## 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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| Author  Year  Country  Reference | Aim | Studydesign | Population | Outcome category |
| Costa et al.  2024  Portugal  [1] | This study aimed to explore older adults’ perceptions of social prescribing in mainland Portugal. | Quantitative  Cross-sectional study (no control group) | N=613  Older adults aged 65 to 93 | Outcome categoy: 3  Preferences on social prescribing  Link between social factors  quality of life and what "social prescribing is requested" are some of the outcomes. |
| Elston et al.  2019  UK  [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 study  Before-and-after study | N= 1046  Participants were individuals aged 50 years or over  94% of participants were 60+ | Outcome category: 1  Health and social well  being with SP |
| Gorenberg et al.  2023  UK  [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=28  60 years and older | Outcome category: 2, 3  Experiences from SP  **-**cultural context  The 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.  2020  UK  [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. | Quantitative  Uncontrolled cohort study | N=159  Mean age 72.4 (SD 8.3) Min–max (55–94) | Outcome category: 4  Cost-benefit analysis of SP  Referral pathways, staff costs, outcomes related to social value. |
| Kellezi et al.  2019  UK  [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, 3  1. GP perspective on social prescribing 2. Experiences from SP Study 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.  2021  Ireland  [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: 3  Recruitment to SP  Outcomes were recruitment and retention  rates and acceptability of the trial processes and intervention to patients, general practitioners (GPs) and the link worker. |
| Loftus et al.  2017  UK  [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=68  Patients over 65 years of age | Outcome category: 4  GP perspective on social prescribing  GP´s workload.  Indications for social prescribing activity. |
| Munford et al.  2020  UK  [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= 2820  Patient age 65+ | Outcome category: 2  Quality of life, impact from SP  Community-wide activities improved quality of life |
| Orellanas et al.  2020  UK  [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=23  Average age was 83.3 years (range 68–101 years) | Outcome category: 4  Day center attendance  Characteristics of attenders at day centers and their reasons for attendance and outcomes were explored. |
| Poulos et al.  2019  Australia  [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 qualitative  Uncontrolled cohort Before-and-after study | N=126  Aged 65 years or older | Outcome category: 2  Experiences from SP-art Quantitative 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.  2023  UK  [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 qualitative  Uncontrolled cohort study | N=93  Men 18 years and older. The average age was 67 years (range 41–91 years), 93% were male, and 99% white. | Outcome category: 2, 3  Experiences from SP  Key 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.  2018  UK  [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 cohort  Before-and-after study | N=115  Aged 65-94 | Outcome category: 2  Psychological wellbeing, impact from SP -art  Museums can be instrumental in offering museum-based programs for older adults to improve psychological wellbeing over time. |
| Vogelpoel et al.  2014  UK  [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=12  Age from 61 to 95 years | Outcome category: 2  Experiences from SP  -art  Participatory in arts programmes can help combat social isolation  increased self-confidence, new friendships, increased mental wellbeing. |

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