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

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**Context**

**Older People with Experiences of Homelessness (OPEH)**
- Functional decline at an earlier age
- 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:** Peter Coyle Place, a Permanent Supportive Housing site in Calgary, Alberta, 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:
  - "Townhall Meetings" - Open to all PCP residents/staff
  - "The Exchange" Community Advisory Group
  - Active intervention co-design + rapid dissemination of data

**Interviews & Focus Groups**
- Residents + Staff
- Identifying implementation barriers/facilitators

Iterative, collaborative thematic analyses

**Project-funded Housing-based Intervention**
- **Harm Reduction**
- **Mental Health**
- **Primary Care**

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

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

**Participants**
- **Interviews**
  - Residents (n=15)
  - 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.

**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.

**Resident Perspectives**
- "I prefer to share [my opinion]. But I prefer to share one-on-one, because I'm a private person".
- "[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'."

**More Info**

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*This project was funded by Health Canada's Substance Use and Addictions Program. The views of the presenters do not necessarily represent the views of Health Canada.

**References**


**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.
- 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:
  - Attention to current and historical ways that power and stigma shape care experiences.
  - Strategies to promote power-sharing and accountability to co-developed priorities.

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