



A PRESCRIPTION FOR CHANGE

Celebrating Social Prescribing Day in Alberta

Webinar with Panel Discussion

March 18, 2025

11:00 AM – 12:00 PM



A network of
community allies
for older adults.

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.

Agenda

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Introduction

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Year 2 Updates and Highlights

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Closing Remarks

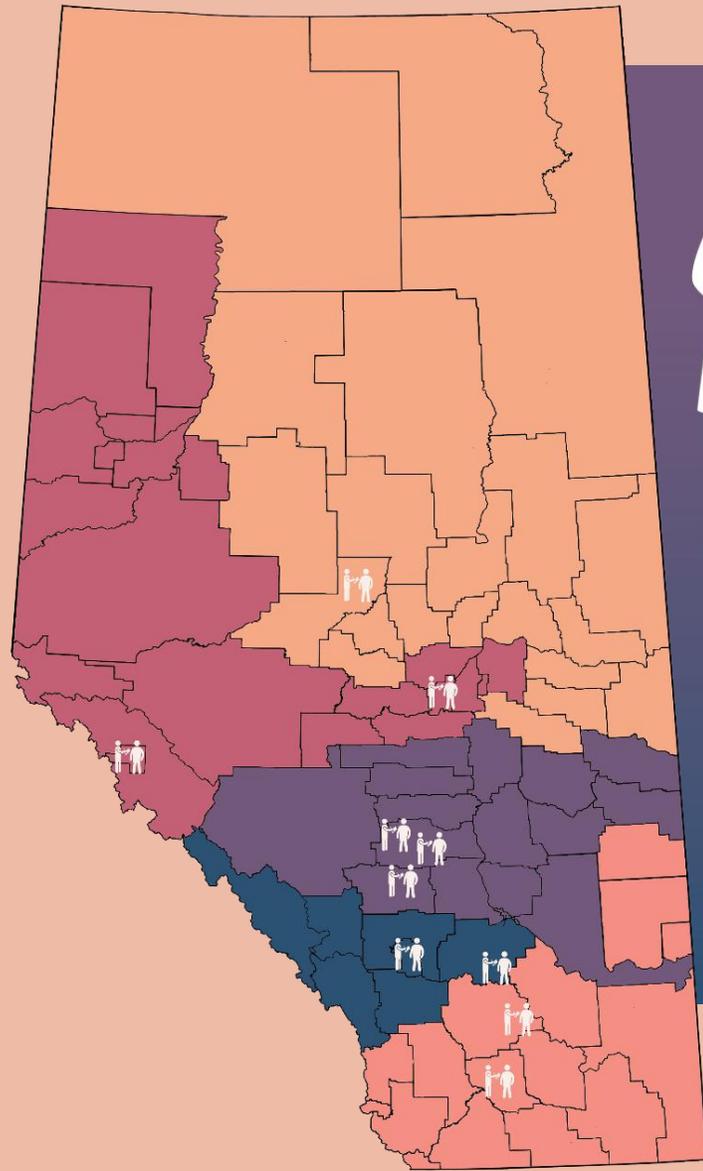


What is Social Prescribing?

Social prescribing is a holistic approach to healthcare that bridges the gap between medical and social care services.

Through social prescribing, healthcare professionals can refer patients to community-based programs to improve their health and enhance their quality of life.





Healthcare Providers

- Primary care
- Hospital discharge
- Home care

Social Prescribing Team



Referral Pathway

BRIDGING THE GAP



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



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Year 2 Key Milestones

December 2022 – September 2024

2,411

Social prescriptions received from regulated health professionals

1,359

Older adults have been assessed by Social Prescribing Team members

75

Unique Social Prescribing Practitioners have participated in at least one Community of Practice meeting

19

Link Workers and

16

Outreach/Assessment professionals are employed across the ten social prescribing programs



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Outcomes

OLDER ADULT OUTCOMES

Outcomes in this section are measured by two evaluation activities: client-level data and key stakeholder engagement activities.

SERVICE PROVIDER OUTCOMES

Outcomes in this section are measured by three evaluation activities: program-level data, key stakeholder engagement activities, and the link worker curriculum survey.

SYSTEM LEVEL OUTCOMES

Primarily drawn from the system-level survey and Sept 2024 Community of Practice meeting. Additional perspectives gathered from Frontline Service Provider Focus groups and Healthcare Partner Focus Groups



Older Adult Outcomes



Older adults have improved access to community services



Older adults experienced increased access to programs and services that foster participation and engagement



Older adults gained new or improved knowledge, skills and attitudes



Older adults have improved social inclusion, quality of life, and healthy aging outcomes



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Service Provider Outcomes



Healthcare providers have increased awareness of social prescribing and community services



Primary care providers are better equipped to meet the needs of their older adult patients



Staff report an improved sense of competence and ability to meet the needs of their clients

Referral source breakdown

Client breakdown by referral source	
Family doctor	139 (11%)
Home care	361 (29%)
Hospital	239 (19%)
Other*	333 (27%)
Primary care network – not directly from family doctor	156 (13%)
Unknown	128

*Other sources could include pharmacists, community social workers, mental health therapists, etc.



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SERVICE PROVIDER OUTCOMES

"And then knowing that [clients are] going to get that support from [the social prescribing] program, very good, high-quality support, I feel confident and that reduces my stress level, knowing that patients are going to get what they need."

—
Healthcare provider



System Level Outcomes



Social prescriptions enable increased referrals from primary care to community services



Service delivery models are streamlined and strengthened through a provincial Community of Practice



Participating practitioners (CBSS organizations and health care providers) report improved trust in referral pathways and working relationships



The Network has increased capacity for shared evaluation, data collection, and system mapping



Reductions in emergency room visits and hospital admissions

Amanda Rodgers

Link Worker, Vulcan Act4Health

Amanda specializes in assessing and connecting individuals to vital services within the rural community of Vulcan. Amanda is particularly proud of her program's role in identifying gaps in services and collaborating with local organizations to address them. Amanda's background in music education allows her to bring a unique perspective to the Link Worker role, fostering creativity and empathy in how she approaches service delivery.

Maureen McCauley

Link Worker, Red Deer Golden Circle Senior Resource Centre

Maureen is a passionate and dedicated support of the social prescribing program. Maureen has been involved in healthcare for many years, including as a Health Care Aid in Taber and other rural areas. Maureen enjoys the Link Worker role as she is able to come alongside the client, listen carefully to establish a foundation of trust, and remind them of their intrinsic value to society holistically.

Angie Grewal

Intensive Care Nurse, Covenant Health

Angie is an experienced ICU nurse with over 15 years of critical care experience. Angie is also currently pursuing her PhD in Nursing at the University of Alberta. Her research focuses on Post-Intensive Care Syndrome in Families, and caregiver burden, particularly in rural and underserved communities. Angie's dedication to clinical practice and research underscores her commitment to enhancing the care of ICU patients and their families.

Kristen Fritzler

Registered Social Worker, The Alex Community Health Centre

Kristen is a Registered Social Worker at the Alex Community Health Centre in Calgary. She acquired her degree in social work from the University of Calgary and started her career as an Outreach Worker with carya and The Way In Network. Kristen started her career in the heart of 2020 and saw the impact the pandemic had on individual's mental health.

Q&A

Next Steps – Year 3 goals



Refining referral pathways



Strengthening the sustainability of the social prescribing model



Strengthening understanding of a Link Worker's role



Emphasizing evaluation practices

How can you get involved?

- Connect with one of our Regional Community Developers to be a part of the conversation and learn more about our Social Prescribing Toolkit
- Join us on [Corealberta.ca](https://corealberta.ca)
- Follow us on LinkedIn or YouTube to get regular updates
- Subscribe to our Bi-weekly Newsletter and Update to Community
- Attend our CORE events to collaborate with others
- Attend our Regional Gatherings or bi-annual Summit

Let's start our conversation today!

**Healthy
Aging
Alberta**



Thank you!

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