

# Early Learnings from Engaging Older People with Experiences of Homelessness in Health Service Co-Design

Megan Sampson (MA)<sup>1</sup>; Fadzai MoreBlessing Punungwe (DrPH)<sup>1</sup>; “The Exchange” Community Advisory Group at Peter Coyle Place; Martina Kelly (MD, PhD)<sup>1</sup>; Lara Nixon (MD)<sup>1</sup>

<sup>1</sup>Department of Family Medicine, University of Calgary, Calgary, AB, Canada



UNIVERSITY OF CALGARY

## Conclusion

- Patient engagement in service co-design can enhance care delivery, and **patient-oriented research aligns with family medicine’s community-based and relational principles<sup>2</sup>**
  - however, the service needs of Older People who Experience Homelessness (OPEH) are currently under-explored, with few studies engaging this population using participatory methods.
- Engaging OPEH in service co-design requires:
  - Attentiveness to current and historical ways that **power** and **stigma** shape care experiences.
  - Strategies to promote **power-sharing**, and **accountability** to co-developed priorities.

## References

1. Brown, R. T., et al. (2017). Geriatric conditions in a population-based sample of older homeless adults. *The Gerontologist*, 57(4), 757-766.
2. Greenhalgh, T., et al. (2016). Achieving Research Impact Through Co-creation in Community-Based Health Services: Literature Review and Case Study. *The Milbank quarterly*, 94(2), 392-429. doi:10.1111/1468-0009.12197

## More Info



Lara Nixon: [lnixon@ucalgary.ca](mailto:lnixon@ucalgary.ca)  
Megan Sampson: [mbsampso@ucalgary.ca](mailto:mbsampso@ucalgary.ca)

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## Context

**Older People with Experiences of Homelessness (OPEH)**

- Functional decline at an earlier age<sup>1</sup>
- Complex health and social service needs
- Often mental health and/or substance use challenges

**Excluded From** conventional seniors housing (w/ linked primary care supports), and other senior-oriented health services

- Due to substance use or complexity of mental health challenges
- Typically targeting only those aged 65 +

**Unmet Care Needs**

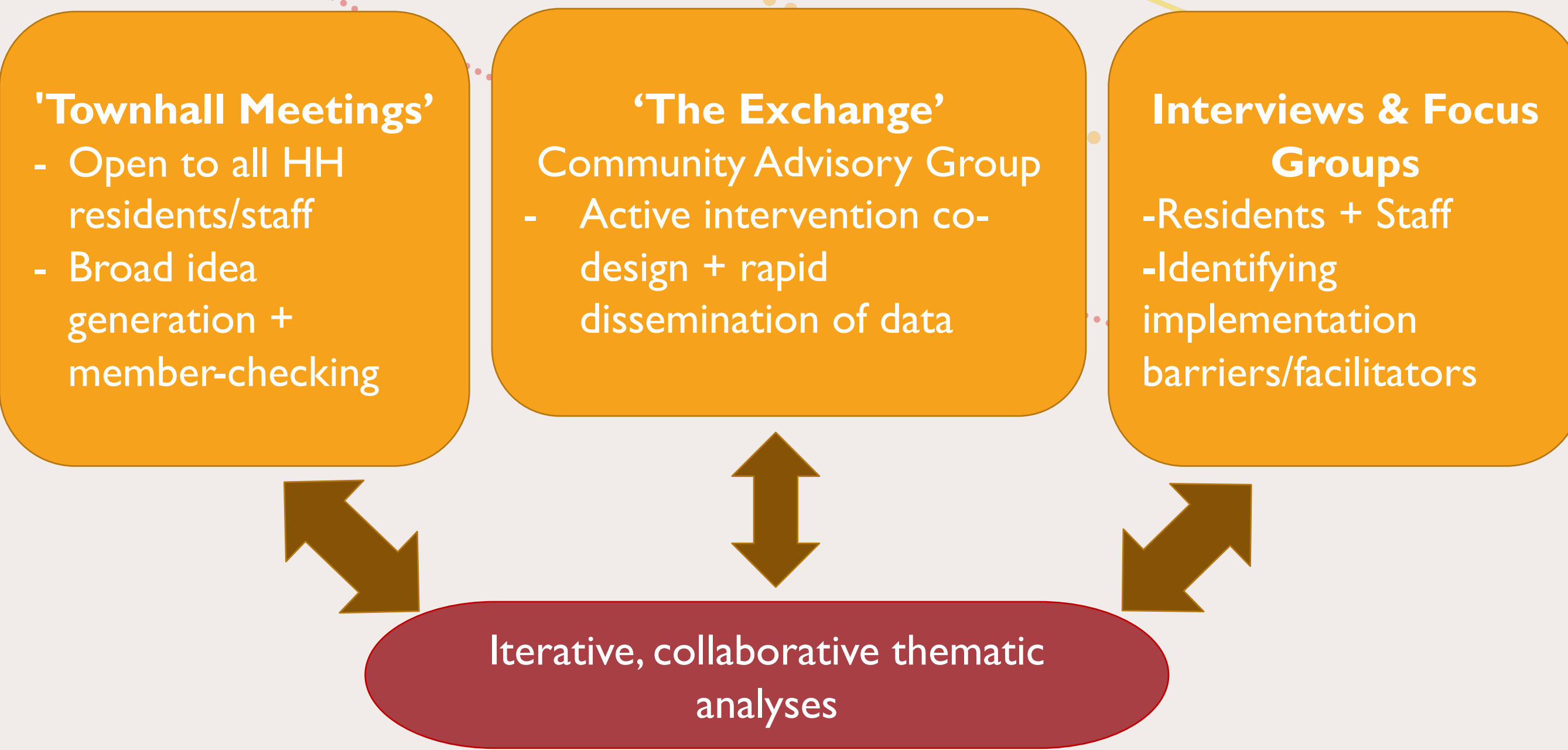
- Long-term hospital stays (awaiting appropriate placement)
- Living at high-risk in the community
- Lack of connection to Primary Care

**Objective:** Engage Older People with Experiences of Homelessness (OPEH) and their care providers in the **co-design** of enhanced supports, including **primary care and harm reduction**.

**Setting:** ‘Harbour House’ (HH), a Permanent Supportive Housing site in Alberta, Canada, for older people (55+) with experiences of homelessness, substance use, and mental health challenges.

## Study Design:

- Mixed-method (qualitative + quantitative), **Community-Based Participatory Action Research (CBPAR)** to inform the co-design, implementation & evaluation enhanced primary care, wellness & addiction supports
- **Engagement + qualitative data collection through:**



**Project-funded Housing-based Intervention**

**Harm Reduction** **Mental Health**

**Primary Care**

**New Staff**

- Addiction/Mental Health RN (0.8 FTE)
- Rec Therapist & Wellness Support team (3.0 FTE)
- Peer Support Worker with relevant lived expertise (0.4 FTE)

**New Programming**, co-designed + implemented in partnership with HH residents + staff

**Participants**

**Interviews**

- Residents (n=15)
- Staff (n=16)

**Staff Focus Groups**

- 7 staff, over 2 FG’s

**“The Exchange” Community Advisory Group**

- 14 meetings to-date**
- 7 residents (4 female, 3 male)
- 10 staff (3 support, 3 recreation, 4 clinical, 2 management)

## Results

### Challenges to Engagement

### Power Dynamics

- Between residents, staff, and the research team.
- Overcoming initial perception of residents, staff, and researchers making up ‘camps’ of competing interests – rather than the same team

### Substance Use Stigma

- Reluctance to speak openly about needs and preferences re: harm reduction services and/or recovery supports.

**Resident Perspectives**

“[During our Advisory Group meetings] I feel that there were little camps, where it was ‘OK, we’re [management’s] people’, ‘OK, we’re Dr. Nixon’s people’”

“I prefer to share [my opinion]. But I prefer to share one-on-one, because I’m a private person”

“20 years ago, all I was taught was ‘if you [meet] an addict, you have a problem’. I think the target for our [resources + educational materials] should be everybody [...] people with prejudices against people who use substances [and] people who use substances.”

### Community-Developed Strategies

### Flexible Engagement & Power-Sharing

- Opportunities for individual and group sharing.
- Meeting community members at times, locations, + forums comfortable to them

### Co-creating Educational Resources

- To create shared understanding + reduce conflict
- To reduce stigma around substance use + other social determinants of health
- **Finished outputs** demonstrate accountability toward shared goals