



What is social prescribing? - A pathway that helps to address a patient's needs.

Social prescribing is a means for healthcare providers to connect patients to a range of non-clinical services in the community to improve health and well-being. Social prescribing can help to address the underlying causes of patients' health and well-being issues, as opposed to simply treating symptoms. Social Prescribing is a holistic approach to health care, which promotes community-based integrated care and helps to demedicalize healthcare provision.

Why?

Social prescribing is based on evidence that highlights the importance of social determinants of health, including social connectivity, socio-economic status, housing, and education, as vital factors for enhancing health outcomes. This approach facilitates more holistic, person-centered care. It empowers patients to take charge of their own health and well-being, ultimately alleviating stress on the healthcare system.

Who is it for?

Anyone with social factors that adversely impact their health. Example include (but are not limited to) people who may be lonely or socially isolated and/or an individual with no family residing nearby.

Incorporating social prescribing into your practice

There is no universal method for integrating social prescribing into your practice. Instead, it is a flexible and evolving process that can be tailored to meet your specific needs and capabilities.

Engage in conversation with your patient to evaluate their needs and recognize how social determinants of health might impact their wellbeing. Keep in mind that individuals come from diverse social backgrounds.

Initiate social prescribing

Connect your patient to a Seniors Resource Coordinator (SRC - a connector). An SRC is an information and referral hub for clinical and non-clinical services such as pension information, mobility aids, adult day programs, senior centres, housing options, meal programs, grocery delivery options, health care services (i.e. home care) and health education. For more information, see page 3.

Complete the Social Prescribing (SP) referral form.

continued on page 2 ...



Initiate social prescribing *continued...*

As the healthcare provider you may want to ...

- Provide your patient with a copy of the SP referral form.
- Share sufficient information with your patient about the social prescribing process so they understand the next steps.
- Make a plan for following up to discuss their experience with the process
- Document the discussion, decision and follow-up plan in the person's health record

After social prescribing: the follow-up

It's important to follow-up with individuals after the social prescription. Check in with the individual to:

- Determine if the individual pursued the prescription
- Find out if they encountered any challenges and barriers along the way
- Understand the individual's level of satisfaction with the prescription
- Gauge any changes in the person's knowledge, health and general well-being
- Document the follow-up in the individual's health record

Resources

To learn more about implementing social prescribing:

- [Alliance for Healthier Communities – social prescribing community of practice](#)
- [Canadian Institute for Social Prescribing](#)
- [World Health Organization – toolkit on social prescribing](#)

See next page for information on Senior Resource Coordinators/Community Connectors...



Senior Resource Coordinators (SRC) - Who are they?

A Seniors Resource Coordinator (a community connector) in Manitoba is an information and referral hub for clinical and non-clinical services such as pension information, mobility aids, adult day programs, senior centres, housing options, meal programs, grocery delivery options, health care services (i.e. home care) and health education. SRC's are integrated in a number of areas...

- **E.R.I.K. (Emergency Response Information Kit)** that promotes awareness and preparedness for individuals encountering an emergency situation. The kit is a standardized package of health related information that is placed on the refrigerator so that paramedics and first responder personnel have access to up-to-date information in emergency medical situations.
- **Partnership for active living programs** engage in partnerships and facilitate (when needed) in such areas as exercise and fitness, walking clubs/urban polling, nutrition/ healthy eating/food security, lunch and learn, painting programs, etc.
- **Transportation** provides information on transportation options (i.e. regular transit, transit plus, transit training, cab clubs, active transportation, ride share, etc.). May have a volunteer driving program
- **Yard and home maintenance referrals** provided by the SRC in the community, which may include a registry of fee-for-service workers who provide services such as housekeeping, meal preparation, yard work, snow removal, and referral to Good Neighbours Active Living Centre Home Maintenance Programs, FYI's, etc.
- **Outreach** "coordinates/assists" connecting with senior serving organizations, community centres, apartment blocks/ tenant associations, schools, faith based organizations, etc.
- **Partnerships for services** such as access to services, flu/vaccine clinics, health and wellness series, foot clinics, support groups, health fairs, income tax clinics, social connectedness, falls prevention, intergenerational, support groups, etc.
 - SRC's connect with Active Living Centres (Senior Centres – both funded and not funded senior groups), Community Facilitators, Health Promotion Coordinators, Healthy Aging Resource Team (Wpg), Tenant Resource Coordinators, Support to Seniors in Group Living,
 - SRC 's have Profit and non Profit connections
- **Promotional Materials** that may include newsletter, website, brochures, e-groups, etc
- **Advocacy** on behalf of clients, older adults' population or community need
- **Community needs assessments** ensure older adults are engaged by having a voice in providing information and planning programs and services based on community needs.
- **Community presentations/education materials** aim to improve the quality of life for older adults by providing a variety of topics such as E.R.I.K. and Health Care directives, Fire Safety and Prevention, Frauds and Scams, Basic Needs and Subsidies, Physical Activity and Mental Health Promotion, health promotion and injury prevention, etc.
- **Annual/biannual outings/events** partner and facilitate in such areas as. resource fairs, housing expos, light tours, day trips, etc