

# **Collaborative Impact with Social Prescribing**

## What is Social Prescribing?

Social prescribing is a means for health care providers to connect clients/patients to a range of non-clinical services in the community in order to improve their social connections, health, and well being.

# Healthcare provider The healthcare provider sees a need and refers the client/patient to a Connector.



#### Connector

The Connector identifies the person's specific needs and interests, and connects the person with appropriate community resources.



#### **Community resources**

Community resources include a wide range of activities and services, such as social groups, art activities, exercise classes, and lifelong learning activities.



# Why is Social Prescribing Needed?



Being social connected: brings enjoyment and a sense of purpose in life; adds to quality of life; reduces the risk of mental health problems like depression; and reduces the risk of physical health problems.<sup>1</sup>

The lack of social connection (social isolation) has a negative effect on mental and physical health.<sup>2</sup> The impact of social isolation on mortality is comparable to that of smoking or a lack of physical activity.<sup>3</sup>



#### Before COVID-19

**20%** of Manitobans aged 65 or older were socially isolated

23% said they were lonely sometimes or more often

**36%** would have liked to participate in more social activities<sup>4</sup>

#### **During COVID-19**

**36%** of Manitobans aged 65 or older said they were lonely sometimes or more often<sup>4</sup>

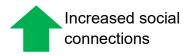


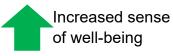
Social isolation is defined as having a small or no social network, limited communication or contact with social network, and little or no social participation. Loneliness refers to how people FEEL about their social connections. It is possible to feel lonely even when there are people around. People can also be satisfied and not lonely with a small network.<sup>5</sup>

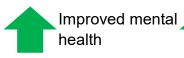
## What Impact Does Social Prescribing Have?

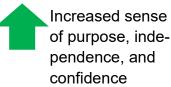
Research shows that social prescribing has positive impacts on older adults who are connected to community resources,<sup>6</sup> and the healthcare system.<sup>7,8</sup>

## Impact on Older Adults

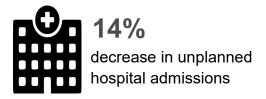


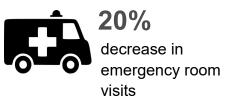






## Impact on the Healthcare System







# Social Prescribing in Manitoba

Led by the Manitoba Association of Senior Communities, Social Prescribing Manitoba will strengthen alliances amongst key intersectoral players (Senior Resource Coordinators, Senior Centres, Age Friendly Communities, Primary Health Services which would include My Health Teams, and Home Care resources) reducing siloed, independent activities and building greater collaborative impact to facilitate healthy aging. This enhanced working relationship will ultimately impact all communities and older people served by the key players.

## How Can I Learn More?

Contact Connie Newman, Executive Director, MASC, at ccnewman@shaw.ca

#### References

<sup>1</sup>Raymond, É. et al. (2013). On the track of evaluated programmes targeting the social participation of seniors: A typology proposal. *Ageing & Society*, 33(2), 267-296.

<sup>2</sup>Leigh-Hunt, N. et al. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157-171.

<sup>3</sup>Holt-Lunstad, J. et al. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227-237.

 $^4$ Canadian Longitudinal Study on Aging: Follow-up 1 and COVID data. Analyses generated by Menec et al., 2022.

<sup>5</sup>Menec, V. et al. (2019). Examining individual and geographic factors associated with social isolation and loneliness using Canadian Longitudinal Study on Aging (CLSA) data. *PloS One*, *14*(2), e0211143.

<sup>6</sup>Bild, E., & Pachana, N. (2022). Social prescribing: A narrative review of how community engagement can improve wellbeing in later life. *Journal of Community & Applied Social Psychology*, 32(6), 1148-1215.

<sup>7</sup>Abel, J. et al. (2018). Reducing emergency hospital admissions: A population health complex intervention of an enhanced model of primary care and compassionate communities. *British Journal of General Practice*, *68*(676), e803-e810.

<sup>8</sup>Dayson, C., & Bashir, N. (2014). The social and economic impact of the Rotherham Social Prescribing Pilot: Main evaluation report.