

# Seniors Quality of Life in Harm Reduction Housing

Nixon L MD CCFP (COE) FCFP, Sampson M MA, Punungwe FM DrPH, McInnes A, PhD, Kelly M MBBCh PhD CCFP  
Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta

## Learning Objectives

On reading this poster, you will be able to

- Describe how senior residents in a harm reduction facility co-designed a survey with researchers
- Appraise advantages and disadvantages of using validated tools, relevant to older people's needs
- Identify care needs that impact quality of life for older people living in a harm reduction facility

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

Older people experiencing homelessness and substance use challenges represent a growing population in addiction services. HR housing helps stabilize and support people with challenging substance use. To date, few seniors housing options integrate HR care. This is challenging for older people given medical co-morbidities.

## Study Aim

To develop service planning, this study assessed self-reported quality of life (QoL) and care needs of older people living in permanent HR accommodation in an urban setting.

## Setting

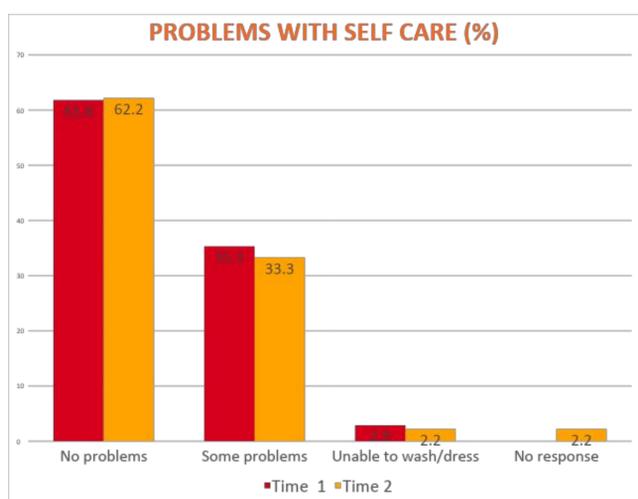
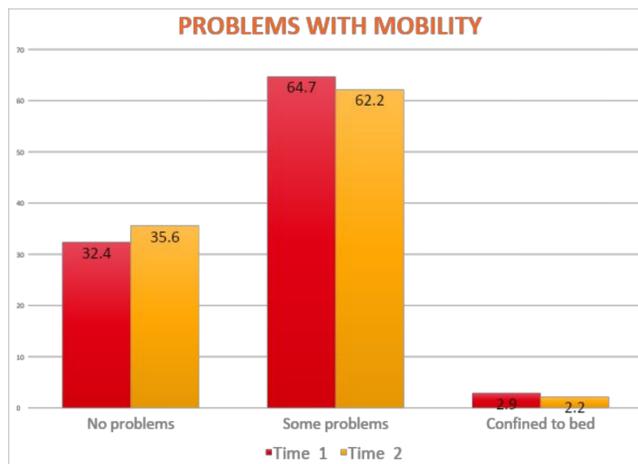
Sixty-eight bed supportive living facility providing personal, and health supports for men and women aged 55+ with ongoing substance use challenges. Residents have access to managed alcohol and managed tobacco programs, primary health care (family physician, nurse), and social work support.

## Method

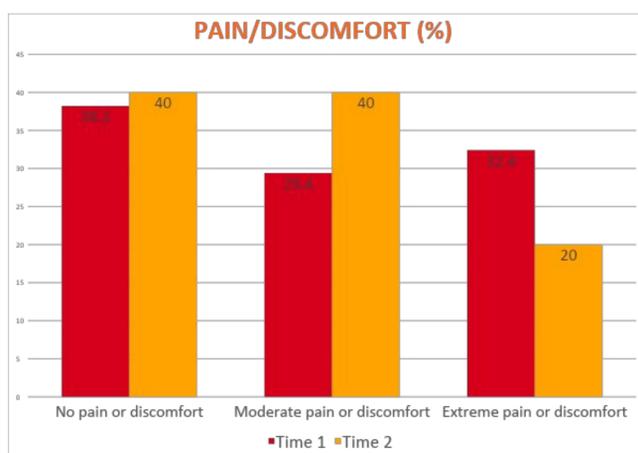
- Community-based participatory action research (CBPAR). Residents worked with researchers to develop a survey tool appraising resident quality of life by reviewing a series of pre-selected tools. Some tools, e.g., on mental health were considered too personal and invasive due to the level of detail required and were rejected by residents.
- Residents preferred simple questions with Likert-type responses. Where possible, questions or tools were shortened, out of consideration for participants' mental and physical stamina and concern that a longer survey may decrease the quality of their responses
- The final tool consisted of 68 items including validated tools exploring self-reported health status, quality of life, service use, substance use, demographics, and housing history.
- To support residents' participation, residents completed a survey with the help of one of the research team.
- Survey completion ranged from 15 to 90 minutes and for some participants required two appointments. Some standardized questions were confusing for participants, e.g., if the question asked about anxiety and depression but only gave one answer option.
- The tool was administered twice: November 2019 (Time 1) and March 2020 (Time 2). Based on findings from the first survey, recreation and mental health supports were increased. Descriptive statistics are presented.

## Results

- Thirty-four participants (50% of residents) participated in the first survey and 54 (63%) in the second survey; mean age 66 years, (75% male)
- Between Time 1 and Time 2, resident physical health was relatively unchanged



Overall, there was a small reduction in residents self-report of pain



Quality of life improved



Residents reported a slight improvement with satisfaction with their health and sense of personal self-satisfaction



## Discussion

Despite active-managed alcohol and tobacco programs, residents experienced a range of physical and mental needs similar to those of many older people. HR for older people needs to integrate care for addiction with clinical care, mental health and social activities. CBPAR gives an opportunity for end users to actively participate in service design and delivery. To date, increasing recreation and mental health supports has improved residents' overall sense of satisfaction. The results of this survey are being used to further co-design new services, e.g., physical activities to help mobility.

## Conclusion

Engaging older adults in the design of health and social services through purposeful needs assessment can help researchers and healthcare providers develop services more sensitive to their needs.

## References

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