



# Expanding & Evaluating *Harm Reduction Housing for Older People* with *Experiences of Homelessness* (HR HOPEH): CBPAR Planning

Lara Nixon (MD)<sup>1</sup>; Martina Kelly (MD PhD Candidate)<sup>1</sup>; Rita Henderson(PhD)<sup>1</sup>; Blessing Punungwe (DrPH)<sup>1</sup>; Megan Sampson (MA)<sup>1</sup>; Kerry McBrien(MPH)<sup>1,2</sup>; Helen Bouman<sup>1</sup>; Jazmin Marlinga<sup>1</sup>; Paula Pearce<sup>3</sup>; Neil Drummond(PhD)<sup>1,4</sup>  
1 Department of Family Medicine, University of Calgary; 2 Community Health Science, University of Calgary; 3 Department of Medicine-Geriatric Medicine, University of Calgary; 4 Department of Family Medicine, University of Alberta

## CONTEXT

- Increasing alarming rates of older people experiencing homelessness (OPEH) in Canada, often with co-occurring complex physical and mental health challenges including addiction.
- Few models of integrated housing and primary care designed to meet this population's diverse needs.
- One exception is a permanent supportive housing (PSH) facility in a large Canadian urban centre

## SETTING

- Harbour House (HH) is a congregate, 68-bed PSH facility in Alberta, Canada, with integrated housing and primary care grounded in harm reduction (HR).

## TARGET POPULATION

- Older adults (55+) with homeless histories, chronic mental illness living at HH and their staff (frontline support, social work, nursing, primary care).

## PROJECT AIM

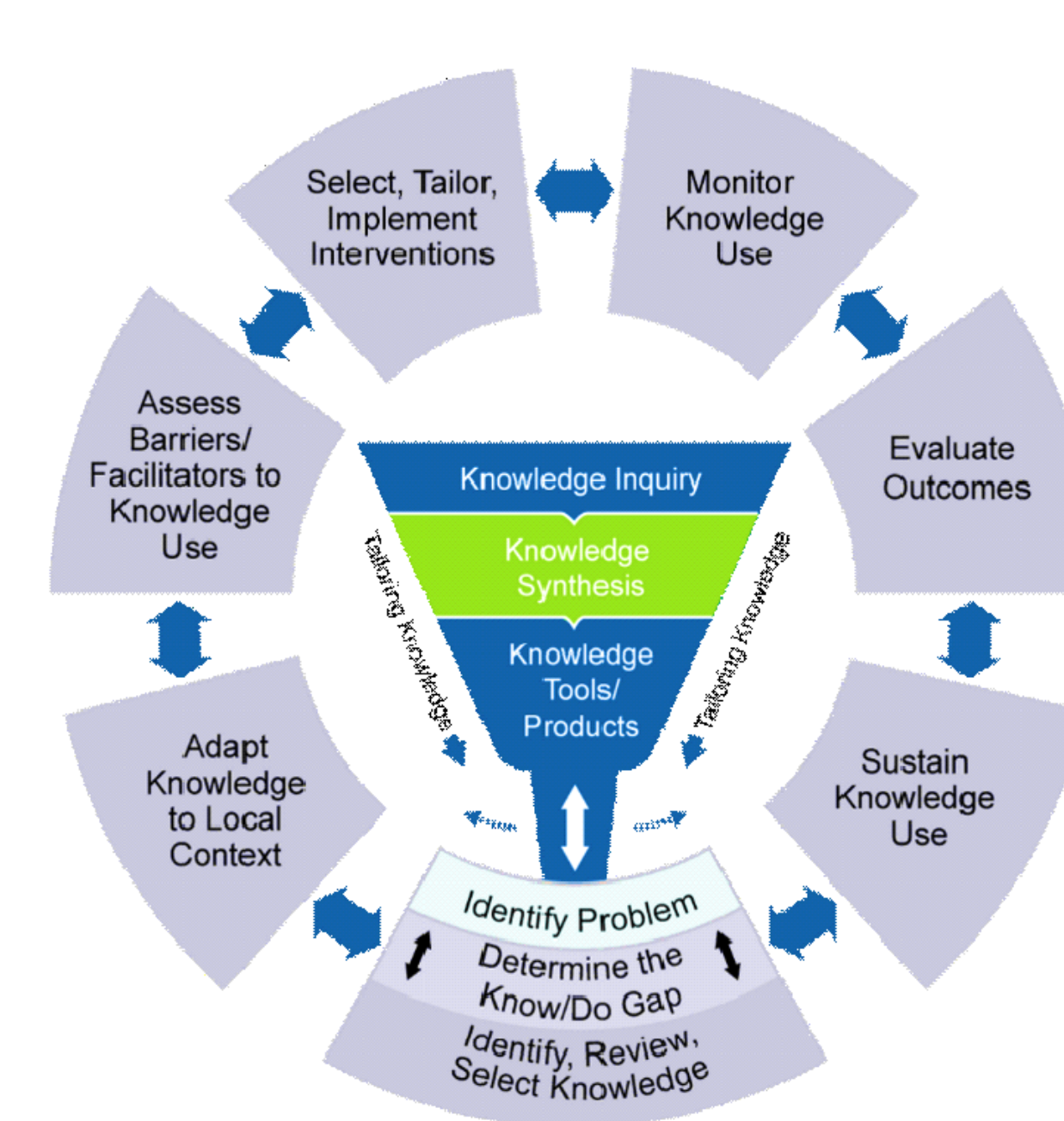
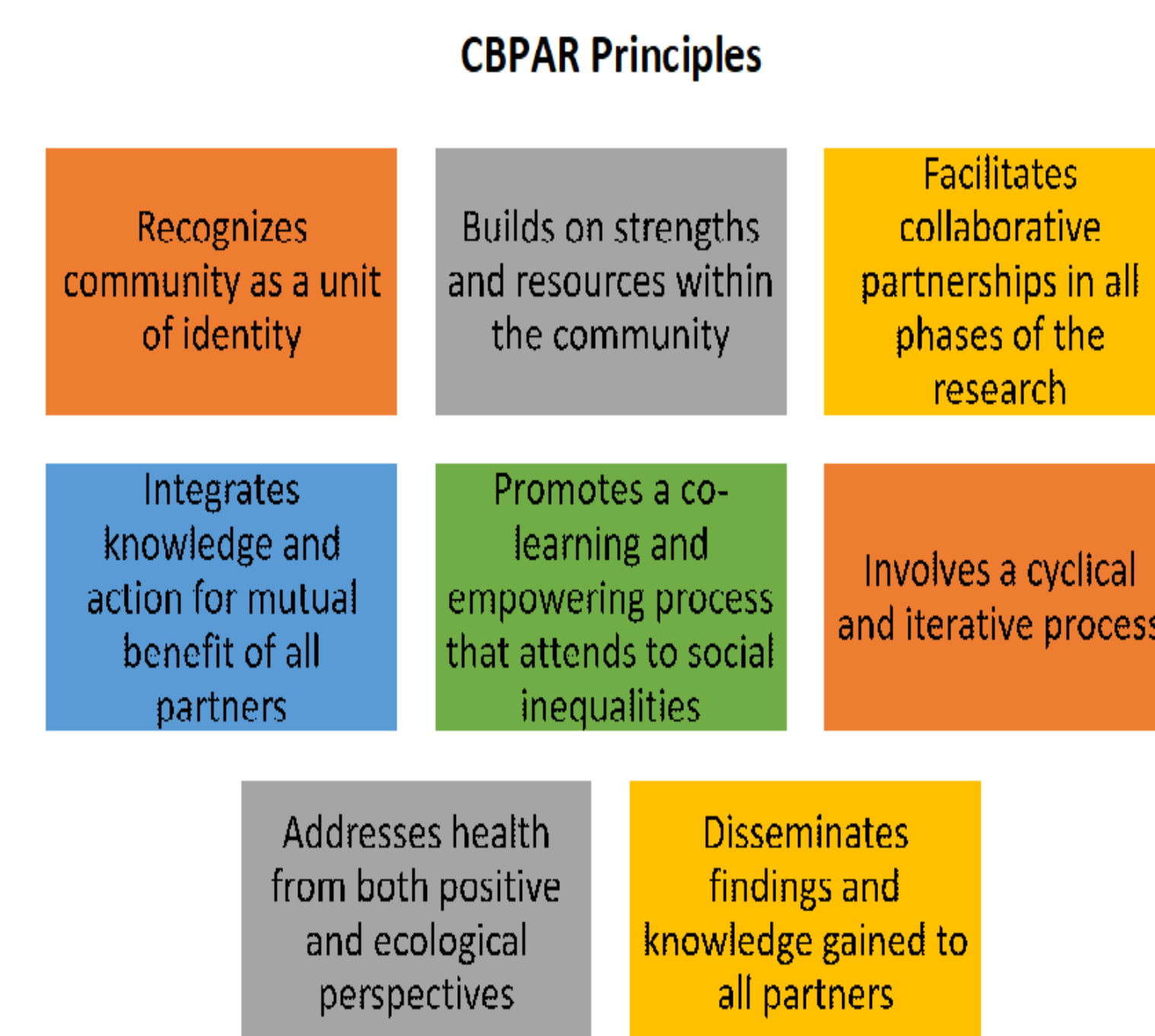
- To increase access to housing-based primary and HR services, and overdose prevention interventions at HH, and support scaling up elsewhere in Alberta.

## OBJECTIVES

- Conduct a realist review of literature on integrated housing, primary care, and HR for OPEH
- Co-design expanded PSH-based primary care and HR interventions; plan implementation and evaluation.

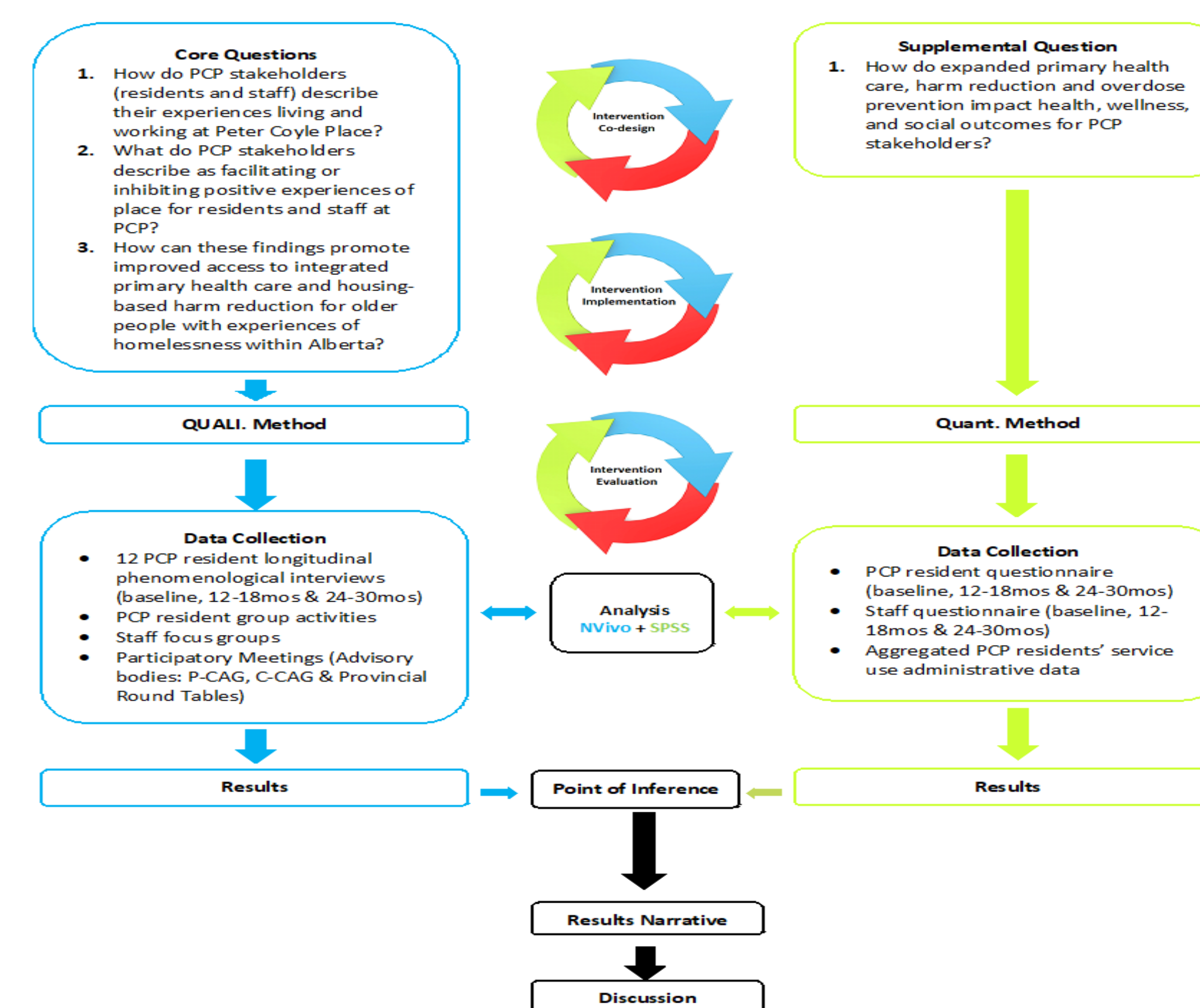
## STUDY DESIGN

- CBPAR** underpins this project in conjunction with theory adapted from implementation science to ensure impact.
- The **Knowledge-to-Action** process will be adapted to align with CBPAR, with potential for multiple full cycles to be pursued.
- To aid the process of knowledge co-creation and action phases, existing knowledge will be drawn primarily from the PCP Case Study and **Realist Review**.



Graham's (2013) Knowledge-to-Action Cycle

## Mixed Methods Flowchart



## REALIST REVIEW

- Realist review will identify **context-mechanism-outcome configurations** and develop mid-range theory on **what works, for whom, under what circumstances**, in relation to expanded HR in an established PSH with integrated primary care.
- The **candidate theories** is still being identified. Inspection and selection is based on relevance to the review aims and RQs.
- Systematic search yielded **1325** articles and after review of titles, **197** articles appeared relevant to the topic.
- Each abstract for the 197 articles is being carefully screened following an inclusion and exclusion criteria (**age + housing + HR**).
- The next steps will include: **iterative** data extraction, data synthesis and refinement of programme theory.

## OUTPUTS



## OUTCOMES

- Findings will inform practice, policy and research by:
- Enhancing community-driven, multi-sectoral communication and collaboration
  - Identifying strategies to reduce individual and environmental barriers to PSH-based primary care and HR supports for OPEH.

## More Information

Lara Nixon: [lnixon@ucalgary.ca](mailto:lnixon@ucalgary.ca)  
Martina Kelly: [makelly@ucalgary.ca](mailto:makelly@ucalgary.ca)