

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

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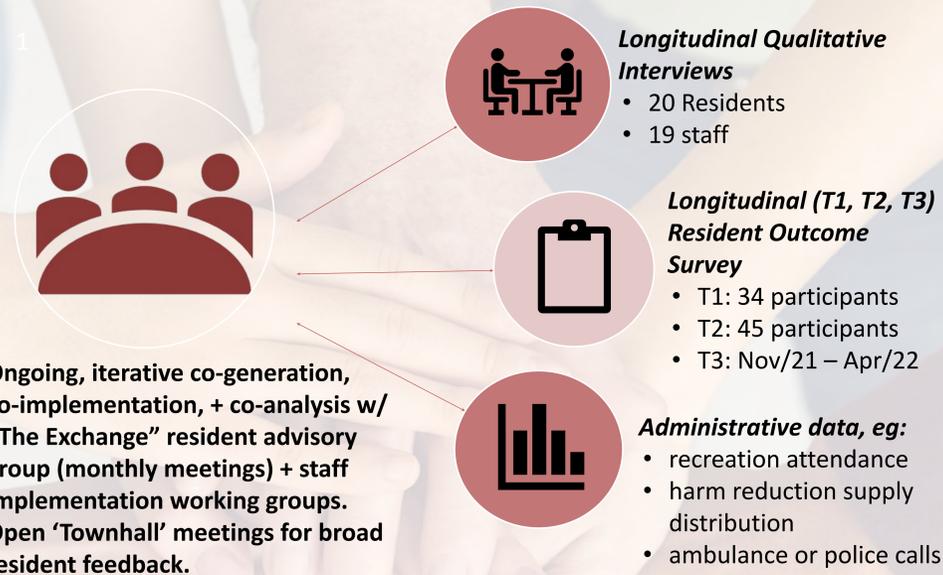
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## Context

- Older people with experiences of homelessness (OPEH) have distinct care service needs and often struggle to access health supports<sup>1-2</sup>. OPEH may experience premature onset of geriatric physical and health conditions, as well as complex mental health and substance use-related challenges<sup>3-4</sup>.
- A growing body of literature suggests that co-design can help close the research-to-practice gap<sup>5</sup> and enhance primary health care policy and delivery<sup>6-7</sup>; however, relatively few studies have engaged this population using participatory methods<sup>8</sup>.
- Study Setting:** Peter Coyle Place (PCP) is a low-barrier, 68-bed permanent supportive housing site for OPEH located in an urban centre in Alberta, Canada. It offers on-site Primary Care access and other personal supports to residents aged 55 and older.
- Study Objective:** Engage PCP residents and their care providers in **co-design** and **co-evaluation** of a suite 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



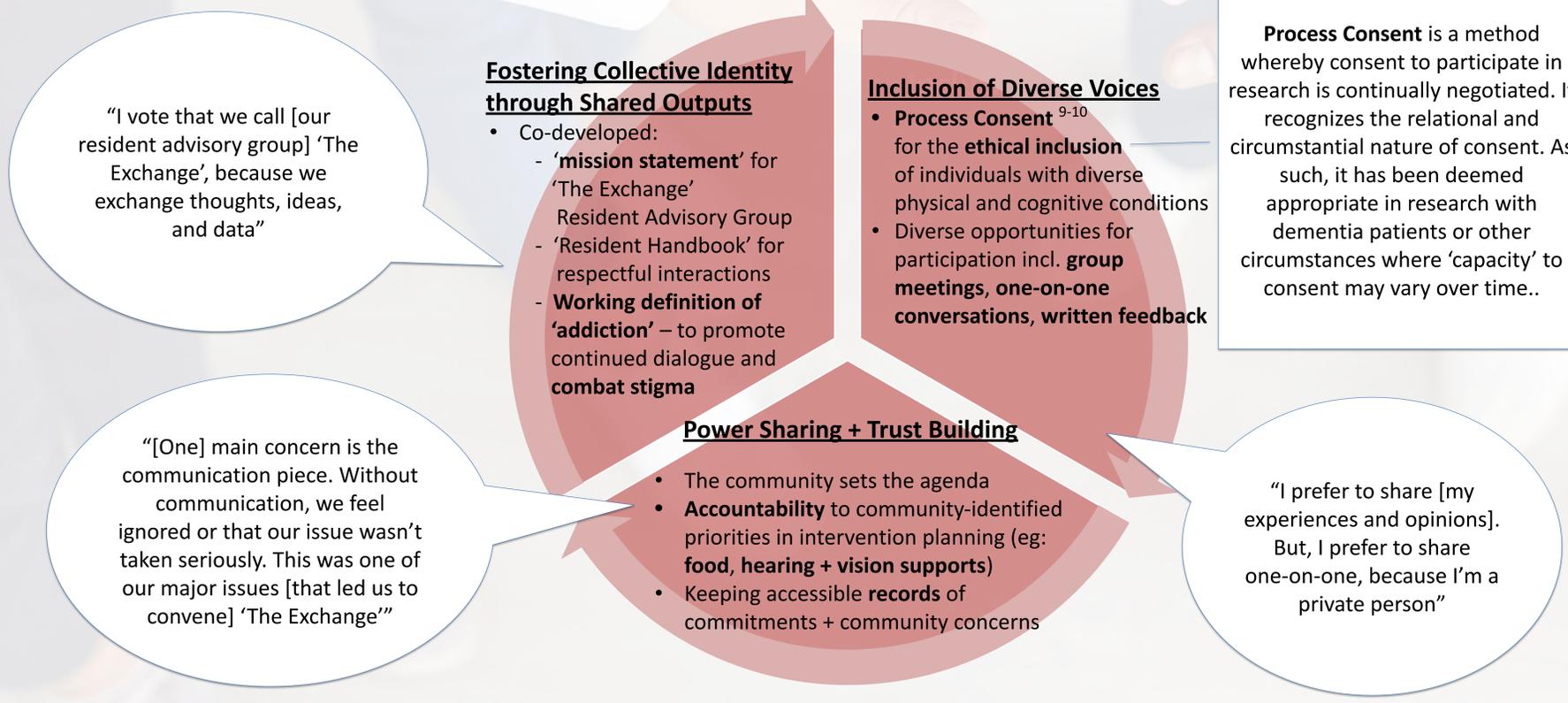
## Discussion

- Participatory Research (PR) can build on community strengths, fostering sustainable partnerships with patient populations to collaboratively reduce health inequities, and produce action-oriented findings<sup>11</sup>.
- However, **mistrust, exclusion, inaccessibility, and other negative encounters with health, housing, and social services<sup>12-13</sup>** and/or **fears of ‘dependency’ and internalized shame<sup>14</sup>** 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



## More Info



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