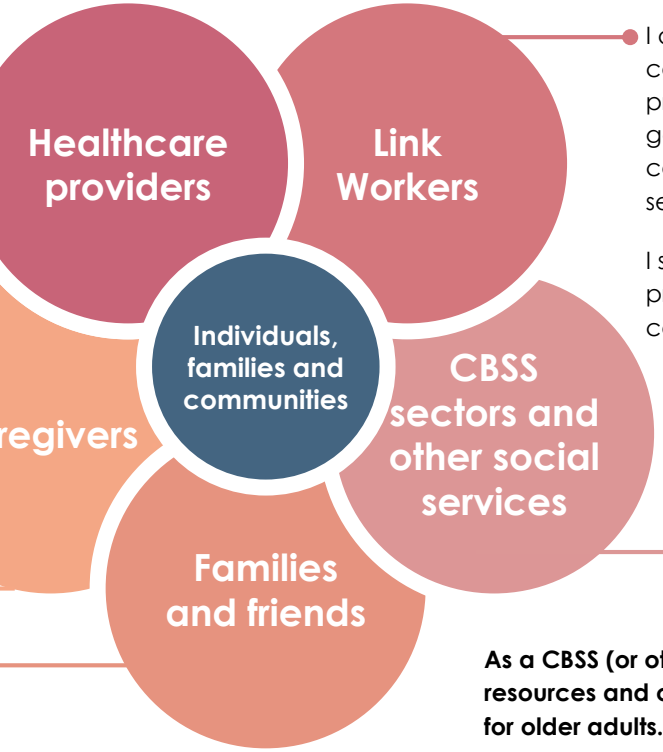
As a caregiver, friend or family member, I may offer support for medical and physical needs as well as emotional support. Because we're so close, I can observe the ones I care for in their environments and can help them figure out their social needs.

Through Social Prescribing, I've learned how to connect my loved ones with the kinds of support they need to promote their holistic wellness.

As a Link Worker, I connect with individuals who need non-medical support through their HCPs, community organizations, caregivers, their friends and family and self-referrals.

I ask individuals about their social needs and collaborate with them to figure out what service or program would best meet their interests and health goals. If individuals need it, I support them in connecting with and navigating programs and services.

I stay up to date with available resources and programs and build partnerships with local community organizations to facilitate referrals.



As a CBSS (or other social service) we offer programs, resources and other services that promote holistic well-being for older adults.

We receive referrals from Link Workers, HCPs, caregiver and friends and family of individuals in need of non-medical support. We collaborate and form partnerships with other organizations to facilitation service coordination and address gaps in programming.

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How can my practice be involved with delivering SP?

Primary care plays a key role in delivering social prescribing and promoting the holistic health of older adults. There is no one-size fits all approach to incorporating social prescribing into primary care practice. Social Prescribing can be shaped to fit your needs and capacity.

There are 3 main ways that primary care can be involved in delivering SP:

1. **Identifying patients who may benefit,**
2. **Making referrals to SP programs, and**
3. **Conducting follow ups with patients.**

Direct questions you can ask your patients to understand non-medical factors that may be impacting their health:

- *How often are you seeing friends and family?*
- *Are you having any challenges getting from place to place?*
- *Are you able to access healthy foods that you like?*
- *What is your current living situation like?*
- *Do you need support accessing social services?*

Tip: Lead these discussions with compassion and empathy. It can be challenging for your patients to share these details of their lives for fear of judgment. Create a safe space that allows patients to share with you what shapes their health and well-being.

How does SP work within my practice?

Step 1: Identifying Patients

How do I know if my patient would benefit from SP?

- ❑ They are a caregiver to someone else
- ❑ You sense they may be lonely or socially isolated
- ❑ They make appointments to discuss non-medical issues
- ❑ They have trouble getting nutritious food because of income or limited mobility
- ❑ They are recently bereaved
- ❑ They are new to the community

Step 2: Making Referrals

I've identified a patient that might benefit from SP, how do I make a referral?

- ❑ Pointing them to a social support or activity that matches their interests and benefits their holistic wellness
- ❑ Providing a warm connection to a CBSS or other social service administrator that you are familiar with
- ❑ Refer your patient to a Link Worker or community navigator to further facilitate needs assessments and community connections

Step 3: Conducting Follow-ups

I referred my patient to an SP program, what do I do next?

It's important to check in with your patients after they have been connected to a CBSS or other social support. You can do this by:

- ❑ Finding out if they attended the referral
- ❑ Asking how the referral went – did they attend the service? Were they satisfied with the experience?
- ❑ Finding out if they experienced any challenges along the way
- ❑ Gauging any changed in their emotions, mental health and general well-being
- ❑ Documenting these impacts, big or small

Tip: Treat follow-ups for holistic well-being as just as important as medical follow ups. Try to schedule these conversations. Use follow-ups to emphasize the importance of attending these social prescriptions to your patients by highlighting the ways that their holistic well-being impacts their physical well-being.

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How can I become an SP champion?

The primary care system is overburdened, so providing additional non-medical support might seem like an impossible task. Social prescribing is a proven path to promoting holistic well-being for patients, improving HCP job satisfaction, and can lead to less reliance on the primary care system.

Here's what you can do to expand Social Prescribing in your community:

- ✓ Become acquainted with your local CBSS sector and available link workers that service older adults.
- ✓ Begin engaging in Social Prescribing with your patients and team, in whatever small way that you can.
- ✓ Measure and capture the impact of this work, when possible.
- ✓ Spread the word to folks in your networks.

Social Prescribing Programs in Alberta that you can refer patients to:

Calgary
Aging in Community Supports Program

Edmonton
Seniors 55+ Social Prescribing Program

Lethbridge
Seniors Community Services Partnership – Seniors System Navigation Team