

# Baseline quality of life and needs of older people in harm reduction housing - implications for service planning



UNIVERSITY OF CALGARY  
CUMMING SCHOOL OF MEDICINE  
Department of Family Medicine

Nixon L MD CCFP (COE) FCFP, Sampson M MA, Punungwe FM DrPH, Kelly M MBBCh PhD CCFP

## HARM REDUCTION SAVES LIVES

### 1 Why Harm Reduction (HR) Housing for Older People?

Older people experiencing homelessness and substance use challenges represent a growing population. For younger people, HR housing offers a means to stabilise and support people with challenging substance use. To date, few seniors housing options integrate HR care. This is even more challenging for older people given medical co-morbidities.

### 2 Aim

To inform service planning, this study assessed self-reported quality of life and care needs of older people living in permanent HR accommodation.

### 3 Method

Using participatory action research, residents and researchers co-designed a 68-item questionnaire, comprised of **6 sections**:

- Participant demographics
- Self-reported health status
- Quality of Life<sup>1,2</sup>
- Service use
- Substance use<sup>3,4</sup>
- Housing history

**Participants:** n=34 (50% response); 25 men and 9 women, mean age 66 years old. In the previous month 14 had stayed in transition housing or hospital.



Peter Coyle Place, Calgary

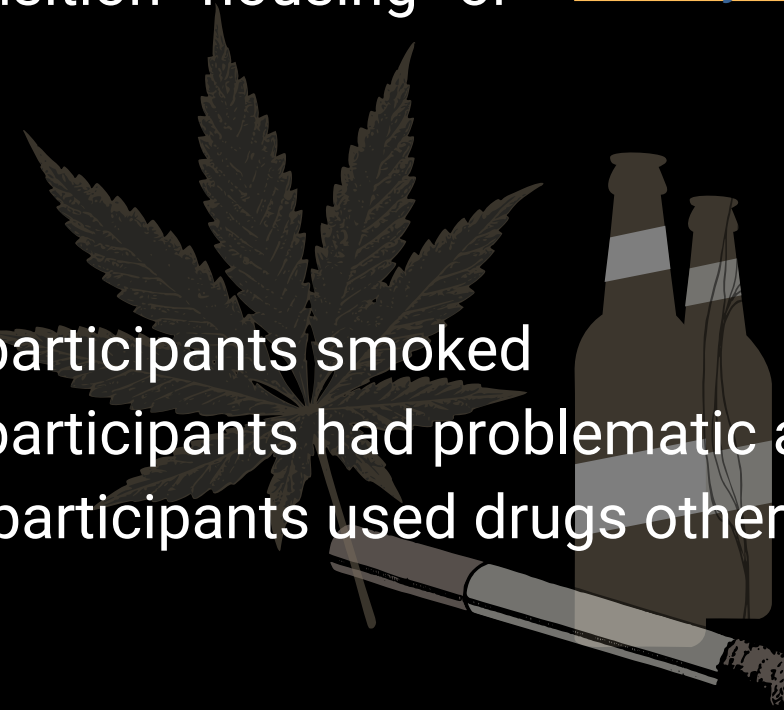
### 4 Context

'Harbour House' is a 68-bed supportive living facility providing personal (social work, personal support workers) and health supports (primary care, visiting secondary care) for men and women aged 55+. Residents have complex medical and psychosocial histories, and typically struggled to secure permanent housing due to ongoing use of cigarettes, alcohol or drugs.

Harbour House offers a managed smoking and alcohol program to help residents manage ongoing substance use.

### 5 What did we find?

**Substance use:** 28 (82%) participants smoked  
12 (35%) participants had problematic alcohol use  
5 (14%) participants used drugs other than alcohol



### Resident Quality of Life:

16 (47%) participants reported moderate-extreme depression or anxiety

17 (50%) participants reported loneliness several times a month or more

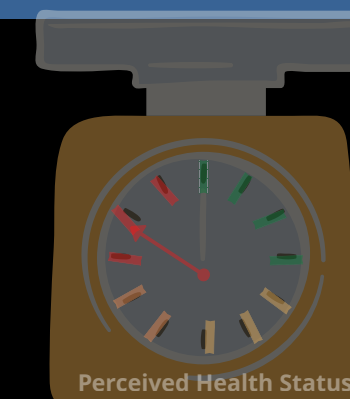
20 (59%) participants dissatisfied with how they spent their time

21 (62%) participants reported moderate-extreme pain

22 (65%) participants reported mobility issues

### 6 What can we do?

HR for older people needs to integrate care for addiction with good clinical care, with particular attention to mobility, mental health, pain management and social activities. Co-designing services with older people helps address their health-care priorities.



This project was funded by Health Canada's Substance Use and Addictions Program. The views expressed in this document do not necessarily represent the views of Health Canada.



References  
1. The World Health Organization Quality of Life Assessment (WHOQOL). Caballero FF, Miret M, Power M et al. Validation of an instrument to evaluate quality of life in the aging population: WHOQOL-AGE. Health Qual Life Outcomes. 2013;11:177.  
2. EuroQol-5 Dimension 30level questionnaire (EQ-SD-3L) EuroQol Group. EuroQol-a new facility for the measurement of health-related quality of life. Health Policy. 1990;16:199-208.  
3. Drug Use Disorders Identification Test (DUDIT). Bush K, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA. The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. Arch Intern Med. 1998;158(16):1789-95.  
4. Alcohol Use Disorders Identification Test-Concise (AUDIT-C). Bush K, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA. The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. Arch Intern Med. 1998;158(16):1789-95.