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

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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

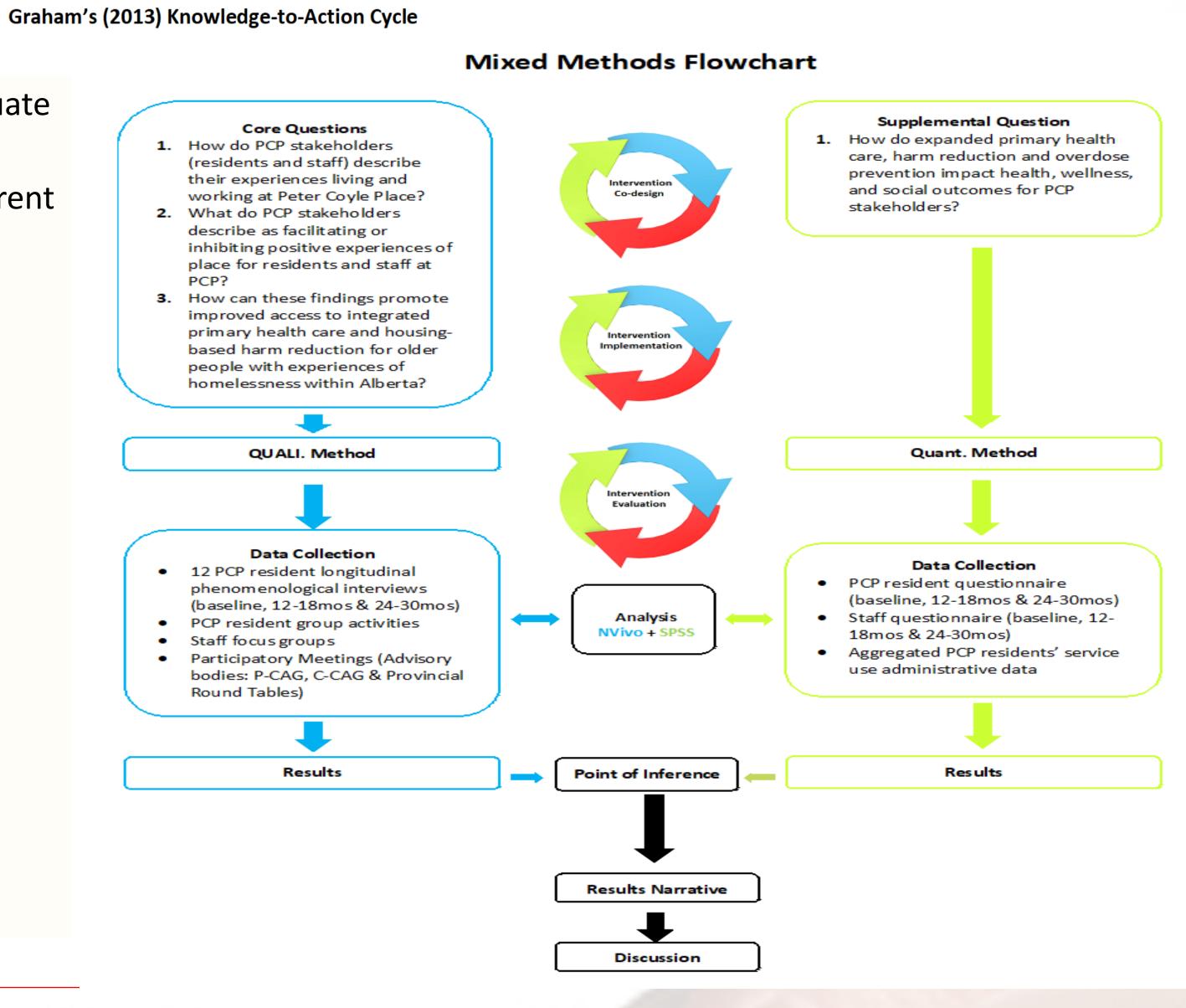
- 1. Conduct a realist review of literature on integrated housing, primary care, and HR for OPEH
- 2. Co-design expanded PSH-based primary care and HR interventions; plan implementation and evaluation.

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.

CBPAR Principles collaborative Builds on strengths partnerships in al and resources within phases of the the community research knowledge and learning and Involves a cyclical action for mutual mpowering process and iterative proces benefit of all that attends to social Addresses health Disseminates findings and from both positive nowledge gained to and ecological all partners perspectives

- A mixed-method pre/post design will be used to evaluate
 HH residents' health and social outcomes. Qualitative
 methods will be at the core, complemented by concurrent
 quantitative approaches.
- Rhodes' risk environment and implementation science frameworks will inform data gathering and analysis.
- Both qualitative and qualitative data will contribute to intervention co-design and process evaluation.
- The PCP Resident questionnaire will include:
- EQ5D-3L; WHOQoL-Age
- Housing history; service use & perceived needs;
 substance use & harm reduction practice
- The Staff questionnaire will include the Professional Quality of Life Scale (ProQOL)



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:

- a) Enhancing community-driven, multi-sectoral communication and collaboration
- b) Identifying strategies to reduce individual and environmental barriers to PSH-based primary care and HR supports for OPEH.



