Critical mixed methods research: Learning from experience

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Thinking critically about ‘mixed methods’ research
(aka: “The good, the bad and the ugly”)

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Reflexivity

Centre for Critical Qualitative Health Research

Picturing Foster Care

Interested in sharing your perspective through an exciting photography project?
“Mixed” methods

• What’s in a name?
• Mix drinks, but not methods?
• Ultimately, it comes down to paradigms
Perspective/s

Photographs courtesy of Ron McFarlan
“Mixed” methods

Distinguishing between methods and methodologies:
• Method = procedures, techniques, approaches used to gather, store, analyse and present research info
• Methodology = the study of methods (methods informed by world views, theoretically informed, and underlying assumptions)
• “…methods are guided by methodologies, which in turn are guided by the basic fundamental assumptions of a worldview.” (Wiggins, 2009, p. 168)
• Can focus on methods and still be mono-methodological (Wiggins, 2009)
The good: *The “promise”*

- Methods or techniques need not be *atheoretically* applied (e.g. Bourdieu (1999), imaginative empirical sociology - Silva et al, 2009)
- Telling “stories of the social” (Silva et al., 2009) in all their richness and complexity
- Entails sophisticated analysis whereby silences, contradictions and incongruencies become opportunities for analysis – (troubling triangulation as it usually is framed in post-positivist circles)
- Relatively few fulfill the promise however (and for a whole host of reasons)
- Those that do, aim for *paradigmatic coherence* that extends beyond the specific ‘techniques’ employed
The bad: The challenge

- It’s hard to do robust MMR really well – and to appreciate the nuances and elegance of each method
- Risks superficiality in terms of theory/methodology
- Methodological incoherence, oversimplification and ‘proceduralism’ (Creswell, 2015)

- Publication - structural constraints – career demands and what ‘counts’ in tenure/appointments/productivity reviews
- Editorial ‘inexperience’ – not to mention (some) reviewers
The ugly

OR: “when it’s just a big steaming mess”

- More (methods) must mean better
- Inattention to paradigms, coherence, rationale and relationship between the various methods/techniques
- Poor grounding in epistemological and ontological concerns
- Inexperienced researchers, inexperienced thesis committees
- “If I add on a qualitative piece, that will make it patient-centered” (tick box approach to grantsmanship)
- “If I add numbers it will make me credible”
- (Sample) size isn’t everything!
- Poor articulation of research question and/or purpose
Moving forward?
Across the great divide: Challenging the qualitative-quantitative paradigmatic gap

**Aim:** to understand the history of the present paradigmatic divide, why it has been constituted in this way, and its implications for research practice.

**Additional members of research team:**
Jay Shaw, Barb Gibson, Kevin Thorpe, Ashley Cohen, Ross Upshur, Maya Goldenberg, Carolyn Ziegler, Natalie Baker and Clara Juando-Prats.
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• Cheryl Pritlove
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• Kevin Thorpe
• Ashley Cohen

Others
• Ross Upshur and Maya Goldenberg

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Continued….


“...it’s almost therapeutic, right? Because it’s almost like that session that I never had”:

gay men’s accounts of being a participant in HIV research

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“... it’s almost therapeutic, right? Because it’s almost like that session that I never had”: gay men’s accounts of being a participant in HIV research

Daniel Grace\textsuperscript{a}, Malcolm Steinberg\textsuperscript{b}, Sarah A. Chown\textsuperscript{c}, Jody Jollimore\textsuperscript{d}, Robin Parry\textsuperscript{c} and Mark Gilbert\textsuperscript{c,e}

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Illustrates the importance of advancements in HIV testing technologies that can detect AHI

For more information visit:

- [www.acutehivstudy.com](http://www.acutehivstudy.com)
- [www.checkhimout.ca/hottest](http://www.checkhimout.ca/hottest)

“Hottest at the Start” AHI campaign (Health Initiative for Men, Vancouver, 2011)
For more information on HIM’s work in these areas visit: www.checkhimout.ca/
## PARTICIPANT SELECTION PROCESS AND STUDY ACTIVITIES

### HIV-negative cohort

<table>
<thead>
<tr>
<th>Enrollment (day 1)</th>
<th>1a (~day 7)</th>
<th>1b (~day 14)</th>
<th>2a (~day 30)</th>
<th>3a (~day 180)</th>
<th>4a &amp; 4b (~day 360)</th>
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<tbody>
<tr>
<td><strong>n=166</strong></td>
<td><strong>n=32</strong></td>
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- Participants identified and recruited at community testing clinic
- Sign Consent Form
- Qualitative selection based on identified priorities of researchers and community partners (including instances of condomless anal intercourse and other key socio-demographic variables)
Data Sources

Quantitative surveys (self-administered, computer)

HIV test results and epidemiological data

Networking Grid (interviewer administered; in person or phone)

Qualitative Interview Guide (interviewer administered; in person)
The majority of participants:
- lived in Vancouver at the time of study enrollment (84.4%)
- are new to Vancouver in last 5 years (61%)
- Identify as gay (90.6%)
- are Caucasian (68.8%); Hispanic (12.5%); Asian (12.5%)
- employed full-time (59.4%)
- Well-educated (71.9%)
- Rent (65.6%)

Diversity of relationship status
- About half under 30 (56.3%)
- Diversity along income gradient (median: $40,000-49,000 CDN)
MEN’S NARRATIVES OF THE IMPACTS OF STUDY INVOLVEMENT

Pride in contribution & community involvement

Experiencing research as a form of counselling

Testing knowledge & patterns

Sexual behaviours & partnerships

RESULTS
Participants described study engagement represented their “community involvement” or “community participation”

- *I’m not at Meals on Wheels, I’m not at AIDS Vancouver, I’m not giving out condoms at the Pride Parade, but I commit to a year or two or three or four of a study for whatever the issue is, I don’t know why, that’s kind of my way of giving back I guess. Does that make sense? Low-key, easy* (Jeffery, 41 years old)

- Study involvement was said to have led some to contribute to the gay community in other ways

*Pseudonyms used for all participants*
RESULTS

(2) IMPACT ON TESTING KNOWLEDGE & PATTERNS

- Discussed impacts of study participation on their HIV and STI testing knowledge and practices.

- Some reported study helped normalize testing:
  - I don’t feel as like freaked out to like go and get tested and I feel like it’s more like of a thought pattern in my mind, like you know I should get tested soon whereas like it wasn’t necessarily before (Brock, 24 years old).
I was a little bit [less] careless. And it’s not like [...] you know, it’s not like I’m doing, take more care of myself to not disappoint you, but it, just saying things aloud makes you actually make some changes, right? [...] Well, just like, when you say it aloud, you kind of, like, “Oh, yeah, I guess I’m having more unprotected sex if I’m on coke.” You know?. (Dylan, 26 years old)

For example, when he “filled up” the networking grid with 5 recent sexual partners, Ben described that
  “It made me feel like a whore basically”. (Ben, 27 years old)
It’s actually kind of funny that sitting here and having these types of interviews, it’s almost like [chuckle] it’s almost like counselling. [...] I’m making insights as I go along into my behaviour and whatnot [...] I’m going to miss our sessions. (Eric, 27 years old)

It’s, I don’t know, in a way it’s almost therapeutic right? [qualitative interviews] Because it’s almost like that session that I never had, when it’s like, “Tell me about your father.” Yeah, I don’t know, at first I think it took me a while to actually start talking, but you are good as a listener and then it’s actually yeah, easy to tell you that stuff. (Martin, 27 years old)
**It’s been, it’s been good, yeah. In a way, you...I’ve been tricked into doing counselling sessions with you [...] ‘cause I do need a counselor.**

(Sam, 25 years old)

**I’m sorry if I veered off on a few different tangents, but again, one, being out in [city outside of metro Vancouver], I can’t really discuss this with my mother, and I don’t have a lot of friends who are, talk about these sort of things. So thank you very much for listening.**

(Anthony, 51 years old)
a value of repeated interviewing is that participants are given:
- “implicit permission to broach what was previously unspeakable, facilitating frank and honest discussions that might otherwise not have occurred” (Murray et al. 2009: 4)

For more information visit: [www.checkhimout.ca/](http://www.checkhimout.ca/)
For more information on services related to mental, social, sexual, and physical health, including information about diverse counselling programs, please visit: www.checkhimout.ca/
THE EMBEDDED DESIGN

Sustained Reduction in Sexual Behavior that May Pose a Risk of HIV Transmission Following Diagnosis During Early HIV Infection Among Gay Men in Vancouver, British Columbia

Mark Gilbert, Darlene Taylor, Warren Michelow, Daniel Grace, Robert Balshaw, Michael Kwag, Elgin Lim, Benedikt Fischer, David Patrick, Gina Ogilvie, Daniel Coombs, Malcolm Steinberg, Michael Rekert

BECOMING “UNDETECTABLE”: LONGITUDINAL NARRATIVES OF GAY MEN’S SEX LIVES AFTER A RECENT HIV DIAGNOSIS

Daniel Grace, Sarah A. Chown, Michael Kwag, Malcolm Steinberg, Elgin Lim, and Mark Gilbert
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- Jody Jollimore
- Robin Parry
- Mark Gilbert

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The Transformative Potential of Mixed Methods: Practices of Integration

Andrea Daley PhD

Mixed Methods Seminar – Dalla Lana School of Public Health
University of Toronto, ON – May 15, 2017

Funded by the Canadian Institutes of Health Research – Institute of Gender and Health
The Team

- **Co-investigators:**
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  - Melissa St. Pierre, Independent Researcher
  - Jane Aronson, School of Social Work, McMaster University
  - Shari Brotman, School of Social Work, McGill University

- **Partners:**
  - Rainbow Health Ontario ~ Loralee Gillis
  - Toronto Central CCAC ~ Anne Wojtak

- **2 Advisory Committees**
  - Collaborator: Senior Pride Network, 519 Community Centre
  - Ontario-based LGBTQ service users/providers & HC providers/admin

- **Graduate & Research Assistants:**
  - Maryam Khan (Social Work)
  - Laura Legere (Nursing)
  - Alisa Grigorovich (Women’s Studies)
  - Anna Belayev (Community-based)
Sex, Gender, Intersectionality

- Sex-and gender based analysis (SGBA) to examine *sexual orientation and gender identity as they are implicated in the ways that relations of care are structured and experienced by home care receiving LGBTQ people.*

- *Intersecting identities* of diversely-situated LGBTQ community members and the impacts of *interlocking systems of oppression* operate within the context of the health care system.

- Theoretical *lens of intersectionality* to explore complex dynamics shaping the home care experiences for sexual and gender minority people.
Transformative Paradigm

- **Further social justice** for home care seeking sexual and gender minority people across Ontario.

- Emphasizes the “pursuit of social justice and the furtherance of human rights” through both *research process and outcomes* (Mertens et al., 2016, p. 22; Mertens, Harris, & Holmes, 2009; Mertens, 2010, 2011; Sorde Marti & Mertens, 2014).

- Research design and methods that *centre the voices of marginalized communities* to address research gaps (Sorde Marti & Mertens, 2014).

- “[t]o understand different versions of reality, the researcher needs to establish an interactive link with community members” (Mertens et al., 2016).
Transformative Paradigm

- An ethical framework that problematizes the social and political context of inequitable health services distribution and the impacts of oppressive institutional practices on LGBTQ communities.

- Expand the breadth and depth of knowledge about LGBTQ home care access that could **inform policy and practice** change that would enhance equal **access to high quality home care**.
Quantitative Questions …

Which home care services are being used by LGBTQ people? How often? How long?

What are home care service providers and CCAC care co-ordinators’ knowledge about, and professional care practices with, LGBTQ populations in Ontario?

Are there differences in knowledge about, and professional care practices with, LGBTQ populations between nurses, personal support workers, therapist (social workers and occupational therapists) and CCAC care co-ordinators in Ontario?

What are the relationships between SPs’ characteristics (age, professional designation, education level) and knowledge about, and professional care practices with, LGBTQ populations?

Qualitative Questions …

What are LGBTQ peoples’ subjective understandings and experiences of home care?

Are there differences in home care service access concerns and barriers between lesbian, gay, bisexual and transgender people in Ontario?

What are SPs’ understandings of home care service for LGBTQ people?

What dynamics shape home care service provision for LGBTQ people?

What strategies will enhance access to home care for LGBT people?
LGBTQI Home Care Access Project
Community-based, MM, Multi-armed

Ontario-based CAC
Older LGBTQ-SPN CAC

LGBTQI Service Users
Web-based Survey (N=115)
Individual Interviews (N=38)

Home Care Service Providers (RN, PSW, OT, SW, PT, Care Coord.)
Web-based Survey (N=379)
Interviews/Focus Groups (N=19)

Key Informant Referral Sources
Individual Interviews (N=12)

CCAC Administrators
Individual Interviews (N=10)

Research Team
Mixed Methods

- Research methods that integrate quantitative and qualitative approaches serve to *“enhance[s] understanding of injustice and perceived fairness”* (Mertens et al., 2016, p. 14).

- “The application of a *diversity of methods*, combining quantitative and qualitative approaches and using information from several and different stakeholders” (Mertens et al., 2016, p. 14).

- “More complete and synergistic utilization of data” (ARHQ, 2017).


- Useful knowledge = respond to the social justice pursuit of the project.
Practices of Integration

- Linking the methods of data collection and analysis.

- Systematic integrative procedures *enhance the value of mixed methods research.*

- *Specific approaches* to integrate qualitative and quantitative research procedures and data.

“Integration can be said to occur to the extent that different data elements and various strategies for analysis of those elements are combined throughout a study in such a way as to become interdependent in reading a common theoretical or research goal, thereby producing findings that are greater than the sum of the parts” (Bazeley, 2010, p. 432).

(Fetters et al., 2013)
Levels of Integration

- **Design**
  - Explanatory Sequential

- **Methods**
  - Connecting
  - Building

- **Interpretation & reporting**
  - Narrative – weaving, contiguous
Design Level – Explanatory Sequential (Multi-arm)

Quantitative data is first collected and analyzed; these findings inform qualitative data collection & analysis (Fetters, Curry and Creswell, 2013).

Use qualitative methods to explain in more depth earlier quantitative findings.
Methods Level - Connecting

- One type of data links with the other through the **sampling frame**.

- **Capitalized on the recruitment reach afforded by the online distribution of the survey to recruit participants for qualitative interviews.**

Would you be interested in participating in an individual interview to further discuss your experiences of home care services as an LGBTTQ-identified person? A $25 honorarium will be provided to thank you for your time.

- Yes, please provide your first name and contact information below. A research assistant will contact you to provide information.

  First name: ________________________________
  Email: ________________________________
  Telephone: ________________________________

- No

(Fetters et al., 2013)
“Results from data collection procedure informs the data collection approach of the other procedure, the latter building on the former”

(Fetters et al., 2013, p. 13)
Service User Survey

B1f. Why were your home care services stopped? (Please check all that apply)

☐ No longer needed
☐ Terminated but I felt I still needed them
☐ I was not satisfied
☐ I could no longer afford
☐ I stopped services due to discrimination
☐ None of these options describe why services were stopped. Home care services were stopped because:

______________________________________________________________

Service User Semi-structured Interview Guide

Did you receive all of the care that you needed?
  – If not, why not?
Methods Level - Building

- SU Survey Finding: 40% of LGBTQ SU survey participants never heard of home care prior to their use of services.
  - Informed interview question for CCAC administrators about whether and how their organizations have engaged LGBTQ communities at various levels of responsibility.

- SP Survey Finding: 90% of SPs have not had access to LGBTQ-specific training and education while employed in home care.
  - Informed interview question for CCAC administrators about what LGBTQ-specific training and education opportunities that exist for SPs and challenges to providing training and education.
Interpretation & Reporting - Narrative

- Three KT documents:
  - *LGBTQI Communities and Home Care in Ontario: Project Report*. York University, Toronto, Canada.
  - *LGBTQ Communities and Home Care: Findings from Ontario-based Research* (8 page ‘zine).
  - *Queering Home Care: Findings from Ontario-based Research*.

- Describing the qualitative and quantitative findings in a single or series of reports:
  - √ *Weaving*
  - √ *Contiguous*
  - X *Staged Approach*
Interpretation & Reporting - Weaving

- Quantitative and qualitative findings presented together on a theme-by-theme basis.

- Quantitative findings about trans people being less likely to access home care services (approximately 41% of trans-identified participants did not use formal home care compared to 21% of non-trans identified respondents).

- Qualitative narratives of trans participants on the associated consequences to their health to convey to home care policy makers a nuanced understanding of consequences of inaccessible services.
We also asked about whether these worries actually came true…

- Seeing pics, art, etc. (29%)
- Gaining info about SO/GI thru meeting friends (27%)
- Not respecting you (28%)
- Ignoring you (18%)
- Not respecting your partner (15%)
Overall, how would you describe your service providers’ responses to your sexual orientation and/or gender identity?

“He started off by saying, ‘How was your mother over the weekend?’ And I said, ‘She is my partner.’ And he said, ‘Oh, I just use whatever is more common.’ It was clear that he felt uncomfortable once he heard that we were partners.” (Gay female service user)
Interpretation & Reporting - ‘Weaving’

- Home care service provider survey:
  - 90% of home care SPs have never received LGBTQ-focused training and education while working in home care.

- Home care service user interviews:
  - “I had to educate, and they actually appreciated the education because they didn't really have much experience with transgender people. They didn't understand what it meant, so I had to explain it.” (Trans service user)
  - “I’m done at this point of teaching people what Black means to me… there’s lots of books and the Internet and I can show you some resources, but I’m not going to be the person who’s always rehashing these parts of myself for your education.” (Queer service user)
Interpretation & Reporting – Contiguous Approach

- Reported *qualitative findings*, only (i.e., separate from quantitative findings).

- *Intentional use of LGBTQ SU's narratives* that were mapped onto patient values identified by a provincial home care association to provide a ‘queer’ perspective on LGBTQ affirming home are services.

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**Be respected.**

Be treated in a manner that is courteous, considerate ... *not be expected to educate care providers about LGBTQ communities and cultures and specific health care needs* ... and respectful of your dignity, privacy ... *not be exposed to intrusive questions about your relationships, sexual orientation, gender identity and expression* ... And independence.

(Daley, MacDonnell & St. Pierre, 2016a)
QUEERING HOME CARE
Findings From Ontario-Based Research

The Ontario Association of Community Care Access Centres (OACAC) has outlined patient values as a way of conveying the rights of people receiving home and community care. These values were developed in accordance with The Home Care and Community Services Act, 1994.

We "QUEER" the values outlined by the OACAC by integrating key findings of the LGBTQ Home Care Access Project. While the values identified by the OACAC are important for LGBTQ communities, our project findings offer a queer perspective from which to reframe the values.

As someone receiving home care, you have the right to:

**High-quality care.**

- Receive care that is safe, effective, considerate...care provider who have received adequate LGBTQ-specific training and understand why information about sexual orientation and gender identity and expression matters to healthcare...and timely.
- Compassionate care from providers who understand that you have likely had experiences...and that take your preferences into account: affirming your sexual orientation, gender identity, and expression, and your chosen relationships, chosen family, chosen names, and pronouns.
- Be part of a care team that works together and makes sure they have the right information about your relationships, chosen family, sexual orientation, gender identity, and expression and treat these respectfully.

**Be a partner in making decisions about your care.**

- Be an equal partner in planning your care, along with your chosen family members, decision-maker provider organizations and care team.
- A care plan that addresses your health-care needs as well as your social needs and goals, and also considers the ability of your support people to help with your care.
- A care plan that recognizes the need for more flexibility and control over how care providers come to your home.
- A care plan that does not take into account your ability to pay for privately-funded services.
- A care plan that does take into account your ability to pay for privately-funded services.
- Refuse the care that has been recommended as well as care from a specific provider.

**Be respected.**

- Be treated in a manner that is courteous, considerate...not be exposed to...LGBTQ communities and cultures and specific health care needs...and respectful of your dignity, privacy...not be exposed to intrusive questions...and independence.
- Be free from discrimination...not be denied or refused to...sexual orientation, gender identity and expression...and mental abuse...not be exposed to religious materials and/or discussions that discriminate...sexual orientation, gender identity and expression...and physical and financial abuse.
- To receive care that respects cultural, ethnic, spiritual, linguistic and regional preferences...towards your home including chosen...and friends respected and having your chosen language including pronouns for yourself and your chosen support people respected.

**Have the information you need.**

- Access information and resources...and ask questions about the commitment of the CCAC and provider agencies to the provision of non-discriminatory care...so you have all the information about care options available to make decisions about your care that are right for you.
- Know who your primary contact person is at the CCAC, and know how to get in touch with them and receive information about the process for raising concerns...of non-accepting and non-affirming care...to do so without fear that it may negatively affect your access to care.
- Be informed about the care being provided...receive information about...and ask questions about the training that providers receive to support their care of LGBTQ community members.
- Questions about your sexual orientation, gender identity and expression are asked respectfully...and health information treated confidentially...includes your choices related to sharing this information...and in a way that respects the law.

FOR MORE INFORMATION ABOUT THE LGBTQ HOME CARE ACCESS PROJECT, VISIT: http://yorku.ca/lgbthomecare

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This project was supported by the Canadian Institutes of Health Research — Institute of Gender and Health.
90% of service providers had never been exposed to LGBTQ-specific education while employed in home care.

“We know someone’s getting out of hospital so we make sure that there’s groceries, there’s people who will do on call shifts, change bandages. To make sure that when people come home from surgery that they have support they need, cause many of the folks I work with live alone.”
–KI trans community

40% had never heard of CCAC

(Daley, MacDonnell, & St. Pierre, 2016b)
Access & Equity Framework - Home Care

Community Engagement
- Integrated into agency processes
- Involved on ad hoc basis
- Needs assessment
- Involved in program directions
- Involved in evaluation
- Hiring processes
- Diversity of communities represented

People
Q Are LGBTTQI people engaged with the agency? Which LGBTTQI people are involved in the community engagement process to ensure their diversity is represented?

(Daley, MacDonnell, & St. Pierre, 2016b)
Concluding Thoughts

Transformative Potential?

- Quantitative survey findings enhanced our *breadth of understanding* of LGBTQ home care service use in Ontario.

- Qualitative findings enhanced our understanding of participants’ experiences of home care access produced at the *intersections between multiple, marginalized identities*. In this regard, our research gained *analytical depth*.

- Integrating quantitative and qualitative procedures and data served to *address the complexity of LGBTQ home care access* by:
  - Resisting homogenizing narratives about LGBTQ experiences
  - Bring together in dialogue multiple perspectives of various home care stakeholder groups
References


References

References


Related Research

• Daley, A., & MacDonnell, J. (2011). Gender, sexuality and the discursive representation of access and equity in health services literature: Implications for LGBT communities. International Journal for Equity in Health, 10, 1-10. Link to article: http://www.equityhealthj.com/content/10/1/40


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To find project-related materials & publications:
LGBTTTQI Home Care Access Program

YorkSpace:
https://yorkspace.library.yorku.ca/xmlui/handle/10315/31416