

Service Co-design with Older People with Experiences of Homelessness – Early Lessons from a Work in Progress

Nixon, Lara (MD); Sampson, Megan (MA); McInnes, Ashley (PhD); Punungwe, Fadzai MoreBlessing (DrPH); Kelly, Martina (MD, PhD)
Department of Family Medicine, Cumming School of Medicine, University of Calgary



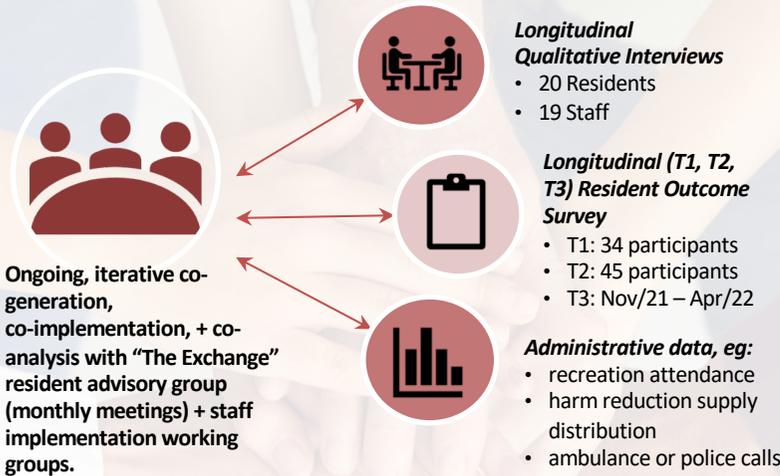
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Context

- Older people with experiences of homelessness (OPEH) have distinct care needs and often struggle to access health supports¹. OPEH may experience premature aging, as well as complex mental health and substance use-related challenges²⁻³.
- A growing body of literature suggests that co-design can help close the research-to-practice gap and enhance primary health care policy/delivery⁴; however, relatively few studies have engaged this population using participatory methods⁵.
- Study Setting:** ‘Harbour House’ is a low-barrier, 68-bed permanent supportive housing site for OPEH in an urban centre in Alberta, Canada. It offers on-site Primary Care access and other personal supports to residents aged 55+.
- Study Objective:** Engage Harbour House residents and their care providers in **co-design** and **co-evaluation** of enhanced services including primary care, mental health, addiction/harm reduction and recreation programming

Design

- Mixed-method, **Community Based Participatory Action Research** design to inform implementation, a developmental process evaluation, and resident outcome evaluation



Discussion

- Participatory Research (PR) can build on community strengths, fostering sustainable partnerships with patient populations to collaboratively reduce health inequities, and produce action-oriented findings.
- However, **mistrust, exclusion, inaccessibility, and other negative encounters with health, housing, and social services**⁷ and/or fears of **‘dependency’ and internalized shame**⁸ often shroud OPEH’s experiences, and can impact their willingness to engage with health researchers.
- PR with this group requires tailored engagement strategies that are **attentive to and attempt to restructure power imbalances, prioritize relationship/trust-building, combat stigma, and foster inclusion.**

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Findings: Collaboratively Developing Strategies for Engaging in Service Co-Design with OPEH

Fostering Collective Identity through Shared Outputs

- Co-developed:
 - ‘mission statement’ for ‘The Exchange’ Resident Advisory Group
 - ‘Resident Handbook’ for respectful interactions
 - Working definition of ‘addiction’ – to promote continued dialogue and combat stigma

Inclusion of Diverse Voices

- Process Consent⁶ for the ethical inclusion of individuals with diverse physical and cognitive conditions
- Diverse opportunities for participation incl. **group meetings, one-on-one conversations, written feedback**

Process Consent is a method whereby consent to participate in research is continually negotiated. It recognizes the relational and circumstantial nature of consent. It has been deemed appropriate in research with dementia patients or other circumstances where ‘capacity’ to consent may vary over time..

Power Sharing + Trust Building

- The community sets the agenda
- Accountability** to community-identified priorities in intervention planning (eg: **food, hearing + vision supports**)
- Keeping accessible **records** of commitments + community concerns

“I vote that we call [our resident advisory group] ‘The Exchange’, because we exchange thoughts, ideas, and data”

“[One] main concern is the communication piece. Without communication, we feel ignored or that our issue wasn’t taken seriously. This was one of our major issues [that led us to convene] ‘The Exchange’”

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

More Info/Larger Version



www.hrhopeh.com

Lara Nixon: Nixon@ucalgary.ca; Megan Sampson: mbsampso@ucalgary.ca