## Bilaga 3 Tabell med inkluderade primärstudier om social förskrivning (social prescribing)

## Primärstudierna (n=15) är indelade i fyra utfallskategorier; 1= Fysiologisk/klinisk (Physiologic/Clinical), 2=Påverkan på livet (Life impact), 3=Tillhandahållen vård (Provision of care), 4=Utnyttjande av resurser (Use of resources).

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| AuthorYearCountryReference | Aim | Studydesign | Population | Outcome category |
| Costa et al.2024Portugal[1] | This study aimed to explore older adults’ perceptions of social prescribing in mainland Portugal.  | Quantitative Cross-sectional study (no control group) | N=613Older adults aged 65 to 93 | Outcome categoy: 3Preferences on social prescribingLink between social factorsquality of life and what "social prescribing is requested" are some of the outcomes. |
| Elston et al.2019UK[2]Included in two systematic reviews. Percival et al. and Sadio et al. | To evaluate the impact of ‘holistic’ link-workers on service users’ well-being, activation and frailty, and their use of health and social care services and the associated costs. | Quantitative Uncontrolled cohort studyBefore-and-after study | N= 1046Participants were individualsaged 50 years or over 94% of participants were 60+ | Outcome category: 1Health and social wellbeing with SP |
| Gorenberg et al.2023UK[3] | To understand how the cultural sector supports older people’s well-being as part of social prescribing, particularly in light of challenges encountered due to COVID-19.  | Qualitative | N=2860 years and older | Outcome category: 2, 3Experiences from SP**-**cultural contextThe cultural sector has a role to play in social prescribing for older people, but tailoring is important so that offers are acceptable and accessible. |
| Jones et al.2020UK[4]Included in systematic review by Percival et al. 2022 | This study used Social Return on Investment (SROI) analysis to evaluate the social value generated by the Health Precinct, a community hub which encourages participants to manage chronic conditions through social prescribing to physical activity and social participation programs. | QuantitativeUncontrolled cohort study | N=159Mean age 72.4 (SD 8.3)Min–max (55–94) | Outcome category: 4Cost-benefit analysis of SPReferral pathways, staff costs, outcomes related to social value. |
| Kellezi et al.2019UK[5] | This study aimed to assess the degree to which the ‘social cure’ model of psychosocial health captures the understandings and experiences of healthcare staff and patients in a social prescribing (SP) pathway and the degree to which these psychosocial processes predict the effect of the pathway on healthcare usage. | Mixed-Method | Study 1: general practitioners (GPs) (n=7),healthcare providers (n=9) and service users (n=19). Study 2: N=630 patients engaging with SP 29–85 years (average age: 60.4 years) | Outcome category: 2, 31. GP perspective on social prescribing2. Experiences from SPStudy 1: GPs recognized that a change is required in terms of how health, well-being and social concerns are understood/addressed by health services and society. They described how the NHS traditionally does not address social isolation. Study 2: patients’ primary care usage decreased with SP. |
| Kiely et al.2021Ireland[6]Included in systematic review by Sadio et al. | Aims to test the effectiveness of primary care-based link workers providing social prescribing in improving health outcomes for people with multimorbidity who attend general practices in deprived areas in Ireland. | Quantitative Uncontrolled cohort pilot study | N=15 Mean age 63 (9.9) | Outcome category: 3Recruitment to SPOutcomes were recruitment and retentionrates and acceptability of the trial processes and intervention to patients, general practitioners (GPs) and the link worker. |
| Loftus et al.2017UK[7]Included in two systematic reviews Percival et al. and Sadio et al. | This study sought to determine whether social prescribing activities influenced patient-general practitioner (GP) contacts and polypharmacy. | Quantitative Uncontrolled cohort study | N=68Patients over 65 years of age  | Outcome category: 4GP perspective on social prescribingGP´s workload.Indications for social prescribing activity. |
| Munford et al.2020UK[8]Included in systematic review by Sadio et al. | The study's goal was to examine the effectiveness of community assets at improving QoL among older people living in the community. | Quantitative Controlled cohort based on longitudinal survey data | N= 2820Patient age 65+ | Outcome category: 2Quality of life, impact from SPCommunity-wide activities improved quality of life |
| Orellanas et al.2020UK[9] | Investigating what they offered, who used them, why and how, what they contributed to the lives of those involved in them. At macro level, it further explored professional perceptions, and centers’ relationships with local health and care services, and the potential utility of collecting data about attenders using standardized measures. | Mixed-method | N=23Average age was 83.3 years (range 68–101 years) | Outcome category: 4Day center attendanceCharacteristics of attenders at day centers and their reasons for attendance and outcomes were explored. |
| Poulos et al.2019Australia[10] | This paper reports the findings from an AoP program in Sydney, Australia, which targeted community‐dwelling older people with a wide range of health and wellness needs.  | Quantitative and qualitativeUncontrolled cohort Before-and-after study | N=126Aged 65 years or older | Outcome category: 2Experiences from SP-artQuantitative findings Improvement in the Warwick–Edinburgh Mental Well‐being Scale (WEMWBS) as well as an increase in the level of self‐reported creativity and frequency of creative activities. Qualitative findings The program provided challenging artistic activities which created a sense of purpose and direction, enabled personal growth and achievement, and empowered participants, meaningful relationships with others |
| Porter et al.2023UK[11] | (1) To explore how social prescribing referrals impact experiences of existing members of a voluntary and community-based organization and (2) to describe the processes and relationships associated with joining community and voluntary organizations. | Quantitative and qualitativeUncontrolled cohort study  | N=93Men 18 years and older.The average age was 67 years(range 41–91 years), 93% were male,and 99% white. | Outcome category: 2, 3Experiences from SPKey factors around experiences of social prescribing and referral mechanisms were identified. We developed three themes: -experience of joining -success and risk factors.  |
| Thomson et al.2018UK[12]Included in two systematic reviews. Percival et al. and Sadio et al. | To assess psychological wellbeing in a novel social prescription intervention for older adults called Museums on Prescription | Quantitative Uncontrolled cohortBefore-and-after study | N=115Aged 65-94  | Outcome category: 2 Psychological wellbeing, impact from SP-artMuseums can be instrumental in offering museum-based programs for older adults to improve psychological wellbeing over time. |
| Vogelpoel et al.2014UK[13]Included in systematic review by Percival et al. | The purpose of this paper is to describe the benefits of a social prescribing service for older people with sensory impairments experiencing social isolation. | Mixed-method | N=12Age from 61 to 95 years | Outcome category: 2Experiences from SP-artParticipatory in arts programmes can help combat social isolationincreased self-confidence, new friendships, increased mental wellbeing. |

## Referenser

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