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  
Chief  
Department of Family and Community Medicine, St. Michael's Hospital

Ann Burchell  
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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

56
ORAL AND POSTER PRESENTATIONS
AT SCHOLARLY CONFERENCES

72
PRESENTATIONS AT ROUNDS,
PANELS, WORKSHOPS & FORUMS

51
INVITED PRESENTATIONS &
GUEST LECTURES

121
MEDIA APPEARANCES
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.
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 ISKWÊYSISAK

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.

- 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](#)
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.

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.
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.

**FINDINGS**

- Importance of additional funding for public home care
- Involving patients and caregivers in discharge planning
- Providing patients with a number to call at home

**RECOMMENDATIONS**

Findings highlight opportunities for improvements at multiple levels.

**IMPACT**

**TOP 20**

**BMJ QUALITY & SAFETY PAPERS OF 2020**

**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](#).
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.

### Racial Disparities in Anal Cancer Screening in 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

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AS likely to have discussed anal cancer screening with a health care provider

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
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:

**Sexually Active**
- **Female**: 25%
- **Male**: 52%

**Importance of Sexual Activity**
- **Female**: 45%
- **Male**: 69%

**Discussed sex with primary care physician in past year**
- **Female**: 18%
- **Male**: 31%

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

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](#).

To find out more, please see *Geographic variation in the provision of naloxone by pharmacies in Ontario, Canada: A population-based small area variation analysis*. 

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

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"
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](http://www.ontariohealthprofiles.ca).
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.

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.

Opportunities to improve bacterial STI testing rates among GBM

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

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

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

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

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

Resident Academic Project Written Report available from RAP Team.
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**
- **DELIVERY THROUGH A TECHNOLOGIC METHOD**
- **FACILITATING SHARED EXPERIENCE**
- **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.

Resident Academic Project Written Report available from RAP Team.
We would like to acknowledge the following individuals and groups for their valuable contributions to research at the SMHAFHT.

RESEARCH TEAM
ANN BURCHELL
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LISA BRANDEIS
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TONY ANTONIOU
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.

REPORT CREATED BY DFCM SMH AFHT RESEARCH TEAM
COVER IMAGE CREDIT: DIAMOND SCHMITT
OTHER IMAGE CREDITS: UNSPLASH & CANVA