

Social Prescribing: Addressing the Social Determinants of Health

PANELISTS

Dr. Luke Kyne • Dr. Ritika Goel • Dr. Dominik Nowak

WITH

Dr. Nikki Bozinoff • Natasha Beaudin





Mental Health and Addictions

Please introduce yourself in the chat!

Your name, Your community, Your X (Twitter) handle Interested in becoming a speaker at our CoPs?
Send us an email with your name & topic(s) of interest to practisingwell@ocfp.on.ca

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Your Panelists: Disclosures

Dr. Luke Kyne

• Relationships with financial sponsors (including honoraria): OCFP Practising Well CoP speaker

Dr. Ritika Goel

• Relationships with financial sponsors (including honoraria): OCFP Practising Well CoP speaker

Dr. Dominik Nowak

• Relationships with financial sponsors (including honoraria): OCFP Practising Well CoP speaker, Alliance for Healthier Communities, Canada Health Infoway, Centre for Effective Practice, Ontario Medical Association, McMaster University, TELUS, UofT and Women's College Hospital

Disclosures

Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors & Research Grant Funding (including honoraria):

- Ontario College of Family Physicians Practising Well Implementation Group Member, CoP Speaker
- META:PHI for guideline review (OUD)
- Womenmind
- Department of Family and Community Medicine (University of Toronto)
- CFPC
- CAMH Foundation
- CIHR

Natasha Beaudin

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians CoP Moderator
- Alliance for Healthier Communities Employer
- Walton's Trust, Medavie Foundation Project Funders

Mitigating Bias

Disclosure of financial support



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Potential conflicts



N/A

Mitigating potential bias



The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.

Content has been developed according to the standards and expectations of the Mainpro+ certification program.

The program content was reviewed by the SPC.

Practising Well Self-Learning Program

The Practising Well CoP is certified for self-learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self-learning program is certified for up to 63 Mainpro+ credits.



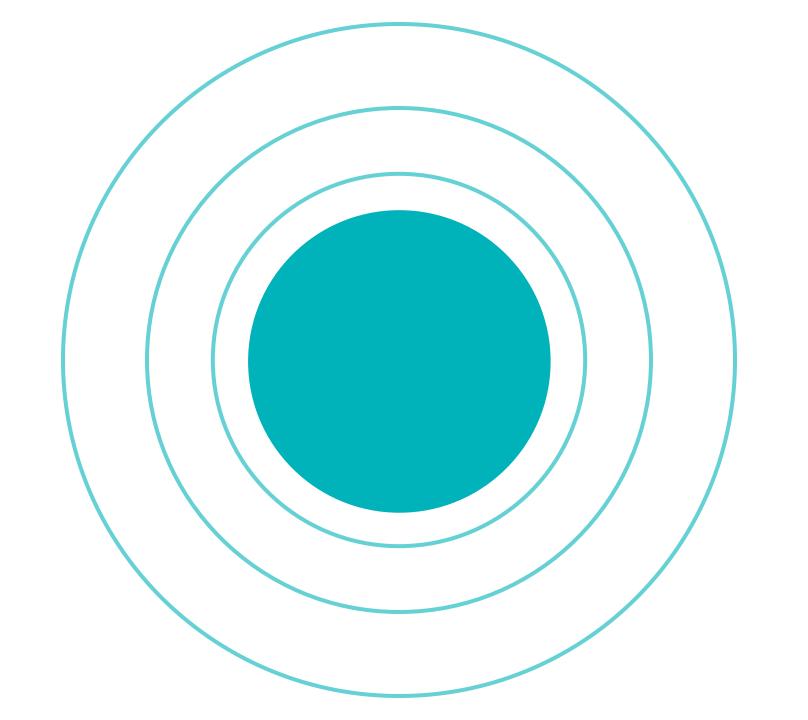
Learn More and Participate

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP, DFCM and the Alliance for Healthier Communities recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP, DFCM and the Alliance for Healthier Communities respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



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Social Prescribing: Addressing the Social Determinants of Health

OCFP Practising Well Social Prescribing: Addressing the Social Determinants of Health

Luke Kyne, MD CCFP

Emergency Medicine Physician, Michael Garron Hospital Co-Founder & Chair (Board of Directors), The Hub Hamilton

Why Social Prescribing?

- FM & EM Physician, MGH (Toronto)
- Co-Founder, The Hub
- Witnessed patients' health suffer due to unmet social needs
- Co-founded The Hub to provide **social supports** for highrisk youth & individuals experiencing homelessness

What Is Social Prescribing?

- **Definition**: Connecting patients to non-medical, community-based services as part of their health care
- **Purpose**: Address social and economic factors (housing, food, loneliness, etc.) that affect health but can't be fixed with a traditional prescription
- **How it works**: A health provider "prescribes" a social program or support (e.g., exercise group, food bank, counseling)

Why It Matters for Family Physicians

- Many health issues won't improve if social needs are unmet
- Issues like social isolation, food insecurity, or poverty contribute heavily to illness, but family doctors often feel poorly equipped to address them
- Burnout and frustration can arise when we see patients' health stagnate due to **social barriers** we haven't tackled

Key Areas for Social Prescribing

- Food Insecurity
- Housing Instability
- Social Isolation
- Mental Health
- Addictions
- Disability Support

- Employment & Education
- Arts, Culture, & Creativity
- Transportation
- Legal Aid
- Financial Support
- Family Services

Social Prescribing in Ontario

- Rx: Community by the Alliance for Healthier Communities (2018-19)
- Social prescribing pilot showed measurable benefits
- 11 community health centres; 1,100+ patients received
 ~3,300 social prescriptions
 - o 12% improvement in mental health
 - 49% decrease in loneliness
 - o 19% increase in community activity engagement

Practical Tips for Primary Care

- Start the **conversation**
- Use available directories
- Leverage your team
- Follow-up referrals
- Know your **limits**
- Ask for **help** early

Your Panelists



Dr. Luke Kyne

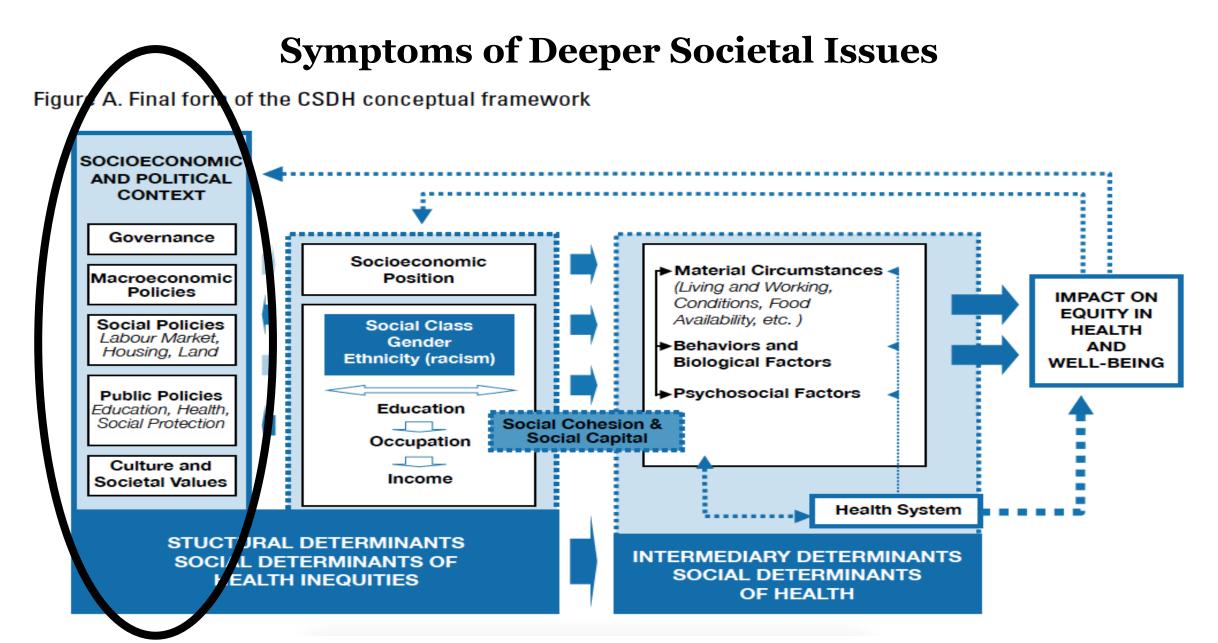
Dr. Ritika Goel

Dr. Dominik Nowak

Social Prescribing: Addressing the Social Determinants of Health

What brought me to social prescribing?

Dr. Ritika Goel, MDP MPH CCFP St. Michael's Hospital Academic Family Health Team, Department of Family and Community Medicine, University of Toronto



WHO. Conceptual Framework for Action on the Social Determinants of Health. 2010.

Lens of Systemic Oppression

INDIVIDUAL

INDIVIDUAL

A **person's** beliefs & actions that serve to perpetuate oppression

- conscious and unconscious
- externalized and internalized

INTERPERSONAL

The *interactions*between people
both within and
across difference

INSTITUTIONAL

Policies and practices at the organization (or "sector") level that perpetuate oppression

STRUCTURAL

How these effects interact and accumulate *across institutions*—and across history

High-yield practical interventions in income

- Step 1: Ask! You can't intervene if you don't know your patient's income, employment and socioeconomic status
- Step 2: Know the benefits at a high level and what we can do to intervene

A Social History Tool using the IF-IT-HELPS mnemonic

This tool is designed as a reference, teaching and practice tool to assist in performing a social history in the context of healthcare provision. It is to be used as a guide for assessment and intervention, as opposed to a checklist.

GENERAL APPROACH:

Strive to use a non-judgmental and attentive manner that creates a safe space for a patient to share, and build trust and rapport. Try to ask open-ended questions in a narrative manner, explaining the reason for certain questions and normalizing the process. Ensure that patients are aware their information is confidential and they are under no obligation to answer. Consider leaving the most sensitive topics (e.g. trauma) to emerge naturally in conversation or for when there is good rapport. Be self-reflective about your potential unconscious biases and work to mitigate them striving for using an anti-oppressive and culturally safe approach. Consider gathering information over several visits and documenting the social history in the patient chart for ongoing use and updating.

Potential Opening Statements or Questions	Potential Interventions
IDENTITY	
Tell me about yourself. Where were you born? Where did you grow up? What is your ethnic background? Do you have any aboriginal or indigenous heritage? What language are you most comfortable speaking in? Is faith or spirituality a big part of your life? How do you identify in terms of sexual orientation? What gender pronouns do you prefer (he/she/they, her/him/them)?	ID clinics Professional interpretation ESL classes and settlement services Indigenous services Culturally-specific services LGBTQ services Youth services Seniors services Seniors services
FAMILY AND FRIENDS	
Are there people in your life you can count on for support? Who lives with you at home? Do you have children? Who helps you with child care? What is your relationship like with your family? Your parents? Your siblings? Your children? Are you currently in a relationship? Tell me about your past relationships. Do you have a case manager or worker?	Case management referral or connecting with existing case manager Early years or parenting centre drop-ins Community drop-in centres Seniors groups Parenting groups Potential identification of trauma or safety issue (see below)
INCOME	
Do you ever have difficulty making ends meet at the end of the month? What are your current sources of income? Do you ever run out of money to buy food? Do you have trouble paying for public transportation? Do you have access to a phone or a place to leave messages?	Using the Poverty Tool to find benefits Assistance with income benefits forms Suggesting filing income taxes Referral to food banks or meal programs Completing transportation forms/letter
TRAUMA Consider leaving the most sensitive topics to emerge naturally in conversation or for when there is good rappor	t.
Have you had any significant negative experiences in your life that have left a lasting emotional impact on you? Have you ever experienced or witnessed violence of any kind? Did you ever feel unsafe during your childhood, or in any of your relationships?	Using a trauma-informed approach - communicating safety Counselling or trauma therapy Assessing mental health and safety Understanding a patient's health risks based of

A Social History Tool using the IF-IT-HELPS mnemonic

Potential Opening Statements or Questions Potential Interventions HOUSING Referral to emergency shelter Where are you staying right now? When did you last have a stable place to stay? Drop in services Do you need help finding housing? Housing worker What is your housing like? Legal clinic · Tailoring care to challenges of homelessness EMPLOYMENT Are you working right now? Resume-writing services What do you do for work? What other kinds of work have you done in the past? Employment counselling services . Do you have benefits such as drug coverage? · Ensuring medications are covered or low-cost **EDUCATION** · How far did you go in your education? Literacy classes How did you do in school? · Tailoring patient information and communication Do you have any trouble reading or writing? Developmental assessment and services LEGAL . Do you have any legal issues you need help with? Legal clinics . What is your current immigration status in Canada? Immigration support services · Have you had contact with the legal system? PERSONAL SAFETY Do you have any safety concerns? Violence Against Women services Do you feel safe in your relationship? Crisis helplines Has your partner ever hurt you? Your children? Legal services Do you feel safe in your home / neighbourhood? Counselling Support groups SUBSTANCES Do you smoke? How many cigarettes a day? Motivational interviewing and pharmacological . How often do you drink alcohol? How many drinks on average? therapies . Do you use any recreational drugs? What about in the past? · Support groups and counselling Inpatient and outpatient rehab and programs · Detox and harm reduction services SEXUAL HEALTH Are you sexually active? STI screening based on exposure history How many sexual partners have you had in the past six months? Contraceptive counselling . What kinds of sexual activities do you usually engage in? Vaginal intercourse? · Barrier protection counselling Have you ever had any sexually transmitted infections? Content by Dr. Ritika Goel, MD, MPH, CCFP

SOURCE: Goel R, Buchman S, Meili R, Woollard R. Social accountability at the micro level. One patient at a time. Can Fam Physician 2016;62:287-90 (Eng), 299-302 (Fr).
SOURCE: Centres for Disease Control. A Guide to Taking a Sexual History. https://www.cdc.gov/std/treatment/sexualhistory.pdf

Concept adapted from Kenyon C, Sandel M, Silverstein M, Shakir A, Zuckerman B: Revisiting the social history for child health Pediatrics 2007;120 e734-8 and Hager ER, Quigg AM, Black MM, et all Development and Validity of a 2-ltem Screen to Identify Families at Risk for Food Insecurity Pediatrics 2010;126;e26 e32.

Tips for asking..

- Use the social history section of your EMR
- Make a stamp with the headings of IFITHELPS and update them as you get new information
- Standardly ask about social context when you meet a new patient and probe when it is appropriate on other visits
- Signpost "I always find it helpful to know a bit more about my patient's lives so I know how best to help.."

Example

- Identity: Bangladeshi, speaks English, came to Canada 2010
- Family and friends: Wife and 3 sons in Canada, one brother in Canada, parents in Bangladesh
- Income: On OW, applying for ODSP, did SD/transportation
- Trauma: *
- Housing: Apartment, TCHC, living w/ wife and 3 sons
- Employment: Has driven cabs
- Education: Finished high school
- Legal: No issues
- Safety: No issues
- Substances: Smoking none, Etoh none, Drugs no current
- Sexual health: Active with wife, use condoms

Example

- Identity: Born in Canada, mother Filipino, father white Canadian, non-binary, they/them
- Family and friends: Parents in Windsor, left home at 16, poor relationship, two siblings, not in contact
- Income: On ODSP, getting SD/MSN, did DTC
- Trauma: Sig childhood abuse (physical/emotional), bullying in high school, homeless x 2y
- Housing: Transitional housing for trans youth
- Employment: Not working currently
- Education: Wants to go to art school
- Legal: None
- Safety: Feels unsafe in housing
- Substances: Smoking 1ppd, Etoh binges 5-7 drinks weekly, Drugs recreational shrooms, past crack use
- Sexual health: One partner (sperm-producing), last STI testing 2024 neg

OW/ODSP recipients

- Special Diet forms don't forget to update them if a new condition is diagnosed
- Mandatory Special Necessities forms
- Letters for discretionary funds *air conditioner*, Rx for various items like orthotics, compression stockings, other medical supplies
- OHIP-covered physiotherapy
- Dental care for ODSP find a dentist who accepts ODSP!

Applying for ODSP

- Red flag If someone has been on OW x a few years
- Always consider if a psychiatric assessment is worth doing
- Include your notes, documents from specialists, hospitalizations, therapy, physio if can be accessed
- Write a letter that paints the general picture and append
- Complete the scales considering *functional impairment* eg. Depression/substance use disorder often severely impairs grooming, ability to prepare meals, grocery shop, engage in social interactions
- 80% rejected in first round, encourage patient to do internal review, and if declined, connect with their community legal clinic to go to the Social Benefits Tribunal

Disability Tax Credit

- CRA will pay back taxes paid up to 10 years in one time payout
- Ongoing decrease tax burden for the patient or a caregiver
- Can open an RDSP very helpful for anyone <49yo
- Can access CDCP (federal dental plan)
- *NEW* Canada Disability Grant up to \$200/mo for everyone with valid DTC

DTC – how to apply

- Patient can start online application process and provide you a reference number
- Can look up application and print in office need patient's SIN number and signature
- Based on functional impairment very helpful to provide specific examples and illustrations
- Eg. Patient gets easily overwhelmed when going into the community to complete tasks such as grocery shopping due to anxiety disorder

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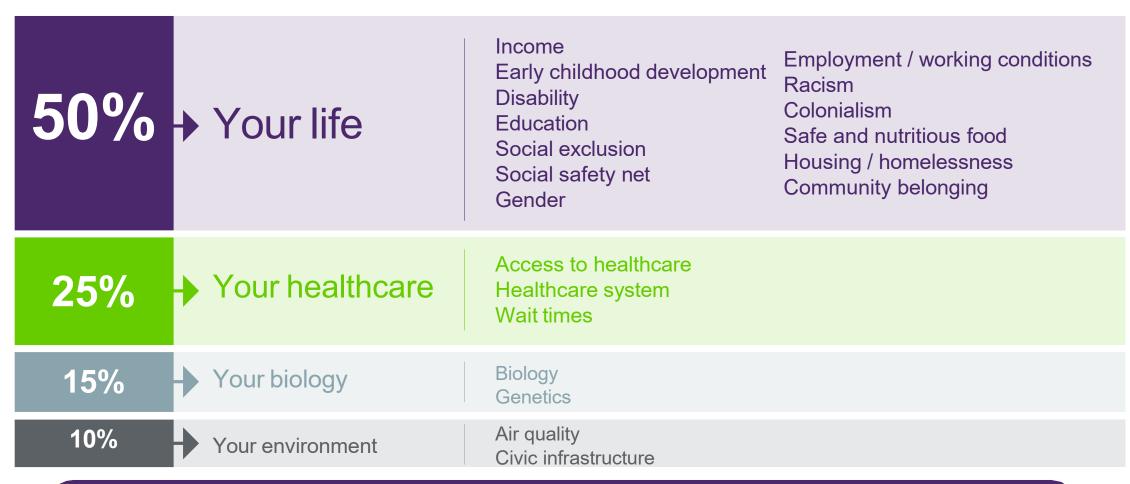
Social Rx

Dr. Dominik Nowak

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What makes Canadians sick?



These are Canada's determinants of health.

Social Prescribing: a Resource for Health Professionals

🗓 Last Updated: October 11, 2023

Search Content Q

Developed by:









Academic Family Health Team

This resource is designed to support health professionals working in primary care to implement social prescribing in their practice. This resource brings together the best available evidence and expert opinion to provide guidance on social prescribing. To accompany the resource, a 30 minute online training module (short registration required) with case studies is available to support implementation and enhance the learning experience.

Expand All Introduction to social prescribing \oplus Assess and understand the social factors impacting health \oplus Initiate social prescribing \oplus

After social prescribing: follow-up and follow through

References

cep.health/social-prescribing

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-	 Tell me about yourself. Where were you born? Where did you grow up? What is your ethnic background? Do you have any aboriginal or indigenous heritage? What language are you most comfortable speaking in? Is faith or spirituality a big part of your life? 	 ID clinics Professional interpretation ESL classes and settlement services Indigenous services Culturally-specific services
	 How do you identify in terms of sexual orientation? What gender pronouns do you prefer (he/she/they, her/him/them)? FAMILY AND FRIENDS	LGBTQ servicesYouth servicesSeniors services
	 Are there people in your life you can count on for support? Who lives with you at home? Do you have children? Who helps you with child care? 	 Case management referral or connecting with existing case manager Early years or parenting centre drop-ins





Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Link
211 Ontario - Quickly find social services across Ontario for a variety of different issues.	https://211ontario.ca/search/
Centre for Effective Practice - Excellent tool that helps clinicians screen for poverty in their practices; also integrates with various EMRs.	https://cep.health/clinical-products/poverty-a-clinical-tool-for-primary-care-providers/
Women's College Hospital - Offers support for clinicians managing patients with addictions, including guidelines, toolkits, and RAAM clinic info.	https://www.metaphi.ca/
Social Prescribing Resource	https://cep.health/clinical-products/social-prescribing/
Social Prescribing – Free Online Course, includes 20-minute module, 'Implementing social prescribing in your practice,'	https://www.allianceon.org/Social-Prescribing-Online-Course
Social Prescribing – Online Course, Preview Video (1 min 17 s)	https://www.youtube.com/watch?v=W23fQVreLBs
In-person Professional Learning Event (PLE) for Social Prescribing and Health Promotion – September 26	https://www.allianceon.org/event/Alliance-Social-Prescribing-and-Health-Promotion-Professional-Learning-Event
Black Focused Social Prescribing	https://www.allianceon.org/files/inline-files/BFSP_Report - Final - WEB.pdf
Links2Wellbeing: Social Prescribing for Older Adults	https://www.allianceon.org/sites/default/files/inline-files/LINKS2WELLBEING REPORT Final.pdf
Social Prescribing Link Workers Work	https://www.allianceon.org/sites/default/files/inline-files/Social_Prescribing_Link_Workers_Work_FINAL.pdf
Video: TAIBU Community Health Centre in Scarborough	https://www.youtube.com/watch?v=3zSiQd1DEks
Video: Seaway Valley Community Health Centre in Cornwall	https://www.youtube.com/watch?v=h1zB-LdPzAk&t=1s
Video: Lakeshore Nurse Practitioner-led Clinic in Belle River	https://www.youtube.com/watch?v=8jRJWGhoujw

Resources

Education



Links to resources shared today will be sent to participants following the session.

Mentorship Program - Connect with a Peer Guide!

Connect with another family physician in OCFP's **one-to-one mentorship program** for educational support in **achieving your learning goals**.

Examples of topics Peer Learners have explored with Peer Guides:

- Guidance for early career/work-life balance
- ADHD and approach to management
- Opioid agonist therapies









Peer Connect



practisingwell@ocfp.on.ca

Upcoming Community of Practice

Tips and Tricks for Addressing Burnout with Drs. Anish Mody, Neil Naik, Samantha Lavitt

September 17, 2025 8:00am – 9:00am

Register Now

practisingwell@ocfp.on.ca

