



DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE (DFCM)
ACADEMIC FAMILY HEALTH TEAM (SMH AFHT)

RESEARCH HIGHLIGHTS

2020



INTRODUCTION

June 16, 2021

The year 2020 was remarkable for the ways that our mission was brought to life by the members of our department—to improve health through advocacy, equity and world leading primary health care, teaching and research. This 2020 Research Highlights report illustrates our excellence in research activity despite the COVID-19 pandemic and public health emergency impacts. Collectively, we were able to sustain our levels of research funding, including \$5.2 million in new funding. We almost doubled our publications with 175 in total compared to 95 in 2019. Kudos to all who pivoted to the virtual format to continue research dissemination and academic scholarship, with over 150 presentations at conferences, workshops, fora, and invited talks. Moreover, our department had a notable media presence with an impressive 121 appearances in total.

For this year's report, we wish to highlight exemplar research achievements by members of our department ranging across all levels of career stage and by researchers with and without dedicated funded research time. Highlights include advancements in primary care, such as improving the transition from hospital to home, addressing aging and sexual health for older men and women, screening for anal cancer among people living with HIV, and creating community health profiles and maps. Medication-related research advancements include the innovative CLEANMEDS trial and provision of naloxone across Ontario. Importantly, our department is also contributing to the new and fast-moving field of COVID-19 research to develop guidance for pregnant women during the pandemic, to collect race-based data to inform the pandemic response, and to respond in targeted and culturally relevant ways for Métis people.

A final word of gratitude to department members for your contributions to research in all its possible roles: as investigators, mentors, supervisors, trainees, committee volunteers, and as research participants. It is only with your dedication and support that we create an environment in which research can thrive. Thank you!

Karen Weyman

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2020 RESEARCH AT A GLANCE

PUBLICATIONS

108

PEER REVIEWED PUBLICATIONS

67

OTHER ACADEMIC PUBLICATIONS

RESEARCH PROJECTS & FUNDING

65

ONGOING FUNDED PROJECTS

44

NEWLY FUNDED PROJECTS IN 2020

**\$5.45 Million**

IN NEW RESEARCH PROJECT FUNDING

**50%**OF NEWLY FUNDED PROJECTS
LEAD BY DFCM MEMBERS AS
PRINCIPAL INVESTIGATORS**\$500K+**IN CAREER, ACADEMIC FELLOWSHIPS & TRAINING
AWARDS SECURED IN 2020

PRESENTATIONS & MEDIA

56ORAL AND POSTER PRESENTATIONS
AT SCHOLARLY CONFERENCES**72**PRESENTATIONS AT ROUNDS,
PANELS, WORKSHOPS & FORUMS**51**INVITED PRESENTATIONS &
GUEST LECTURES**121**

MEDIA APPEARANCES



COVID-19 & DATA ON THE SOCIAL DETERMINANTS OF HEALTH

COMMUNITY ENGAGEMENT

A crucial issue that has emerged through **Dr. Andrew Pinto's** SPARK study is that community engagement is of **critical importance**. Many groups, particularly Indigenous and Black communities, have a long history of negative experiences with data collection efforts by government officials, health organizations and academics.

Some concerns include that individuals who answer a question about race in the context of seeking health care may have justifiable concerns that they will be discriminated against, given systemic racism in health settings. Individuals may also have concerns about who will have access to the data and with whom it will be shared.

Finally, without community engagement there is a risk that members of affected communities will not be part of analyzing the data, helping “tell the story” of the findings, nor part of developing solutions to address the inequities uncovered. Community engagement is important for building trust, gathering high quality data, and holding organizations accountable to act based on the data.

It is for these reasons that it is **key** to support data governance and sovereignty for Indigenous and Black communities. One such way would be to follow the EGAP framework, developed by the Black Health Equity Working Group.

Please see more at [*Collecting data on race during the COVID-19 pandemic to identify inequities: A Short Report*](#) by Dr. Pinto and the Upstream Lab

THE UPSTREAM LAB RECOMMENDATIONS ON COLLECTING RACE DATA DURING COVID-19



1

COLLECT DATA ON RACE & OTHER SOCIAL FACTORS

All Canadian jurisdictions should routinely collect data on race and other key factors such as income or housing, that can impact outcomes or shape the public health response.



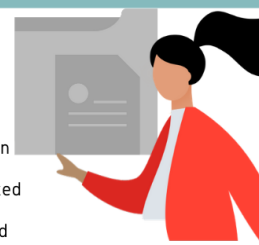
2 USE SAME QUESTIONS ACROSS PROVINCES

Jurisdictions should use the same questions to allow for country-wide comparisons and rapid use by relevant public health centres.

3

PREFACE FOR UNDERSTANDING

Asking about race is uncommon in Canadian health care settings. Explaining why questions are asked about race can help patients understand the context and avoid reinforcing false ideas about race.



4 BE TRANSPARENT

Commit to transparency and engagement with local leaders on questions used, proper question administration, and to help create community-based interventions to reduce inequities.

INFOGRAPHIC BY: BREAGH & BRIANNA CHENG

SOURCE: ANDREW PINTO, AYU HAPSARI, UPSTREAM LAB

<https://upstreamlab.org>

@upstreamlab

Created April 17, 2020

WE COUNT COVID-19

Dr. Janet Smylie's team launched **We Count COVID-19** as a partnership between Na-Me-Res, Seventh Generations Midwives Toronto, and Well Living House. This project is designed to respond to gaps in identification of and streamed provincial, territorial, and federal responses to COVID-19 in urban and related homelands. This is an action research demonstration project that is focused on public health service provision with a streamlined project evaluation component.

To access Indigenous-specific information compiled by the Well Living House related to COVID-19, please visit the [Well Living House website](#).

KOKUMS TO THE ISKWÊSISISAK

COVID-19 & URBAN MÉTIS GIRLS & YOUNG WOMEN

Co-authored by **Dr. Smylie**, this article explores the pandemic experiences of urban Métis young women and girls in addition to gaps in service and innovative examples of community-based responses.

PUBLICATION HIGHLIGHT: PUBLIC HEALTH MESSAGING FOR MÉTIS PEOPLE

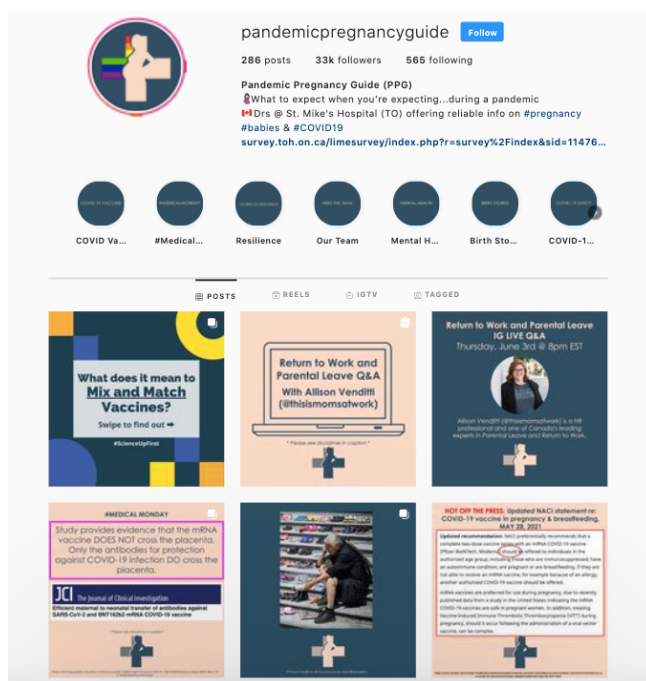
- Previous pandemic research shows a one-size-fits-all health messaging is **not** particularly effective for Métis populations
- **Targeted, culturally relevant** interventions can be used instead to demonstrate understanding of the uniqueness of the population
- Overt focus on risk & vulnerability disregards the **strength** and **resilience** of Métis People, which lacks meaning and can perpetuate problematic stereotypes

To learn more, please see [Kokums to the Iskwêsisisak. COVID-19 and Urban Métis Girls & Young Women](#)

PANDEMIC PREGNANCY GUIDE

RAPID AND ACCESSIBLE KNOWLEDGE
DISSEMINATION & TRANSLATION DURING COVID-19

At the beginning of the pandemic, **Dr. Tali Bogler** developed an 'Interim schedule for pregnant women and children during the COVID-19 Pandemic' for providers to use and adapt to their local setting. Recognizing a gap in accessible information for patients during the pandemic, **Drs. Bogler, Sheila Wijayasinghe** and **Eliane Shore** (OBGYN) co-founded @PandemicPregnancyGuide (PPG), a virtual resource on Instagram that provides free, evidence-based information from a range of health professionals, when the usual avenues for sharing knowledge and building community are difficult to access and financial strain limits people's ability to reach supports.



33,000+

FOLLOWERS

280+

POSTS ON PERINATAL,
PEDIATRICS & WOMEN'S
HEALTH TOPICS

The team's advocacy involves empowering through knowledge translation and dissemination, cross-sectional surveys to understand the most common concerns faced by the perinatal community (including attitudes towards the COVID-19 vaccine) and advocating for access to the COVID-19 vaccine at a provincial and national level for the perinatal population.

To learn more, please visit the *Pandemic Pregnancy Guide* on [Instagram](#) and [Twitter](#).



THE TRANSITION FROM HOSPITAL TO HOME:

IMPROVING THE PATIENT & CAREGIVER EXPERIENCE

FINDINGS

Dr. Tara Kiran's study found patients and caregivers from diverse backgrounds **consistently prioritized insufficient public coverage for home care services** as a gap the health system should address to improve the transition from hospital to home.

These findings directly influenced the content of Health Quality Ontario's (HQO's) Quality Standard on the Transition from Hospital to Home, with findings being cited throughout the standard. As a result of the study, the standard includes a recommendation focused on out-of-pocket costs, which is unique for a quality standard.

RECOMMENDATIONS

Providing patients with a number to call at home

Involving patients and caregivers in discharge planning

Importance of **additional funding for public home care**

Findings highlight opportunities for improvements at **multiple levels.**

IMPACT



BMJ QUALITY & SAFETY PAPERS OF 2020

HQO'S QUALITY STANDARDS ON THE TRANSITION FROM HOSPITAL TO HOME

8,000

VIEWS IN THE FIRST 2 MONTHS

To learn more, please see [*Patient and caregiver priorities in the transition from hospital to home: results from province-wide group concept mapping*](#).

RACIAL DISPARITIES IN ANAL CANCER SCREENING

IN MEN LIVING WITH HIV

Guided by **Dr. Ann Burchell**, the HPV-SAVE study team implemented a HPV questionnaire module for men who are participants in the Ontario HIV Treatment Network Cohort Study to gain insight into how to best deliver anal cancer screening, treatment and vaccination programs for men living with HIV.

DISCUSSING ANAL HEALTH & SCREENING

85%

of men indicated they are comfortable or very comfortable discussing their anal health with their HIV or family doctor

38%

reported having discussed anal cancer screening with a health care provider

87%

of those who had discussed anal cancer screening indicated that it was the health care provider who initiated the discussion

RACIAL DISPARITIES IN DISCUSSION & SCREENING

ASIAN MEN
WERE

0.47X

AS LIKELY TO HAVE DISCUSSED ANAL
CANCER SCREENING WITH A HEALTH
CARE PROVIDER*

AFRICAN, CARIBBEAN OR
BLACK MEN WERE

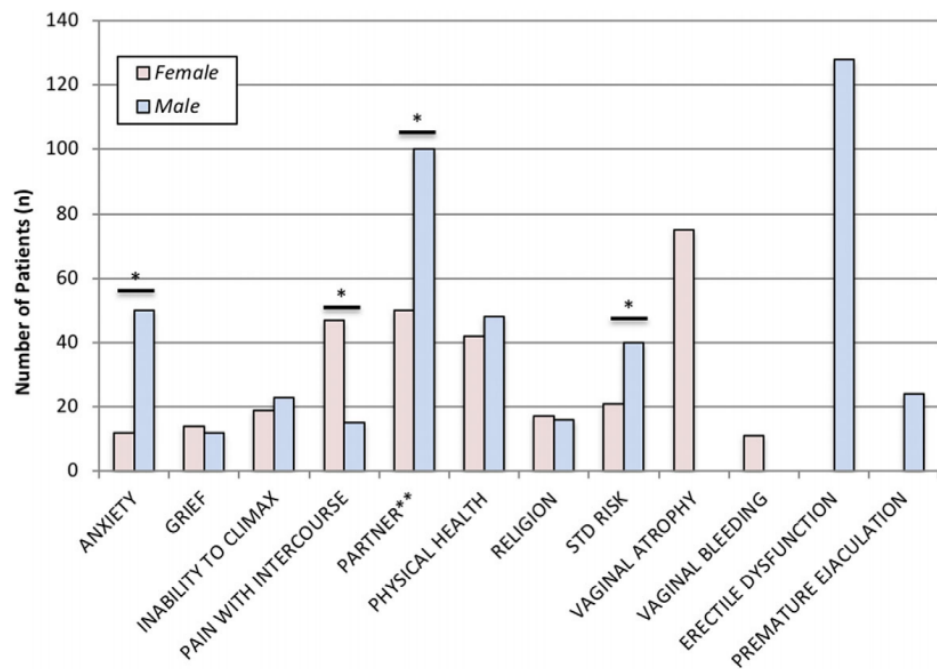
0.27X

AS LIKELY TO HAVE HAD A
DIGITAL ANAL RECTAL EXAM*

*compared to White Men

To learn more, please visit [Racial Disparities in Anal Cancer Screening Among Men living with HIV](#)

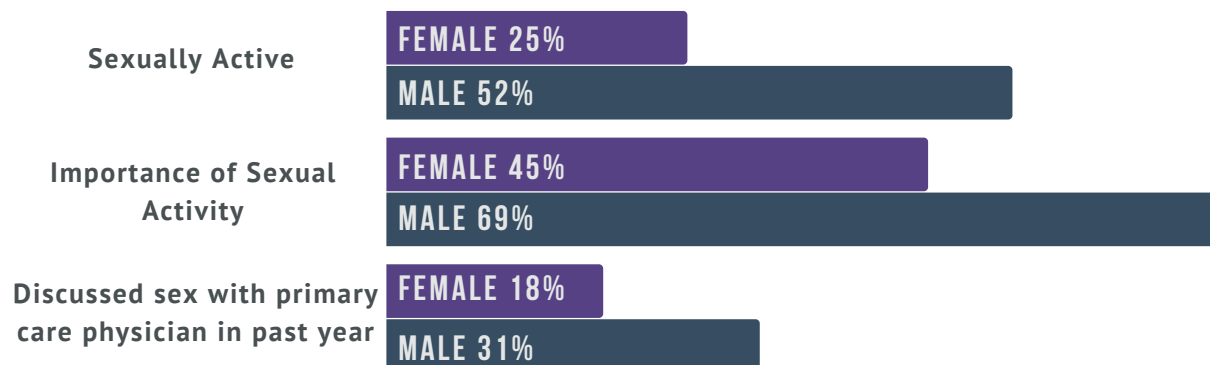
AGING & SEXUAL HEALTH AMONGST PATIENTS OF THE SMH DFCM



Fishers 2-tailed * $p < 0.05$, ** $p < 0.01$.

Figure 1. Active Sexual Health Issues of Male & Female Participants

Drs. Erin Lurie and Charlie Guiang reported a descriptive study aiming to better characterize the sexual health needs of patients over the age of 50, with the a priori goal of comparing differences between men and women. They found several significant differences including the following:



To learn more, please visit [Aging and Sexual Health: A Cross-Sectional Survey of Patients in a Canadian Urban Academic Family Health Team](#)

PROVISION OF NALOXONE BY PHARMACIES IN ONTARIO

A STUDY OF GEOGRAPHIC VARIATION

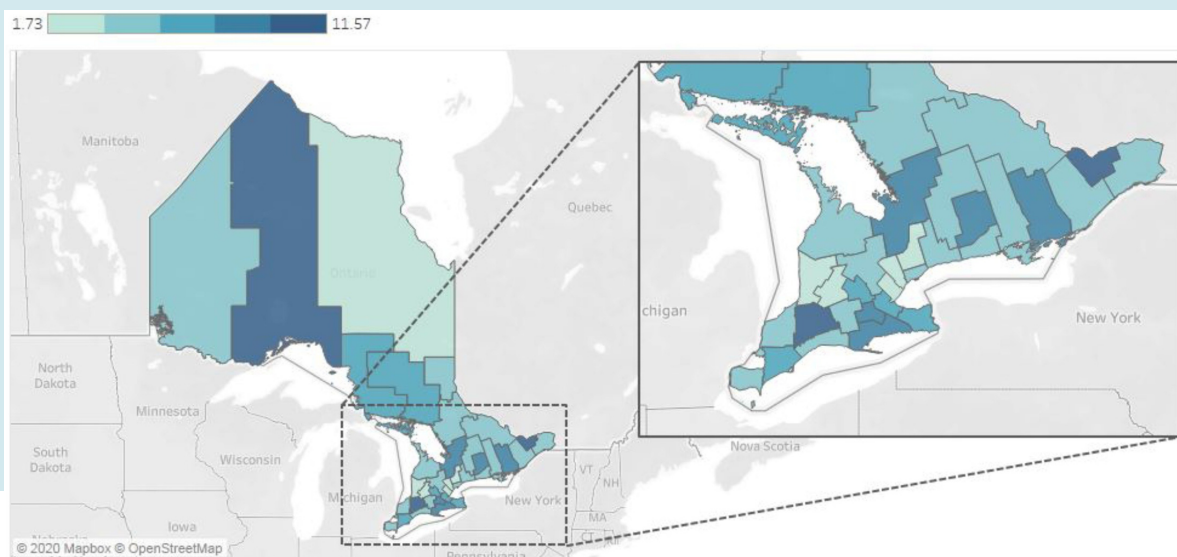


Figure. Map of pharmacy-dispensed naloxone rates in Ontario public health units per 1000 population.

Geographic variation

There are large variations in the rates of pharmacy-dispensed naloxone across the 35 public health units (PHUs) in Ontario

The overall pharmacy-dispensed naloxone rate across PHUs in Ontario is **5.5 kits per 1,000 population**

14 PHUs **34% of the population** have rates that are significantly higher than the provincial average

16 PHUs **59% of the population** have rates that are significantly lower than the provincial average

Rates of pharmacy dispensed naloxone were higher in areas with:



a supervised consumption site



higher rates of opioid-related death

Individuals who received pharmacy dispensed naloxone were more likely to:



be under the age of 65



reside in an urban area



have a prior history of opioid use disorder



have received 11 or more opioid prescriptions in the past year



be undergoing opioid agonist therapy (OAT) or receiving treatment with a non-OAT opioid

Dr. Tony Antoniou's study found that disparities in pharmacy-dispensed naloxone could undermine program effectiveness, particularly in rural settings with limited access to health and harm reduction services. **There is a need for strategies to address disparities in pharmacy-dispensed naloxone access.**

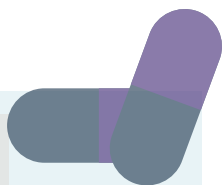
Study Infographic courtesy of the Ontario Drug Policy Research Network and can be accessed [here](#).

PATIENT PERSPECTIVES

- Many expressed ease in obtaining information from pharmacist
- Most participants said medication arrived quickly and in good condition

PRESCRIBER PERSPECTIVES

- Welcomed suggestions from pharmacists regarding alternative medications to prescribe
- Supported increased access to medications using mail delivery method



CLEANMEDS

AN EVALUATION OF A PHARMACY MODEL FOR FREE ESSENTIAL MEDICINE ACCESS

Dr. Nav Persaud's CLEANMEDS substudy analysed qualitative experiences with a Pharmacy Model which involving pharmacist access to EMR, and the use of medication mailing and advice over the phone

Overall, the study team found that this model helped to ensure the rational use of medications and facilitated collaborative care. Patients also found it easier to obtain medications using this model and were content to use mail as a method to receive medications. Implementation of this model could facilitate use of a formulary that consists of a short list of essential medications.

Learn more about [CLEANMEDS](#) and read more about this CLEANMEDS substudy at [Evaluation of Pharmacy Model in a Trial of Free Essential Medicine Access](#)

RECOGNIZING THE ROLE OF RACIALIZED PHYSICIANS IN THE HISTORY OF MEDICINE

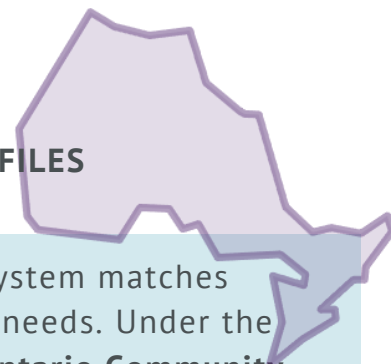
Dr. Persaud co-authored an article in CMAJ in 2020, reflecting on the gaps in the Canadian Medical landscape in highlighting and recognizing the contributions of Black and Indigenous scholars who have made significant contributions to the field. Specifically, there is a call to acknowledge the accomplishments of racialized physicians such as Augusta, Abbott, Oronhyatekha and Jones as they "showed extraordinary courage by fighting racism".

To read more about, please see [William Osler: saint in a "White man's domini](#)

MAPPING ONTARIO:

ONE SMALL AREA AT A TIME

ONTARIO COMMUNITY HEALTH PROFILES PARTNERSHIP PROJECT HIGHLIGHT



PROJECT HIGHLIGHT

A strong health and social service system matches community resources to community needs. Under the leadership of **Dr. Rick Glazier**, the **Ontario Community Health Profiles Partnership (OCHPP)** makes high-quality, area-specific, health-related data available to everyone. The study team does this through our open-access website and free health maps as well as partnerships with health-care and social-service organizations.

The interactive maps and data tables can be used to help address areas in Ontario with highest needs, to identify gaps and hot spots and to provide data over time to see where improvements have been made and where more work is needed. Small area analysis is key to understanding health inequities.

The OCHPP website receives **1000s** of visits and downloads on a monthly basis. The study team is regularly asked for custom data cuts and assistance in research projects primarily focused on primary care. OCHPP has collaborated with and continues to add health system and community-based partners.

In 2020, OCHPP helped to create **169** new neighbourhoods in the South West region of Ontario and now provide area-level data for London, Hamilton and Erie-St. Clair areas as well as for all of Ontario. **Coming soon**, OCHPP will provide data for the newly formed Ontario Health Teams.

To learn more, please visit the website:
www.ontariohealthprofiles.ca.

IMPACT



EDUCATION SCHOLARSHIP

COMMUNITY PERSPECTIVES ON MEDICAL SCHOOL COMMUNITY SERVICE-LEARNING

Dr. Fok-Han Leung's study team recognized the increasing importance of developing community-based initiatives in medical education. They also noticed a significant gap in guidance on how to incorporate community service-learning (CSL) into existing medical education practices. This study examined feedback from community supervisors involved in a CSL course at University of Toronto's Faculty of Medicine to guide best practices.

THEMES

PERCEIVED BENEFITS TO STUDENTS	CONTRIBUTING TO THE DEVELOPMENT OF FUTURE PHYSICIANS	UNDERSTANDING COMMUNITY NEEDS	EXPOSURE TO LOCAL COMMUNITY ORGANIZATIONS
BENEFITS TO ORGANIZATIONS	EXTRA HANDS FOR ASSISTANCE	WORK-DEPENDENT BENEFITS	LEARNING FROM UNIQUE PERSPECTIVES
BARRIERS & CHALLENGES IN CSL	SCHEDULING CHALLENGES	MOTIVATING STUDENTS TO UNDERSTAND THE VALUE OF THEIR WORK	CURRICULUM GAPS IDENTIFIED BY ORGANIZATIONS
AREAS FOR IMPROVEMENT IN CSL	ENCOURAGING MORE DIALOGUE BETWEEN ORGANIZATIONS	INCREASED FLEXIBILITY OR TIME COMMITMENT	BETTER UNDERSTANDING OF CSL & IT'S ROLE IN CURRICULUM

Based on the findings of this study, the authors recommend that medical schools build meaningful relationships with community supervisors, which include addressing the perceived challenges noted above. It is also important to embrace and collaborate with community in the development of medical education curricula.

To learn more, please see [*Assessing community organization needs for medical school community service-learning*](#).

THE IMPACT OF STIGMA

ON SEXUALLY TRANSMITTED INFECTION (STI) TESTING IN GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (GBM)

One of the top SMH DFCM **Resident Academic Project** for 2020 was **Dr. Julian Gitelman's** qualitative analysis of barriers & facilitators to STI testing in Toronto for HIV-negative GBM. Supervised by **Dr. Ann Burchell** & **Dr. Charlie Guiang**, the study found that stigma affected STI testing in 3 main ways: (1) Moderating interactions with the healthcare system; (2) Affecting sexual health literacy; (3) influence on men's ability to form community.

HEALTHCARE PROVIDERS

Opportunities to improve bacterial STI testing rates among GBM

Training programs should focus on fostering culturally safe history taking techniques.

PROVINCIAL HEALTH POLICY

Provincial health insurance plans should cover everyone living in the province, notwithstanding legal status.

SEXUAL EDUCATION CURRICULUM

Curriculums in primary and secondary schools should address the needs of individuals with diverse sexual orientations.

RESEARCHERS & GOVERNMENT

Must seek to understand how to support connected, inclusive, politically active gay communities.

ALL STAKEHOLDERS

Must recognize the diversity among GBM and ensure our STI prevention efforts are culturally, linguistically, and financially inclusive.

REDUCING SOCIAL ISOLATION AMONG ADULTS IN COMMUNITY

AN INTERIM SYSTEMATIC REVIEW REPORT ON INTERVENTIONS IN HEALTHCARE

Another Top SMH DFCM RAP project of 2020, completed by **Drs. Ceinwen Pope & Serina Dai**, aimed to combine a systematic review and knowledge synthesis to identify studies on social isolation interventions for working-age adults in ambulatory health care settings and common characteristics of successful interventions. Supervised by **Dr. Andrew Pinto**, this study identified social isolation as a growing public health concern associated with increased all-cause mortality, increased premature mortality, worse chronic disease management and outcomes, and mental health concerns. The goal was to use findings to inform an intervention to address social isolation at the SMH AFHT.

PRELIMINARY FINDINGS

The authors of the report found that of the articles they had screened thus far, most were of low quality and focused on specific populations of adults, mainly adults with chronic physical or mental illness. Of the six studies with positive findings, they identified four **promising features** of successful interventions:

DELIVERY THROUGH GROUP SETTINGS		METHOD OF DELIVERY
DELIVERY THROUGH A TECHNOLOGIC METHOD		
FACILITATING SHARED EXPERIENCE		CONTENT
EMPLOYMENT OF PSYCHOTHERAPY ELEMENTS		

They also noted that the health care workers most often delivering interventions are allied health providers in psychology or nursing. This speaks to having a multi-disciplinary team available to support primary care providers in meeting the needs of their patients who are socially isolated or lonely.

ACKNOWLEDGEMENTS

We would like to acknowledge the following individuals and groups for their valuable contributions to research at the SMHAFHT.

RESEARCH TEAM

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CHARLIE GUIANG
LINDA JACKSON
FOK-HAN LEUNG
KAREN SWIRSKY
KAREN WEYMAN

INTERESTED IN RESEARCH?

Please reach out to Ann Burchell or Andrée Schuler to discuss how the research team can help to support you.