

Behind the Breakthrough Podcast - University Health Network

Season 5 - Dr. Andrew Boozary

Transcript

BTB

Hey everyone, welcome to a brand new season of Behind the Breakthrough, the award winning podcast about groundbreaking medical research and the people behind it at Toronto's University Health Network, Canada's largest research and teaching hospital. I'm your host, Christian Coté. And we're coming off a very successful Season 4 including winning the Canadian podcast Award for outstanding science series, the first hospital produced podcast in Canada to achieve that honour. And it wouldn't have been possible without the amazing scientists at UHN, and their world first discoveries. They take the time to sit down with us and share their inspiring and transformative work, as well as their personal journey to success. So a big shout out to all our researchers. And a big thank you to the hardest working podcast team and Canadian medical research at Behind the Breakthrough.

BTB

Plus a high five to you, our listeners out there, we're passionate about making medical research accessible to everyone to show healthcare and scientific discovery go hand in hand. So thanks for your vote of confidence and tuning into the podcast. To kick off season five, which happens to coincide with World Homeless Day, we're pleased to be joined by a doctor who has been called a rock star in his field. Dr. Andrew Boozary an award winning clinician and researcher at UHN. Dr. Boozary is founder and executive director of the Gattuso Center for Social Medicine, the first hospital based solutions driven initiative in Canada, designed to address the health outcomes of disadvantaged populations, and help create a more equitable and efficient health system. Dr. Andrew Boozary, Welcome to Behind the Breakthrough.

DR. ANDREW BOOZARY

Thanks so much for having me, Christian honored to be here.

BTB

For the uninitiated, let's start with what is the practice of social medicine?

DR. ANDREW BOOZARY

When you look at the history, the origins of social medicine go back hundreds to 1000s of years. And this notion of really what drives health, and that much of it is outside conventional health care, in terms of the way that we know it, and 2023 and we really saw a lot of this pickup in the 50s and 60s, and

again, the last 200 years of, of Western medicine. And so even within Western medicine, we've seen this work from people like Dr. Zulfiyaq Bhutta, who's seen as one of the godfathers of social medicine, who really started to push these ideas around the fact that people's conditions the air that they breathe, where they sleep, whether they have housing, the jobs they have, and the social networks around them, are much more powerful drivers of health outcomes than some of the amazing things that can happen within hospital walls, or within clinics. But predominantly, if we're really serious about achieving health, these are things that have real intersections with health and social policy.

BTB

You said someone's postal code is a stronger determinant of their health than their genetic code. What did you mean by that?

DR. ANDREW BOOZARY

Yeah, when we look at the research that has been out there in the medical literature around population health, and we look at these things like life expectancy on a larger scale, what becomes really clear is this neighborhood effect, and we talked about postal codes, or zip codes, and it goes back again, to these discussions around social medicine, of what what drives health and where people live, the access, they have to various social supports, to health care supports, to whether or not they have housing, to the quality of air that people breathe, that is going to have a much bigger predictive outcome than one's genetic code, on average, when you look at these issues. And so in a place like Toronto, there's a 10 to 12 year life expectancy gap between different subway stations. So it's not that you have to go across the country, it's not that you have to go international just within our own city. If you look at the life expectancy in places like Scarborough versus Rosedale or St. Jamestown and Black Creek, these, again, are subway stops, but there's a difference of on average, 10 to 12 birthdays that people are losing, because of these policy decisions we make in terms of the environments and conditions that people are born into.

BTB

You mentioned jobs, you mentioned homelessness, are there other social determinants that affect people in terms of their health?

DR. ANDREW BOOZARY

Yeah, I mean, the literature is extensive, and the data around what aspects drive health outcomes is, in many ways, a very, very long list. But it's something that I find you can really see that children would understand. And I can think of my own life of where if you see a neighbourhood that has affluence and wealth and supports versus neighbourhoods that have been deprived of those kinds of investments and supports. Even a child I think can pick up on what drives people's health and it's these kinds of intuitive things like whether you've got access to a park, whether you're able to have access to space, to whether you're sure that you feel safe that there are supports that are in place. But really, I think that's an academic term that, in some ways tries to sugarcoat, I think the reality is these political

decisions, these political determinants of health. And these moral determines health that I think we feel very innately as human beings that you could even pick up on as a child.

BTB

You've been saying for years now that the health care system needs to get more involved and take a lead role and share in the responsibility of driving solutions to these social determinants of health. First off, I'm curious, the response, you get to this notion, because I imagine most people in health care would say, hey, Andrew, you know, we've got enough on our plate as it is?

DR. ANDREW BOOZARY

Yeah, it's a really important point. And it's one that I still contend with, personally. And I think I will try to use the example of COVID in the last three to four years, that continues to play out in very cruel ways. I think, when you look at the real cruelty that played out in the pandemic, and much of what we have come, I hope, as a society to learn that much of the protection. Yes, there's masking, yes, of course, sharing the vaccine, but it was about social protections, who had access to paid sick leave, who would be able to stay at home, who was having to take on essential work, which by the way, we didn't call it essential work, pre pandemic, it was unskilled or low wage. But now it became very clear that for the economy to keep running and people to live their lives they wanted, it was essential workers and the importance of workers throughout this that have for long periods of time, been shut out of many of the benefits and advances.

DR. ANDREW BOOZARY

And so when you look at the real vacuum that came into place in terms of supports for people, and where could healthcare system step up, we saw this huge heroism across UHN, nursing staff and social work to physicians, administrators going into long term care homes to provide support and volunteer, we've seen the health care system have to step up in certain ways. And part of it to be very clear, I'm going to talk about this internal constant debate or deliberation. But what is health care's role in the social determinants of health? I, when I was a medical student, for example, did not think I would be pushed to be prescribing food, or housing as a physician, or even the notions of that seemed to me, so far removed if we just had strong functioning social safety nets and systems. But I think the question that came up time and time again, in the pandemic is, well, what would you have us do as health workers, we can't keep watching the same disparities plan out and again, and over on repeat.

DR. ANDREW BOOZARY

And these are not just then statistics for those of us who are working in the frontline, you see this coming in terms of people coming into your emergency department or clinics that did not have access to food, during the pandemic safety about the cost of groceries, to getting access to the food banks, to being able to access housing, which we saw a lot of efforts, at UHN and other hospital partners and committee partners, did a lot of work with city partners to try to build more housing options. I think the way that I've reconciled some of this is as long as there are these policies that drive the pathologies of

poverty, that ultimately run into our own clinics and our own hospital systems and health care networks. And that we don't see real shifts to help change this, then I would say it's not so much about prescribing, what are the partnerships that healthcare systems and health networks can do to help provide some relief upstream? And I think that's where I would say, there has been some learning for me about how we manage this kind of relationship as a healthcare system. And it's not a overreach or takeover of the social determinants, because we do not have the expertise in those areas. But how do you do social partnership, even more so than social prescribing?

BTB

Alright, let's turn to your work because a big focus for you and your team at the Gattuso Center for Social Medicine is to address one of the most visible determinants of health and that's housing and homelessness. I read recently, where in Toronto alone, the number of homeless has nearly tripled in just the last few years. What do we know about the scope and scale of this issue across Canada?

DR. ANDREW BOOZARY

The issue that has long been a crisis pre pandemic is now I think, at a point that continues to be unconscionable. What we are seeing from across the country. So this is not just Toronto specific. We are seeing this in rural and urban settings. The toll of homelessness is at an unprecedented level. I would argue that pre pandemic it was already unconscionable and for the last 20 to 30 years. But what we're seeing now is the kind of real homeless conditions, that that we have just not seen before. And that we are, in many ways seeing more because of the real acts of survival that people are being forced to make. And I think a lot of this, my colleagues have raised these points about, well, the issue was already here, we just saw it more in COVID, because people went into parks. So there's been more permanent encampments. I think there's truth to that, I think, really, we have to be clear, the reason that we saw a lot of people having to go in to move into parks or public transport in different spaces, is, this was ultimately a life and death choice for people, they had to move with their feet for survival.

DR. ANDREW BOOZARY

And when you look at the literature that we have, and a lot of the evaluations that many of us working in these spaces have contributed to the rate of COVID was 20 times higher, in population of people who are in house or people surviving homelessness, and the rate of death was five to 10 times higher. So this isn't to be sensationalist. This is really an issue of life and death that 1000s of people, and hundreds of 1000s of people are continuing to face every day. And so we're seeing this now in the city where the number of calls that are being turned away from the shelter system is at the highest that we've ever encountered, or seen at the City of Toronto's own data, many nights and just this past July of where over 300 calls are being answered with no options. And unfortunately, I think you can see these same trends across various cities across the country.

BTB

So as a practitioner of social medicine, one of your prescriptions is housing. And in this case, you're actually the one creating the housing starting with an all new supportive housing site in Toronto neighbourhood called Parkdale. It's quite unprecedented, really, because no hospital in Canada has ever done this before. So let's break this down. First of all, take us back to the genesis of this vision you had for prescribed housing and how Parkdale came about?

DR. ANDREW BOOZARY

The genesis of this work fundamentally comes from one what communities have been calling for for a very long time. So I think as a primary care physician, as someone who can and has both researched, worked in policy, sort of practitioner of the social determinants of health, it's very clear that the driver of homelessness is one of the most cruel and powerful determinants of health. So when we're talking about the social determinants of health, if we're not addressing the housing crisis, we're not really going to get at making populations healthier. And we know from the data which populations are most likely to encounter and have to try to endure the cruelty of homelessness. From the city's own data, about 60% of the population for people who are surviving homelessness, are black, indigenous, refugee and newcomers. So when we talk about the systemic discrimination of homelessness, it again it is certain populations that bear the brunt of these very cruel outcomes much more often, much more likely. The same way we talked about COVID. This has been long in place again for decades.

DR. ANDREW BOOZARY

And when we ever engage with community leaders when you go out in any neighbourhood, now in Toronto, if not previously, the major issue people are dealing with is housing affordability. And a lot of this came up, again, in terms of the Parkdale piece with the Gattuso Center, pre pandemic, I wouldn't say that we were prescient on the issue, because it's been a crisis for decades. But even before the pandemic of imposing these outcomes, there was a clear sense from the leadership that if we wanted to be able to address health and not just healthcare and be the University Health Network, and at the University Health Care Network, we would have to be thinking differently of how to leverage resources and opportunities. And being very new in my role, and seeing again, that that that time in 2019, that there was a real opportunity to again, really move within this notion of partnerships. So it's not UHN alone, there's a partnership with the City of Toronto, with United Way. And right now actually looking for a nonprofit operator, because going back to your initial question, I do believe there's a risk of we can't have hospital or healthcare overreach these spaces.

DR. ANDREW BOOZARY

So you don't want to have the hospital as your landlord. But again, to the expertise of the city and housing secretary and having expertise in building housing, nonprofit operators, and community agencies really have the expertise of how to provide and help those supports that are in place for people that I think really is to walk the walk on the partnership piece, and not the sort of top down prescription mentality I think we have had for quite some history in healthcare and medicine as a discipline. And so really, I think the etiology of how this was coming together, as are these opportunities, it was real, strong work with the City of Toronto pre pandemic to try to push on these

issues knowing that healthcare is very local. And we saw that again, throughout the pandemic, people weren't able to come to hospitals for some of their COVID care testing or vaccines, you've got to get care out to where people are at. So there was some groundwork with the city and with community partners pre pandemic, and, you know, really amazing leadership and buy in from the CEO, Dr. Kevin Smith to the board, to see this opportunity and say, was a risk early on, this isn't our usual sort of knitting as an institution. But if we're going to be thinking about ourselves as a health network, and what kind of different partnerships need to take place, it takes a village and I give kudos to the community partners and leaders to be able to raise this, but then also the institutional leadership, to say we're going to take this risk of doing something that isn't in our conventional sort of lane.

DR. ANDREW BOOZARY

And that's sort of how it played out in 2019-2020. And then, of course, the pandemic happened UHN was actually one of the first hospitals to step up with the City of Toronto and Toronto Public Health to set up a COVID recovery hotel because we do not have housing as a human right. So there were 1000s of people in the city that did not have the privilege of physical distancing. And some really great leaders like Jan Newton and Mark Toppings were great to see again, we were able to set up a COVID recovery hotel of 300 to 400 beds within a matter of weeks, the size of a general hospital. So I think that really helped with some of the shift of how we were thinking about our roles, and especially to the pandemic, when some of our community partners and various levels of government looked to us. There were just so many people who stepped up and are continuing to, to make this a reality.

BTB

I know it's still in the works and under construction, and you're looking at in the new year, perhaps it's opening, but just paint a picture for our audience out there. What's the capacity, what's it gonna look like?

DR. ANDREW BOOZARY

The capacity that is underway is for 51 units. And one of the things that I find that is encouraging about this project is there have been other hospital and housing initiatives in the United States, there's been some in Alberta and other jurisdictions. And most of the time, those housing arrangements are for three to six to nine months. And what we really are excited about and what I think we really wanted to push again, and learning and hearing from our community partners is the security of tenure of people that really feel this is housing, housing isn't saying 90 days, 180 days, you've got to move out that I wouldn't see as genuine housing, and so that we have had the clearance with the City of Toronto to have 51 units. What I'm really encouraged by is that this is going to be for many folks, for some that opportunity to have stable housing, coming either from a shelter system or encampments. But ultimately are people who again have been cycling through UHN programs or emergency departments, because they've had nowhere else to go or being admitted, because their physical conditions continue to worsen with the pathologies of poverty.

DR. ANDREW BOOZARY

So there's a clear intersection, we talk about health and homelessness being inextricably linked. There's such clear lines to the work that the amazing staff in our hospital is doing. And I think this helps really address some of the moral distress. Again, knowing that 51 units is not going to end the homelessness crisis that we know in the city or the country. But the hope is the kind of model of UHN leasing the land that was available in Parkdale for 49 years, for \$1 to the real investments coming from the federal, provincial and city government and the community partnerships, especially through the United Way, and Parkdale Queen West Community Center and Park is, I hope, a bit of a playbook for scale across the country. And I think really rooted in the element of human dignity. This cannot just be a hospital flow exercise, this is going to really be about housing. And to your question about what it's going to look like.

DR. ANDREW BOOZARY

One of the things that was great in terms of what the teams were able to do is our teams actually interviewed people with lived experience, or who have been surviving homelessness for what they would want to see in a housing initiative like this. And clearly ideas of being able to have access to like a community kitchen, the importance of having their pet or their dog with them. The ability to have primary care and health and social care supports that are right there. People not having to leave or try to find and access care when we have millions of people in the province, who are without access to primary care. Various community gardens that have been put in place in partnership and some great support across the community for that. So that's one piece of where it'll continue to be iterated. But I think ensuring that yes, we're following the evidence. But we're also really rooted in the lived experience for what people want to see from an element of human dignity.

BTB

So I'm curious how the prescription will work. What's the criteria for a patient getting prescribed a housing unit at Parkdale?

DR. ANDREW BOOZARY

The criteria is one draft of some of the evidence we've seen, as I mentioned, from some of the other hospital jurisdictions, where you look at the real utilization patterns, and where we see a lot of this being driven by social factors in terms of where people have not had options before coming into the emergency department when it's cold, when there's no access to food, or if people are being admitted with some serious medical conditions but deteriorate at a far faster rate than the general public because they don't have access to the basic human right of housing. So there's this work again, with our lives Advisory Council, and individuals throughout the hospital have a criteria that's set that can flag and be able to best identify people who could best benefit from the housing piece, especially when we're seeing them being in total desperation, of nowhere else to go. And it aligns and matches with the City of Toronto's list of where it's based on how long people have been waiting. So there's an equity component of how long people have been there. But again, who would most benefit from some of the medical aspects and the sort of mismatch of hospital utilization, which would be far better and far more

effective for people to have the kind of primary care supports and social supports at home and this goes back again, to the learnings of getting care to where people are at as opposed to asking and imposing on the same people to try to come in for certain appointments or care, when we know that's just not a reality for people.

BTB

So it'd be a mix, say, of people prioritizing on need, and it could both be coming from the city roles, as well as, say people who are coming through UHN's emergency department?

DR. ANDREW BOOZARY

Right, it's to harmonize that list of where there's the waiting of where, of course, people have been longest on the queue continue to have priority, but also where there's real health needs, given the UHN involvement and wanting to ensure that we are trying to help address this issue. You know, I'm kind of, I wouldn't say exasperated, but I had a long sigh because you know, just also we've got with great team effort, with many partners and many folks at UHN to lift up the Stabilization and Connection Center, which is just across the street from UHN, and being able to provide supports for people who, who are unhoused and may have alcohol intoxication, or drug overdose. And it's been a meaningful intervention with community partners to see a preferential option than having to languish in an emergency department or hospital bed.

DR. ANDREW BOOZARY

Just before I was on a call to try to help manage of where is a person going to be discharged when there's still no housing where there's better facilitation, there's incredible peer workers, community health workers, a place to try to help with this transition. But when there's not the structural options in place, what do you do and these teams at the stabilization Connection Center see every day? I think there's not one program at UHN that does not see it every day, we see a height of it in the emergency department, general medicine and primary care clinics, but everywhere from transplant, liver clinic, to Peter Munk Cardiac Center. These are realities.

DR. ANDREW BOOZARY

Now go back to your first question about the data that no program can look away from. And when we have staff who can use you have to be faced with this impossible decision where they know that they can't do anything beyond some band aid intervention for people. It does weigh on you. And I think that this is something where to be able to have at least some element to have a process in place. No criteria or algorithm is going to be perfect in the face of undaunting homelessness and a lack of housing options. But to be able to again, continue to revise that criteria, revise the process to make it more equitable and fair to try to get people housing options beyond the 51 units. That's a huge thrust of our work. And it's something that again, many programs have been engaged on. And we get a lot of really important guidance from our lived advisory council as well.

BTB

What kind of supports will be coming with the Parkdale initiative beyond just say the housing?

DR. ANDREW BOOZARY

It is again, based on a number of interviews that were done with high needs patients, as well. This was right at the beginning of the pandemic, when we had real concerns about what would people who are these quote unquote, frequent fliers go back again to how pejorative we have been even in our medical training and how we have approached these issues around homelessness and poverty. We call people frequent fliers, as if people want to be in the emergency department to be anywhere else. I know we play CP 24 in the emergency department, but I still don't think that's a draw. I think people want to run away from that. And there are amazing clinical teams in emergency departments, but they know better than anyone as well that if you could avoid being in the emergency department, you wouldn't want to be there, especially if you're unhoused. And so what we've really tried to do and put the work across the network is how do we start to position and see this as people who are genuinely underserved.

DR. ANDREW BOOZARY

And so back to what kinds of supports are in place, we've partnered with Parkdale Queen West Community Health center with Angela Robertson and their team around a mobile clinic with nurse practitioners that was a pivotal player through the pandemic, especially around mobile vaccine response. And especially in the last year now more around primary care and harm reduction supports that is around in the community. So we have some learnings to draw from just how effective the nurse practitioner model from a mobile clinic has been. And then really the incredible experience of peer workers in the emergency department or the Gattuso Center, coming through the COVID recovery hotel, as example where we saw that really some of the most integral conversations and parts of the care were from an by peer workers. And so that was really what also pushed the movement to have peer workers from an innovation perspective now be embedded in our emergency department.

DR. ANDREW BOOZARY

And over the last two to three years now of peer workers being a part of the social medicine intervention in the emergency department, looking at how you can start to couple the kind of services and care of a sort of team between a nurse practitioner and a community health worker and peer worker to be out and supporting people where they are in terms of their housing option. And so we've seen the importance of the primary care piece, there's incredible work, of course, around the virtual emergency departments, and really looking about this integration to access to the general internal medicine outpatient clinics. So really, I think our real role in some of this is how do you look and expand this integration of supports beyond just health care loans was really talking about this integration of health and social care.

BTB

And so we really feel that there is real healing and medicine in the community gardens to community kitchen access to food security, the kind of supports that are there from peer workers and trust, that can help build on issues or protect against issues of loneliness. So it's not again, just about here's a unit, you have a bachelor apartment, and best of luck with your own bed and shower. What are the true supports, and a lot of that we've based on the last 10 to 20 years of the literature of evidence informed supports, and again, cannot discount the importance of engagement, right from the start of interviewing patients people's lived experience about what they want to see what they need to see, to thrive.

BTB

Andrew, how long will this prescription of this housing last?

DR. ANDREW BOOZARY

Well, it'll be a lease in social housing like any other lease, and I think that's something that I find is really powerful about this initiative. This isn't a transitional exercise. And so that's the element again, of where people need to have their own lease, their own ability to have their own housing, this is their own home, and that they're not pressured to leave, or have to leave in a short specified period of time. And there will be people of the 51 tenants who have different trajectories who some may want to see in a couple of years, or a couple months of where they would look to go for other options or which things become available. And again, we still hold on to the collective hope that next few years, we'll have more and more housing options that will accommodate where people are at in their lives.

BTB

Talk to us about how people are paying for this. Is University Health Network subsidizing the cost of their lease, or are they paying for it themselves, the residents?

DR. ANDREW BOOZARY

No, UHN isn't subsidizing. And again, it goes back to this really unique partnership and collaboration of where UHN is provided the land through the lease of \$1. But leasing it to the city in terms of keeping it and protecting it for affordable housing. And the city of Toronto and the province and the feds have all contributed from the rapid housing initiative from the federal level for the capital costs of the structure. And the city and the province worry about ensuring that there's funding for these health care supports the social supports and supportive housing elements that are there from the nonprofit operator. And this would work you know, really like some of the Toronto Community Housing and social housing ventures if people are on Ontario Disability Support or Ontario Works, that they would have some contributions to the housing. But really, this is something that has come together with every level of government, and UHN being able to provide some of the other resources mainly through this sort of space and land and leveraging that from a public asset.

BTB

And you make a very compelling case I've seen quite often on your social media using very simple math, to exemplify the fact that these initiatives make economic sense. Walk us through that?

DR. ANDREW BOOZARY

Well, as a part time health economist, I think it's still very, very stark as to how cruel the decisions are from even a cost effective perspective that we're actively taking. You don't need to be a bleeding heart primary care physician like me, as I'm sure folks who are on some of the other sides of these issues would want to brand me as you can be a cold hearted economist and look at the numbers and say, this makes absolutely zero sense. It is really, really compelling when you look at the fact that a month of someone to be staying in a hospital or an acute care setting can be close to \$30,000. And in many estimates, that could be a conservative one, depending on where the person is, to the prison system of now being around \$15,000 per month, we're talking about shelters, costing seven to \$8,000 per month, with some supportive housing numbers in terms of the operational costs and peace in place, closer to \$3,500 per month.

DR. ANDREW BOOZARY

So the numbers are stark. And I would also push on the fact that we're not accounting for all of the physical health detriment and mental health detriment and costs in this calculus of just how, in many ways, the cruelty of homelessness can be irreversible for some people, when you get to end stage disease of what has played out when you look at the fact that the general public lives twice as long or people who are surviving homelessness live half as long, so they give up half their birthdays, with loved ones, of life, of years for their own determination of how they want to live. We're not even accounting for so many of the human and health costs that are a part of this.

BTB

You want this to grow, you want this to be scalable. To do that, I imagine we'll need evidence and data and publishing. What's your plan in terms of what you're going to look for, first of all, as a measure of success, and then getting out the word in terms of, as you've mentioned earlier, I think that this could be then become a guide to other cities, other centers?

DR. ANDREW BOOZARY

For the Gattuso Center for Social Medicine, every intervention that we've had in place, will always be evaluated rigorously, in many ways with some of our academic partners, community partners and people with lived experience. So we've seen that in terms of some of the publishing around the food security program we are with FoodShare Toronto and the Arrow Foundation and nourish of getting 200 or 300, food boxes delivered all of that being evaluated and published for the medical literature. And again, around the peer worker program to the COVID recovery and Stabilization and Connection Center, all of that, under rigorous evaluation and some of that coming out very soon. Hopefully, it's the same rigor in terms of the housing evaluation. So of course, we're looking at some of the key performance indicators that we know from a policymaking perspective are really important from some of

the things you mentioned about the cost effectiveness, the health economics piece to this, has this move the needle on whether someone is being readmitted or presenting an emergency department.

DR. ANDREW BOOZARY

But to me what I think we've not done a good enough job in health services research is really centering patient reported outcomes and patient experience measures. So problems and problems and I think that is going to be really central of is this working for the people who are getting access to the housing, and we need to ensure from an experience and from their own report outcomes, that that is really important, and really looking at a more comprehensive and holistic number of indicators, and outcomes. And some that we've mentioned, again, some primary outcomes about hospital readmissions and ID visits. But really, in terms of the sense around person's own well being, their own sense of their health, but also some longer term tracking in terms of any improvements with chronic disease aspects.

DR. ANDREW BOOZARY

So if someone has diabetes, looking at their A1C for that period of time, has that been effective and helpful, or any other sort of cardiovascular measures as well. So the housing piece is always a huge lift any construction in the city is a massive undertaking. So again, a whole village and FM-PRO team has been incredible at UHN to help push this along and the Bickell team. But then from my other hat as a researcher, the real amount of work to make sure that we are capturing as much of the richness of this work is something that we're constantly at.

BTB

What I like about this initiative is that not only is it pioneering a new way to arrest homelessness, it's expanding, what we sense is the mission of a hospital?

DR. ANDREW BOOZARY

That's always been the push and the dream right? To be able to help beyond the hospital walls. And I think again, it's really important about how we do it, and you sort of prefaced it in your question, right? There are amazing clinical teams at UHN that are doing world leading stuff And that is really hard. That's really hard to do, it's really hard to be at the cusp of innovation all the time, whether again, it's from transplant to chronic disease management, to neurology, neurosurgery. So to ask people to say, well, now all of those outcomes beyond their discharge is going to be tied to you, you can understand that that would cause some caution and some questioning. And so what I think going back full circle, is that it's not that we should be having clinicians having to take on roles of supports that are needed out in community, but partnering with community, and again, you cannot discount, we should definitely underscore the importance of Social Work at University Health Network that have been really at the front of this for many years, trying to navigate so much of this knowing that there's huge capacity issues.

DR. ANDREW BOOZARY

And now seeing new models of care, too, that are expanding the kinds of supports that can be there from social work with peer workers that work alongside social workers in the emergency department, to community health workers that are really out there to help provide the support. So my big thrusts on this or my hope is that we're actually building new health workforces and new teams, we talk about multidisciplinary teams, my hope is that we're actually really expanding our previous notions and boundaries of this. And I think the Peer Worker Program Diversity Department is a great example of how we're doing that within the hospital. And to continue to see this both when someone is discharged.

BTB

And what's next for you guys, in terms of next steps over the next several months?

DR. ANDREW BOOZARY

Well, the housing piece for sure has been keeping us up all at night and wanting to ensure again, that we're moving through every detail. And in partnership, we are looking at scaling the community health worker program with nurse practitioners, so that can help support many of the folks that we know at UHN that are cycling through or not getting the supports that they need at home if they have housing or they're in low income settings to get access to food security to income supports. So that's a huge amount of work that we've got going in terms of the training and hiring and looking at community health workers becoming a real bonafide part of the healthcare team. And the advocacy piece is really central in a partnership way with the City of Toronto with various levels of government to make sure that these issues continue to stay central, in what will be a very hard fall and winter.

DR. ANDREW BOOZARY

And when you look at the numbers already around COVID, when you look at the numbers that are coming up around access to warming spaces, to sheltering aspects, to the realities that people are just facing right now, like the fact that the cost of living crisis is so real, and it is making and pushing people into impossible choices between medication, food or groceries and rent. That is an awful health paradigm that we are forcing and jamming people into and which choice do you make. So that's the kind of work that I really have been encouraged by our team of how we're partnering to try to help mollify whatever part of it we can. So that's sort of looking at the next three to six months.

BTB

You're listening to Behind the Breakthrough the podcasts all about groundbreaking medical research and the people behind it at Toronto's University Health Network, Canada's largest research and teaching hospital. I'm your host Christian Coté. We're speaking today with Dr. Andrew Boozary. Award winning clinician and researcher at UHN. Dr. Boozary is a pioneer in the practice of social medicine and a driving force in this country to improve the health outcomes of disadvantaged populations, as well as create more equitable health systems.

BTB

So Andrew, you were born and raised in Toronto, son of an Iranian refugee, your father Majid, a doctor in Iran who fled his homeland after being in prison for four years. In the aftermath of the Iranian revolution in 1979. He met your mom, I understand, Sholeh in Montreal, and for years, he worked menial jobs until he could practice medicine in Canada, watching your parents walk the immigrant path of starting over in a new country. I'm curious how that shapes your outlook as a practitioner today?

DR. ANDREW BOOZARY

They've shaped everything for me, their struggle, the sacrifices that they had to make, some were hugely personal about what you believe in that can result in being a political prisoner and to believe in something that much about democracy or opportunity for people. Knowing that that has been in my DNA, I think from an early age definitely shapes how you approach certain things. And I mean, really, for me, it's always from a young age, been about my mother. And I think that she has sacrificed everything for us and has shaped so much of the way that I see the world and my concepts of fairness, of justice are so connected to her, and how she has moved through the world. And so anything any of the good that I've ever done is, of course, with my mother and credit to her anything that I have, you know, mucked up, is solely with me.

BTB

That sacrifice to provide you and your sister a new opportunity, does that put pressure on you?

DR. ANDREW BOOZARY

Pressure is an interesting word about it, you know, because I do think in some ways, we're coming through tennis season. And I think there's always a great Billie Jean King quote about pressure is a privilege. And being reminded of that over the last stretch, I think, again, it was really clear that the pressures that we may have had were real privileges, relative to what they had to endure and what opportunities that they were denied or gave up, for us to have even a semblance of opportunity. That doesn't mean that sometimes, you know, it can become a lot, you can put a lot on your own shoulders, you can carry a lot of the weight and hope for your family. But I think ultimately, it really helped drive so much of this work, so much of my view of the world. And I think again, especially when you get the privilege of seeing patients, you realize the pressure or the expectations or hopes given that there was so much more opportunity really is a privilege.

BTB

I want to explore your come to medicine moment, because you had a bit of a circuitous route, right you out of high school, you entered University of Western Ontario to take economics, you drop out after a semester, and the following year, you applied to med school at Western. What was the epiphany for you there?

DR. ANDREW BOOZARY

Yeah, it was a bit more arduous than that. I mean, I like the dropout origin story, it's always kind of fun. The roots to it actually was that my mother studied law and wanted to practice as a lawyer here and talk about the sacrifice became clear that she didn't have the opportunity to pursue her own career in that respect, or to the level of what you know, she had trained in and what she had been studying in a country where it was not so egalitarian about access to education, especially for women. And so whether subconsciously, it was definitely never explicit from her, I kind of always felt this hope to realize, from a career perspective, what she wasn't able to do. And so I actually was much more drawn to law and economics in this sort of how so much of this element of justice is shaped by the policies that are in place and what she had advocated for in her own home country, and continues to do today.

DR. ANDREW BOOZARY

So I think that was really what had me feel that there was no way that I was going to go into medicine, because of this deep connection with my mom. And this sense of, I had to sort of really find a way to, I wouldn't say vindicate, but bring this to light. And so I pursued that path. And that opportunity to go to the US when I was 18 or 19. I think at that time of graduating high school, we'd actually had a very sudden and tragic death in the family at that time. And so there was a sense of really to stay home. But really this view of wanting actually at the time, I think it was, you know, it's amazing how your life can go so many different ways. I think I was admitted to the University of Chicago for economics, and like the school of Milton Friedman, so definitely been a very different way of viewing the world. And so that's where I was going to go where I was admitted, but for a whole bunch of reasons, the opportunity to stay closer to home, and Western and was really in the sort of belief or hope around economics and business, in the sense more from an economic piece to hopefully get to how this would tie to some of the work in law, social justice.

DR. ANDREW BOOZARY

And I just did not feel like that element of the human aspect was there in the first year, and I was devastated. And I think I remember there was like some paper about pharmaceutical policy. And I made this case, and I thought pretty eloquently or relatively eloquently for a 19 year old at the time, that pharmaceutical companies should sort of provide some access to medicines, and I believe was India at the time. And that was not a very well written paper. But I thought at the time, you know, it's just like a really important piece of work. And I got actually a pretty bad mark on that, that I would like to not understand the fundamentals of profit maximization. And so now that that one paper had set it all a different direction, but I think it became within a matter of weeks in the program that it wasn't exactly connecting with what I was hoping for deeper purpose and so all to say it really did, I think to chance to step away from it. I think it was probably a shock to my parents to step out and away from school.

DR. ANDREW BOOZARY

But I think you know, on these things, there's a grieving process that's always in place you don't know when you lose family, especially that acutely, that I was definitely still working through what that meant

for our family. And then I think the idea around medicine became clear of where there might be an opportunity to try to defend this notion of humanity and truth. And this element of trying to speak or right the truth in the sense of where we're seeing real injustices. And I think that's sort of where I reconciled that with medicine, and you know, my mom's full blessing. So it did come into play. And then, of course, gonna go back full circle in the interview to Virchow and others who have done such important writing in these areas. The time, the 1850s was, I think, the line that the physician is the natural attorney for people in poverty. And so I've not fully felt that I have moved away from what was my mother's track, or hopeful track in life. And so that's where I kind of reconcile the work now.

BTB

Amazing. At its core, healthcare, the practice of medicine, strikes me is about being in service of others. What's your sense now, when you reflect back on that decision a number of years ago, what is it that you connect with about being in service of others?

DR. ANDREW BOOZARY

Well, I think it goes back to my parents, I think there's an element of service and solidarity, I think that one should never get credit for it. Because again, I really felt it was totally passed down and kind of magnified on the circumstances, we were on more early. And then I think, when you look at the fact of being born into St. Jamestown, where there were so many immigrant families, these refugee families, this incredible richness of diversity. But back again, full circle to the conversation, it was also really clear for those of us as kids growing up there, that opportunities were not spread equally, from what we could look out and gaze into from the apartment building and to Rosedale or other neighbourhoods, and no one explained that to us, but you kind of start to figure it out that it's just different over on this side. And we had so many lucky breaks as a family, or my father was able to be licensed as an IMG.

DR. ANDREW BOOZARY

So many families and still to this day, people are denied the opportunity to contribute and serve people in what they've been trained to do as either international medical graduates or nursing graduates and many others in the healthcare workforce. So that shift later in my life, huge implications, then go from moving out of St. Jamestown to the suburbs. And that was a shift. But I think when you grew up in it, for the first years of your life, you may not have as many sort of images or memories, but there's a feeling and I think there's a sense of where you almost have a sixth sense reaction to injustice, because you kind of felt it amongst your friends as a kid, and it was like, something's gonna make your back stand up. And I think that's maybe sort of how I can best kind of describe it.

BTB

Talk to us about the role of mentors in your career journey, because they help along the way, compress your learning, they help guide you. How important were they for you?

DR. ANDREW BOOZARY

Mentors are everything. I have so much gratitude. I'm indebted to so many mentors. I'm so fortunate for that. And I think when you look at the kind of learnings that were there, and you know, again, I came into this in sort of not intended or planned way, I didn't really know what the discipline of medicine was going to allow and not allow. And there were so many amazing mentors from my time in Ottawa to Toronto and across the country and in the United States. And that connection has always stayed in place, in terms of some amazing people who continue to look out for me or check in. And so there are too many to list in that sense. But I think you cannot take away from their influence in any of the work that we've been able to do.

BTB

In your line of work. They're constant challenges, roadblocks, failure, how do you navigate failure, because it's not like we're taught that in school?

DR. ANDREW BOOZARY

Yeah, there's no failure 101. But really, I think part of what I've been able to try to do is just to try to keep moving forward and not think too much about it. I think it goes back to some of that innate sense that you may have, that all of us have and whatever we are really passionate about. And I think there's a number of times, you know, you could see it as like failure, for example of my first year, right? Where I dropped out was not following the path that I initially thought was what I was supposed to do, I was destined to do, you know, to sort of avenge the injustices of oppressive policies for my mother. But I look at it and think that failure probably opened the road to so much opportunity and a totally different path for my life that I'm at peace with.

BTB

You're very active on social media, and you've built a strong following. What's your take on the responsibility of scientists, and say, medical researchers to take a greater role in informing the public of what they do of their work?

DR. ANDREW BOOZARY

I believe it's a fundamental role. If we go back to some of the discussions, especially as a physician or clinician scientist, I believe that advocacy, yes, is a Canmeds role now, so it is really bonafide as a element of being a good physician, and I'm sure in many different disciplines in healthcare, and in science and research. So I believe the advocacy piece is crucial for the type of work that we are doing, if we are serious about improving health. And if we are serious about advancing science, and education, in whichever way. Now, I think, a part for me is I don't have as much of a machine around the social media, I think, where I felt it, especially in the last few years, to be helpful. But then when you think about some of the other issues with where social media is going, or Twitter, or X, or any of those things, again, that people are up to date on, I know, sort of went at it in a unknowing way of where I felt it was just an opportunity to be authentic about the things that I was seeing.

DR. ANDREW BOOZARY

And I think where there's been any relative success in social media, I hope that it's where people know that I'm going to either say how I feel about this issue, especially again, when it goes back to having my backup against any injustices is for the people that we serve. Or to be clear about where you sort of feel the evidence is as health policy researcher and practitioner, and to try to point to the evidence and the science on issues, whether that was about COVID, to the social determinants of health, to primary care reform, to pharmaceutical reform. That's where I think I've been trying to find and reconcile my own relationship with social media, because there's tons of different ways to do it. There's no maybe wrong path on it.

DR. ANDREW BOOZARY

But I think the one that I've sort of taken in my approach is to try to root in whatever authenticity and sometimes that can come with, you know, some hard blowback that many physicians and many health workers encountered during the pandemic, when it was on issues around the vaccine to advancing science actually saying, you know, marginalized communities should have better access to some of these life saving therapeutics, because they're at greatest risk. And I think people may think that or believe that in a room or not believe that, but to go out and say, I'm going to stick my neck out that I believe in the sense of whatever advocacy is important that it does come with risk. So I think that's part of how I kind of square it for me when it comes to social media.

BTB

Further to that you know, you are a pioneer in terms of social medicine, you're a bit of a disrupter. And you sometimes do face detractors. Do you ever get weary?

DR. ANDREW BOOZARY

I think it can honestly depend. I do think when you look at what we're trying to advance, you have to accept and appreciate that there will be blowback, there will be people pushing, and resisting the kind of change that we are all pushing and working for. Those of us in social medicine, those of us in various spaces. So to go into and think that this is going to be a cakewalk, I think would be naive to the work. And actually, I think disrespectful to the 1000s of people of advocates, of leaders, that have been doing and pushing and advancing this work to get us to where we're at now, rather than where we were 10 years ago, 50 years ago, and so forth.

DR. ANDREW BOOZARY

So I think that's part of this journey. We talked about this intergenerational peace with my parents, and whatever hardship and trauma they've had. And you carry that we have also the privilege of caring so much of the advancement and progress, the people before us, whether in medicine or in community and in law, have helped push. So I try to square that with the work doing, I think I take that a little bit differently than where there's a resistance or detraction, from outright vitriol from the racist attacks to

things that came up during the vaccine rollout to ultimately the death threats that were there at that time.

DR. ANDREW BOOZARY

Again, those I think, are different than the kind of honest debate that we should be having. And then again, I'm always happy to have from a perspective of the evidence and what is a play and the kind of decisions. I keep trying to come back to having hope. There's got to be hope in the work that we're doing, especially as clinicians. We have the privilege of hope that many of our patients and people and communities that we serve, are being denied, so I won't lie, it's always an uphill climb. I just try not to think about it too much and put one foot in front of the other or try to keep moving forward. And understanding actually being able to do it with very close friends and colleagues makes a huge difference.

DR. ANDREW BOOZARY

Because I think there are times where if I ever did feel defeated, or just completely sideways about the kind of things that were coming in, I could call people that I love and trust, who have, in many ways back to this idea of mentors that have been caring and pushing this and their generosity ability to hear me out whether you're venting about, you know, can you believing in this death threat or that someone saying, You should go back to where you came from, and the impulse to say, Well, I was born here, and you realize that doesn't actually enhance the security of your other colleagues and friends and communities that weren't born here, and are facing even worse, discrimination and attack. So I think having the safe space and ability to call people you can talk through it, or really gain from their wisdom has been a huge help. You can't do this work alone. And I think being able to have those elements of trust have made the world of difference.

BTB

I have to ask, you know, we talked earlier about your parents' sacrifice, moving from Iran to Canada to start over and give you new opportunities. What did they think of your achievements?

DR. ANDREW BOOZARY

I hope they're proud. I hope that it's you're going to get me emotional.

BTB

Sorry. That's alright.

DR. ANDREW BOOZARY

I hope they're at peace with it, or proud of what sacrifices they were willing to make. Especially for my mother, I think, you know, seeing what she's always had to endure, but never pull back from what she

was able to give me and my sister. I hope that I did her justice in not following her exact career path, but I think trying to advance so many of the lessons and love that she gave me throughout my entire life.

BTB

Dr. Andrew Boozary award winning clinician and social medicine pioneer founder and executive director of UHns Gattuso Center for Social Medicine. Thanks for sharing your groundbreaking work with us and continued success.

DR. ANDREW BOOZARY

Thanks so much honor to be here.

BTB

For more on Dr. Boozary's work at the podcast go to the UHN website or www.behindthebreakthrough.ca and let us know what you think we love feedback. That's a wrap for this edition of Behind the Breakthrough, the podcast all about groundbreaking medical research, and the people behind it at the University Health Network. Canada's largest research and teaching hospital. I'm your host Christian Coté. Thanks for listening