UNIVERSITY OF CALGARY

Addressing Late-Life Homelessness in Canada

March 17-18, 2026 | Calgary, AB

Appendices



THE EXCHANGE



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March 17-18, 2026 | Calgary, AB

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Appendix 1: ExCHANGE Calgary Agenda

Time	DAY 1 – Tues March 17, 2026: Discover & Dream
9:00am	**Welcome** Lara Nixon, Elder John Chief Moon
9:30am	**Session 1: Network Discovery & Bridging Across Care Landscapes** Martina Kelly, Family Medicine, University of Calgary: Identify what's working well, and what "success" looks like in the context of responding to late-life homelessness.
10:00am	**Sharing Success Stories - Part 1** 1. Promising Practice in Continuing Care - Salimah Walji-Shivji, AgeCare, Calgary 2. Partnering with Lived-experience Experts - Lara Nixon, Family Medicine, University of Calgary
10:45am	Snack break
11:15am	**Session 2: Discovering Together & Bridging across Experiences** Members of the ExChange: An experiential session co-led with older adults with lived experience, sharing key insights and learnings.
12:00pm	Lunch
1:00pm	**Group Reflections** - Lara Nixon
1:30pm	**Sharing Success Stories - Part 2** 3. Outreach Psychogeriatric Intensive Case Mgt - Michael Tau, Unity Health, Toronto 4. Supportive Housing - Dyan Harke & Nyamal Jany, NiGiNan Housing Ventures, Edmonton 5. Structural Opportunities for Inclusion - Elaine Boyling, Family Medicine, University of Calgary
2:30pm	Snack break
2:45pm	**Session 3: Network Dreaming** - Lara Nixon & Martina Kelly Breakouts to review core values in care with older people experiencing housing precarity and to envision specific changes you would like to see in your local environment.
3:30pm	**Day 1 Debrief** Jayna Holroyd-Leduc, Brenda Stafford Centre on Aging, University of Calgary

Appendix 1: ExCHANGE Calgary Agenda (cont'd)	
Time	**DAY 2 - Wed March 18, 2026: Design & Destiny**
9:00am	**Welcome** Lara Nixon, John Chief Moon **Reflections from Day 1** Fiona Clemment, Centre for Health Policy, University of Calgary
9:30am	**Sharing Success Stories - Part 3** 6. Comprehensive Geri Assessment in Shelter - Alesia Campbell, Unity Health, Toronto 7. Primary Health & Addiction Care in Shelter- Steven Peard, Calgary Drop-In Centre 8. Low Barrier Wound Care - Eileen Emmott, Integrated Home Care, Calgary 9. Transitional Models of Care (prerecorded)- Louis Francescutti, Bridge Healing, Edmonton
11:00am	**Session 4: Co-Designing Change** – Martina Kelly & Lara Nixon
11:45pm	Lunch
12:30pm	**Session 5: Next steps**
1:30pm	**Day 2 Debrief & Closing Remarks**

Appendix 2: Who Participated in ExCHANGE Calgary?

35 people attended from British Columbia, Alberta, Ontario, & Newfoundland-Labrador

Day 1: 33 participants **Day 2:** 21 participants

Sector Representation

The event brought together a **cross-sector group of participants** spanning
policy, service delivery, community organizations, and academia

Government & Public Sector

- Government: Government of Alberta, Offices of the Seniors Advocate (BC and NL)
- Canadian Coalition on Seniors' Mental Health
- Indigenous Elder
- The Exchange (est 2019), a group of community co-researchers with lived expertise in late-life homelessness, collectively advising on promoting health and quality of life for older people.

Housing, Health and Social Service Organization Leaders

- AgeCare, Calgary
- Assisted Living Alberta
- Calgary Drop-In Centre
- Carewest Innovative Health Care, Calgary
- CUPS Calgary Society
- NiGiNan Housing Ventures, Edmonton
- Unity Health, Toronto

Service Providers

- Nursing
- Social work
- Medicine, including: family, internal, geriatrics, and addiction

Academic & Research Institutions

- University of Calgary
- University of Toronto
- Memorial University
- Unity Health Toronto

Appendix 3: Shelter-based Primary health & Addiction care - Calgary Drop-In Centre - *Steven Peard, Social Worker & Shannon Grant, Medical Director*



The Calgary Drop-In Centre acknowledges that we are on Treaty 7 territory. Reconciliation is the responsibility for all. We respect the oral practices and cultures of the people of the Blackfoot Confederacy of Siksika, Piikani, and Kainai First Nations, the Îyâxe Nakoda of Chiniki, Bearspaw, and Goodstoney First Nations, the TsuuT'ina Nation and the people of Métis Nation of Alberta District 5 and 6.



WHO WE ARE

HISTORY OF THE DI



OUR WORK

We welcome adults at risk of or experiencing homelessness. We collaborate with, and coordinate access to, a spectrum of care that will support each person's way to the most independent living possible.

We are people-centred, housing-focused, and recovery-oriented, and we operate 24-hours per day every day of the year.



MISSION

Working with community to end homelessness, one person at a time.

VISION

A community where everyone can find their home.

VALUES

Kindness: We accept each person’s uniqueness with compassion and empathy.
Respect: Our actions honour the rights, differences, and dignity of others.
Wellness: We promote, provide, and support holistic wellbeing.
Accountability: We operate with transparency and integrity in both our relationships and our commitments.
Community: Through collaborative partnerships, we work together as a team, building inclusive communities.

HOUSING-FOCUSED EMERGENCY SHELTER



A housing-focused shelter is more than just a place to sleep, it's a launch pad to stable housing.
While meeting immediate needs like safety, food, and hygiene, our main goal is to help people move out of homelessness quickly and permanently.
We work closely with each guest to connect them with housing options, supports, and services that lead to long-term stability. Every program and service offered is intentionally focused on ending an individual's experience with homelessness and toward permanent housing as quickly as possible.

LOW-BARRIER EMERGENCY SHELTER

A low-barrier emergency shelter is a safe and welcoming space for people experiencing homelessness. Unlike traditional shelters that often have strict rules, these shelters are designed to remove obstacles so that anyone in need can access help.

What Makes Low-Barrier Shelters Different?

Low-barrier shelters do not require sobriety, identification, or participation in programs to enter. They operate on a person-centered, recovery-oriented system of care approach, meaning they accept individuals as they are — even if they are using substances or living with mental health challenges — while prioritizing safety and dignity.

What Do They Provide?

Guests can expect a secure place to sleep, meals, showers, and storage for belongings. Staff are available to connect people to health care, housing programs, and social services, but these supports are voluntary. Inclusivity is central, ensuring that everyone feels welcome regardless of background or identity.

What is the importance?

These shelters are often the first step for people who have been excluded from other services. By removing barriers, they create opportunities for engagement and stability, which can lead to long-term housing solutions.

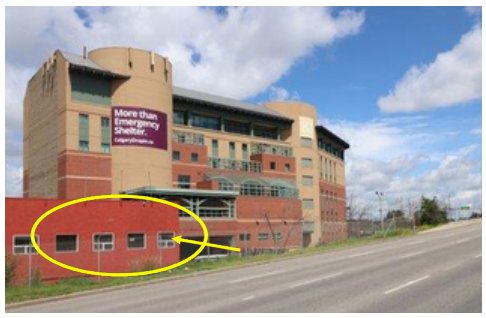
SHELTER FACILITIES

Main Building
1 Dermot Baldwin Way SE



- Housing-focused shelter for adults
- Meet clients where they're at:
  - Low-barrier
  - All states of sobriety
  - 24/7
- Original Capacity: 557 - 884

Original Building
West of Main Building



- Opened 1961
- Currently hosts Housing Hub and Encampment shelter
- Capacity: Up to 50 (capacity ~50)

Centre 2507
2507 Bowness Road NW



- Behaviour-based, men-only shelter
- Capacity: 56 - 120

HOUSING BUILDINGS

Bridgeland Manor
634 2 Ave NE



- Opened in 2005 (First housing building in DI history)
- All units affordable to the tenant based on income
- For tenants roughly 50+ years old 1 supported living Case Manager on site 49 units -29 deeply affordable/15 affordable/5 near market

Sundial Apartments
835 6 Ave SW



- Opened in 2009
- All units affordable to the tenant based on income
- Long-term commercial tenants 1 supported living
- Case Manager on site 114 units - 68 deeply affordable/34 affordable/12 near market

Greenview Rise
4804 Edmonton Trail NE



- Opened in 2019
- All units affordable to the tenant based on income
- Commercial tenants 1 supported living Case Manager on site 79 units - 47 deeply affordable/24 affordable/8 near market

OTHER BUILDINGS

Donation Centre
3640 11a St NE



- Open 7 days/week
  Donated items go directly to people who need them
  Donation hub for 130+ agencies serving low-income Calgarians

Inglewood
1439 17 Ave SE



- DI Office space & Storage
  Commercial tenants



WHAT WE DO

FLOW OF OUR PROGRAMS

Emergency Shelter	Essential Needs	Case Management	Health & Recovery	Housing
Triage	Daily Meals	Needs Assessment	Health Services	Housing Support
Orientation	Laundry	Housing Conversations	Drug Poisoning Reversals	Free Goods Program
Diversion	Showers	Income Support	Withdrawal Management	DI Owned Affordable Housing & Case Management
Multiple Shelter Quarters	Clothing		Recovery Transition Program	
Day / Night Sleep	Hygiene Supplies			



OUR IMPACT

Shelter Demographics

50%
White

25%
Indigenous

10%
African/Caribbean

75%
Male

24%
Female

1%
Trans/Non-Binary

44
Average Age (Men)

39
Average Age (Women)

Housing

519
people found a place to call home

4.4%
people returned to shelter

252
people avoided homeless by early intervention



Housing



Our team helps ~50 people find housing, every month.

Yet, in the same period, we see ~150 new people we **haven't met before.**



Our team helps ~50 people find housing, every month.

Housing

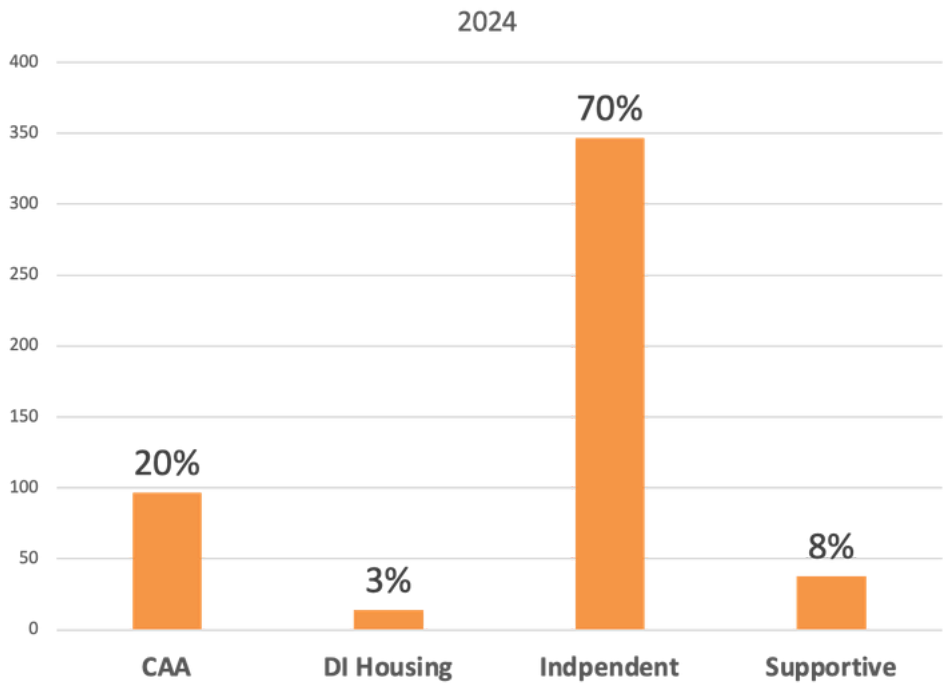
WHERE PEOPLE WERE HOUSED

Coordinated Access and Assessment (CAA) is a system used by Calgary Homeless Foundation and agencies in the city.

DI Housing refers to our own affordable housing units.

Independent Housing where people sign a lease with a landlord within the community.

Supportive Housing where people sign a lease with a long-term care facility or senior's housing.

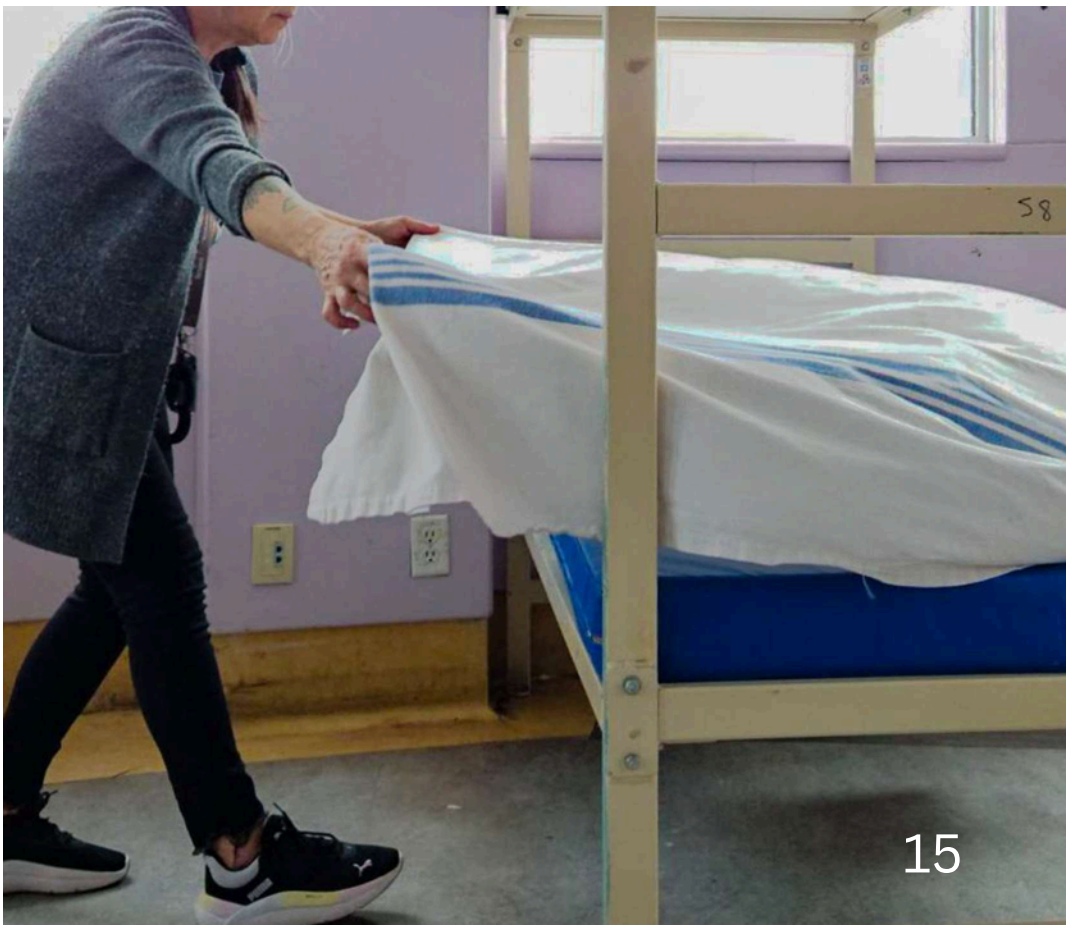


Shelter

639
people, on average, slept in shelter every night

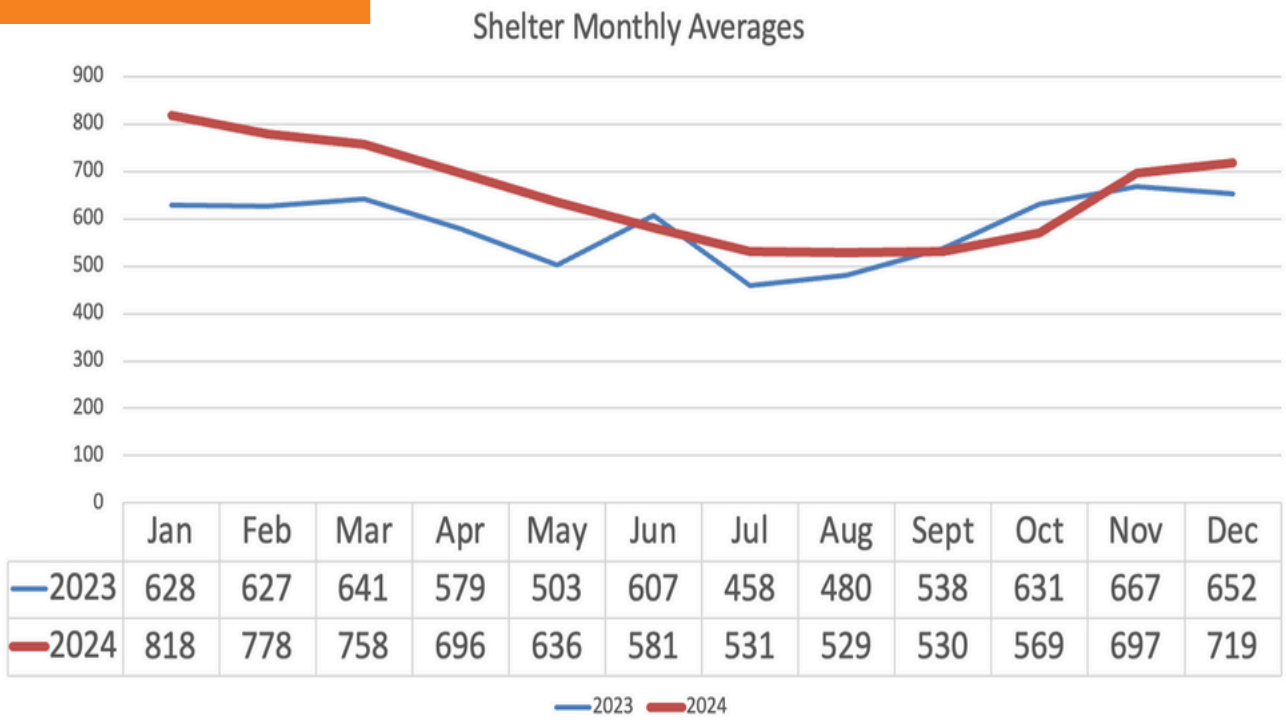
8,789
unique people accessed our services

691,929
meals prepared and served by our staff and volunteers



Shelter

EMERGENCY SHELTER OCCUPANCY



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2023	628	627	641	579	503	607	458	480	538	631	667	652
2024	818	778	758	696	636	581	531	529	530	569	697	719

We have seen roughly 10% more individuals in the past year. This data is from 2023 and 2024. In 2024, the DI had 6,057 unique individuals stay at least one night in one of our shelter space.

Health

25,341
appointments at our Episodic Medical Care Clinic

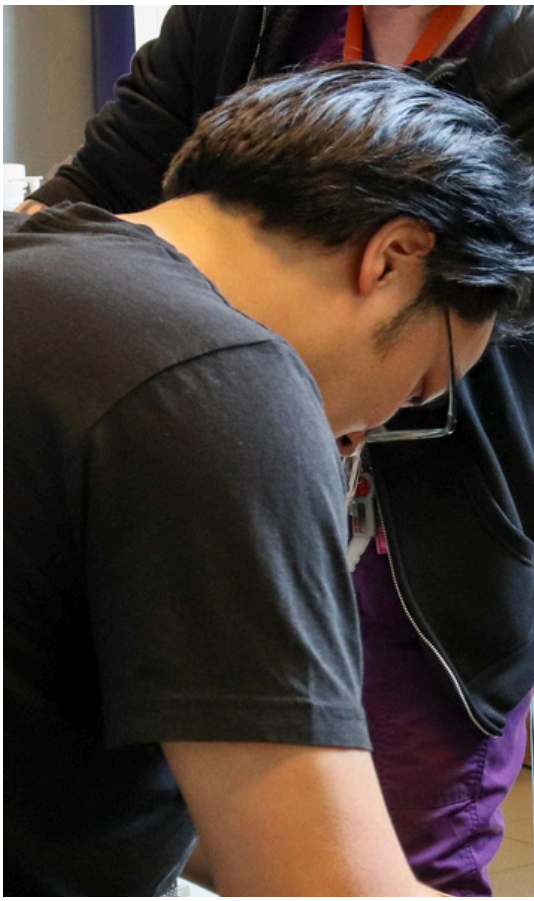
8,593
medical interventions by our Rapid Response Team

29,731
health touch points with medically vulnerable people

375
DI guests attended Withdrawal Management

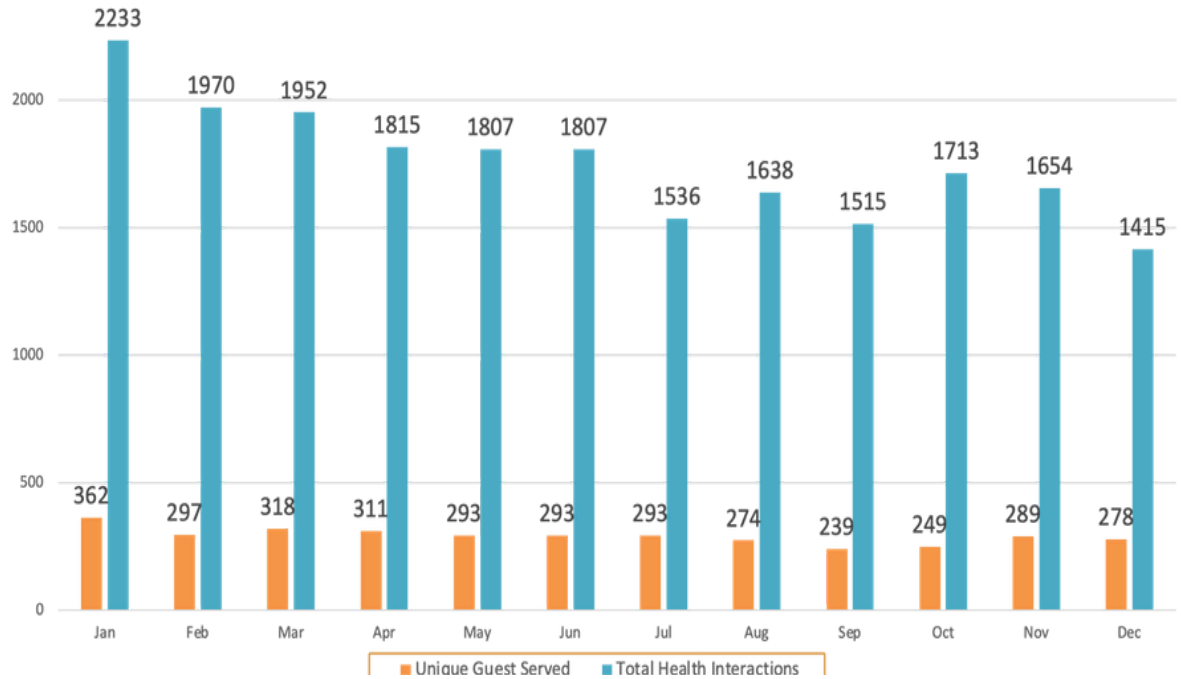
299
Recovery Transition program

290
people were referred to the DI for Withdrawal Management



Health

HEALTH SERVICES



Our medical staff served an average of 291 unique people per month, several times per month. For example, we served 362 people between 6-7 times last January.

Having in-house health services has drastically reduced people's need for urgent care as well as calls to 911.

Free Goods Program

The Free Goods Program operating out of the Donation Centre receives a wide variety of donated items from generous Calgarians that the team then triages to support the DI's vast programming and operations.

This program has generated the agency **$2.1 million +**in annual operating savings through gift-in-kind donations that support emergency shelter operations and other agency needs in areas.

Food $1.3 million
Clothing & linens $600,000
Hygiene products $102,000
Maintenance & facilities supplies $50,000
IT equipment$25,000
PPE$15,000
Administration supplies$5,000

Free Goods Program

3,572
furnished
by our program
20,449
people were
served
by our program
821,562
items
distributed that
made a house a
home





Follow Us on Socials

@calgarydropin

Appendix 4: Comprehensive Geriatric Assessments in Shelter - *Alesia Campbell, Social Worker & Jillian Alston, Geriatrician, Unity Health Toronto*

Caring for Older Persons Experiencing Homelessness:

Establishing and Evaluating a Specialized Geriatric Outreach Program



Rationale for Geriatric Outreach to Shelters

The number of older persons experiencing homelessness (OPEH) is rising dramatically. Individuals aged 50 and above were the only age-group with an increase in shelter use in Canada between 2014 and 2019. In Canadian 2022 point-in-time counts, 29% of individuals experiencing homelessness were ≥ 50 years. In Toronto, 37% of persons experiencing homelessness in 2021 were ≥ 50 years and 12% of persons experienced homelessness for the first time after the age of 55. OPEH have higher mortality rates and experience conditions common with aging, such as mobility issues and cognitive impairment, at a prevalence greater than housed adults. Older adults are increasingly vulnerable to first-time homelessness due to rising housing costs, limited subsidized housing, and adjusting to fixed incomes.

Clinical Program

What:
on-site clinical assessments at partner sites, program evaluation, capacity building and knowledge sharing

Who:
1 geriatrician,
1 outreach counselor,
program evaluation team, collaboration with inner city health associates

Aim:
to provide comprehensive geriatric assessment (CGA) and care for OPEH

Population:
individuals referred for assessment living at partner shelters and permanent supportive housing sites.

Program Clinical Process

Referral Triage
- Referrals from shelter staff or primary care

Intake by Outreach Counselor
- Initiates CGA
- Liaises with shelter staff
- Facilitates appropriate supports

Geriatrician Assessment
- Completes CGA
- Provides consultation note with recommendations to primary care

Implementation
- Counselor liaises with shelter staff regarding next steps, helps implement as needed

Follow-up
- Scheduled as deemed appropriate
- Counselor obtains interim updates

Capacity Building

Activity	Audience
Informal	Shelter and health care workers
E-modules (in development)	Shelter staff, health care workers (geriatric focused, shelter)
Presentations/ workshops	Shelter and housing staff; individuals residing in shelters / housing sites; health care workers, trainees and leaders (rounds, conference presentations)
Clinical experiences	Supervision of social worker and medical trainees
Publications	Health care workers, policy-makers, other knowledge users

Program Evaluation

Objective	Method
1. Program barriers and facilitators	• Qualitative interviews • Chart reviews
2. Quality	
3. Impact	

Demographics*: *June 2020 to October 2022*
55% aged 70 +
Cognitive impairment: n= 75 (59%)
Rockwood Clinical Frailty Scale (CFS): n=88 (70%) living with frailty (CFS 4-6)

*Preliminary, results, please don't tweet/share

Assessment of OPEH access to Long Term Care Homes (LTCH)



Focus Groups:
process mapping with 6 shelters



Qualitative interviews
(staff, residents)



Chart Reviews

Barriers
- Staff knowledge of LTCH admission processes
- Communication challenges
- High rates of rejection & longer wait times especially if substance use or behaviours (e.g. wandering)

Facilitators
- Information sharing and collaborative decision-making
- Scheduled visits
- Access to external supports

Conclusions: Needs of frail older adults are unmet → condition deteriorates, stretched shelter capacity. There are several opportunities to make LTCH access more equitable for OPEH.

Program Impact and Outcomes

Qualitive interviews found the following themes regarding the geriatric outreach program to shelters:

- It is perceived by shelter and housing staff and individuals accessing the program as beneficial
- It helps identify and address complex and comorbid health needs in physically and socially frail older adults aged 55+
- It enhances knowledge and confidence in addressing the needs of older adults among shelter staff/health care providers
- It helps transition residents to more appropriate placements
- The outreach counselor role has been integral to the outreach service.

What does this program evaluation tell us?

- There is a strong and growing need for specialized geriatric outreach services in shelter settings.
- High rates of clinical frailty, cognitive impairment, and LTCH recommendations highlight the urgent need for older person specific shelter programs and homelessness prevention efforts.

Assisted Living Alberta

Drop-In Wound Care Clinic Sheldon M. Chumir (SMCHC)

Eileen Emmott March 18, 2026

Background

Sheldon Wound Clinic

- Multidisciplinary, specialized wound clinic with physician support.
- Wound care referrals originate from Acute Care Transition Services or community partners.
- High incidence of no show with clients who are homeless or marginalized.
- No contact number available to reach clients to schedule appointments.
- Clients are discharged after three missed appointments or if the clinic is unable to contact them.
- Clients reported challenges accessing

Background

Continued

- The Sheldon would clinic proposed a trial drop-in-clinic to allow clients to attend when able, reducing barriers from missed appointments and lowering the risk of discharge.
- Clinic staff engaged internal and external partners (e.g., SMCHC protective services, Supervised consumption site, SMCHC ED, MIH, CUPS, Alpha House, and the Alex CHC) to address barriers to care
- A streamlined referral process and client coupon were developed to improve access to care.
- Internal and external partners supplied clients with a referral coupon to present upon entering the SMCHC building.

Drop-in-Clinic

Current Status

- Drop-in-line hastransitioned from a pilot project to permanent services.
- Drop-in-line is case-managed by nursing (RN/LPN) with access to PT, OT, Dietician and physicians.
- Clinic hours: Monday-Friday, 08:30-12pm and13:00-15:00. Clients are see on a first-come, first-serve basis.
- Daily drop-in volumes average 10 to 12 clients.
- In addition to wound care, nursing staff offer information on available resource and services as needed.
- The Drop-in-line has a return-to-service rate of over two-thirds of clients.

Services

Wound Care

- Injection related wounds
- Trauma wounds
- Frostbite
- Burns
- Lower Leg Ulcers
- Diabetic ulcers

Resources

- ID Program
- Help & Hope Mission
- Navigation Centre
- MIH
- CUPS

Supplies

- Wound care supplies
- High Protein drinks
- Clothing
- Footwear

Drop in Line, Sheldon M Chumir

Publication:

A retrospective chart review of the Drop-In Wound clinic was conducted from January to December 2021

This work was published in the *International Wound Journal*. A copy of the publication can be found here: http://dx.doi.org/10.1111/iwj.70179

Assisted Living Alberta

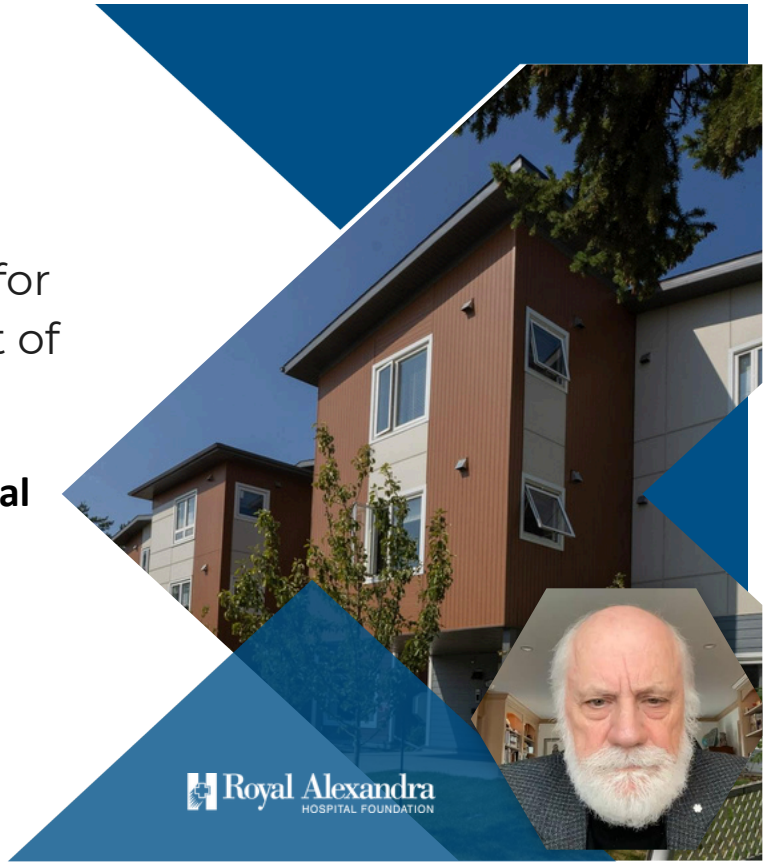
Thank you

BRIDGE HEALING

THE HUMAN WAY FORWARD

Improving Healthcare Access for Alberta's Homeless: The Impact of Bridge Healing and JOAN AI

LOUIS HUGO FRANCESCUTTI
Emergency Physician, Royal Alexandra Hospital



ExCHANGE Calgary

Forum on Late-Life Homelessness

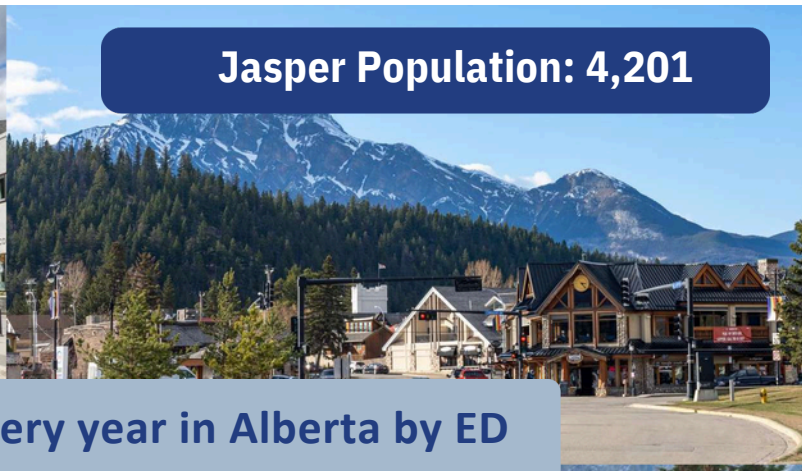
Road Map for Today

1. The challenges of being unhoused
2. A visit to the emergency department is a desperate cry for help
3. The proven solution–Bridge Healing
4. The fantastic opportunities before us
5. JOAN - An AI Chatbot to the rescue
6. Invite your valuable opinions and actions

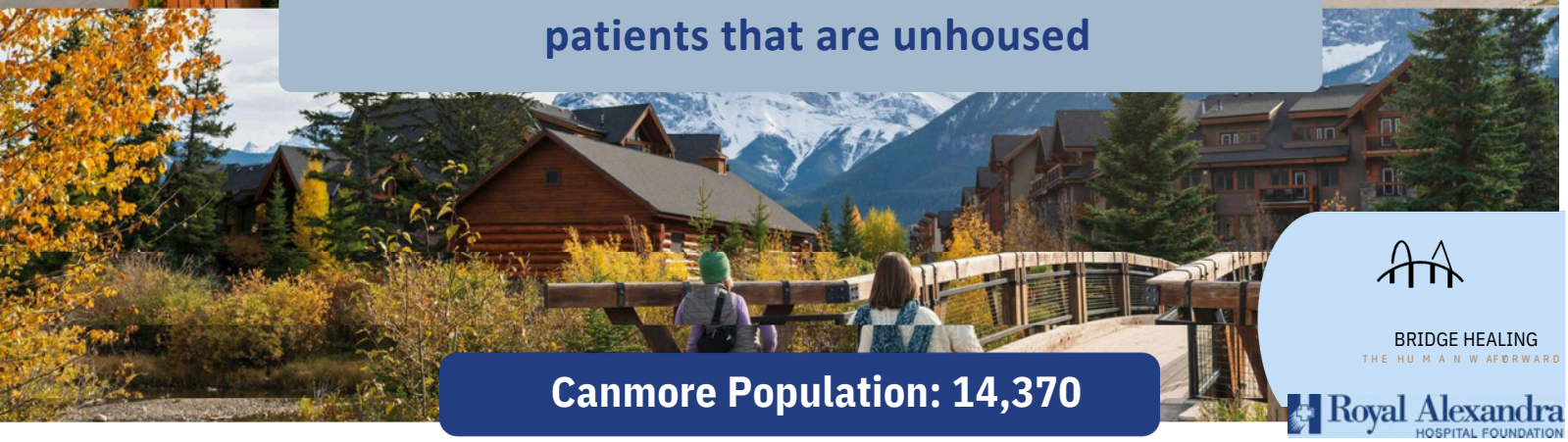
ED's Are the Last Line of Defense!

- Pregnant & bleeding.
- Day or night.
- 24/7/365.
- Pleasant. Miserable.
- All ages. All races. All religions.
- Addicted. Lonely. Intoxicated.
- Rich. Poor. Just surviving
- Stabbed, shot or traumatized.
- Simple. Complicated. Unsure.
- Homeless. Hungry. Hopeless.
- No appointments. No one refused.
- Alive. Dead.
- Weak or dizzy.
- Newborn. Child. Adult. Palliative.





Number of visits every year in Alberta by ED patients that are unhoused



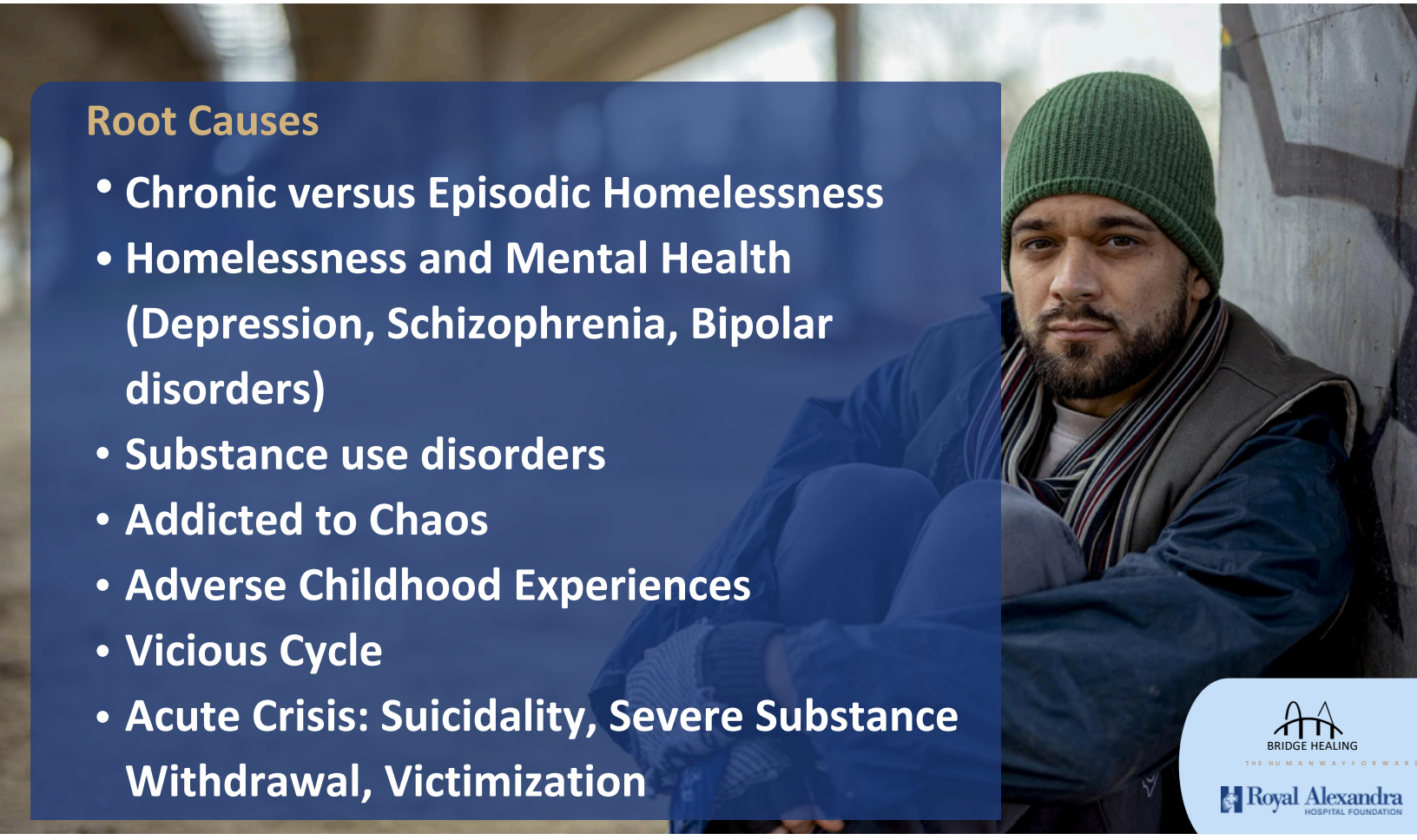
BRIDGE HEALING
THE HUMAN WAY FORWARD

Royal Alexandra HOSPITAL FOUNDATION

Once a Person Gets a Homeless Diagnosis, There Is a Roughly 1 in 5 Chance of Death Within 5 years

AB Estimated ER Costs For Patients Experiencing Homelessness

2019	$44,069,207
2020	$44,132,794
2021	$48,257,873
2022	$52,719,808
2023	$68,366,284
2024	$75,126,802







Royal Alexandra Hospital in Edmonton is the Epicenter of Unhoused Visits in Alberta

In 2023, the **Royal Alexandra Hospital** had more than 8,414 Emergency Department visits from 3,260 patients facing houselessness. The **MOST** in the province.

BRIDGE HEALING
THE HUMAN WAY FORWARD
Royal Alexandra HOSPITAL FOUNDATION

Ground Zero: The Emergency Department

Yearly ED Visits by People Identified as Homeless in Alberta Emergency Departments	2021	2022	2023	2024	2025
All ages	27,063	27,660	34,858	38,903	48,090
Those over the age of 65 years	834	1,009	1,431	1,826	2,408
% of total numbers	3.08	3.64	4.10	4.69	5.00

Source: AlbertaHealth, 2026

Royal Alexandra HOSPITAL FOUNDATION

BRIDGE HEALING
THE HUMAN WAY FORWARD

Risk Of Being Unhoused

- Increased Health
- Problems Substance Use
- Exposure to Violence
- Nutritional Deficiencies
- Inadequate Hygiene
- Hypothermia and Heat-related Illnesses
- Higher Mortality Rates
- Limited Access to Healthcare
- Mental Health Challenges
- Social Isolation



Understanding the Impact of Houselessness on Emergency Department (ED) Patients

- Higher Utilization of ED Services
- Increased Health Risks
- Frequent Visits and Readmissions
- Social Determinants of Health
- Barriers to Care
- Longer Wait Times
- Mental Health Challenges
- Intervention Opportunities
- Training and Awareness
- Policy Implications



Bridge Healing

- Accepts unhoused patients directly from five emergency departments in Edmonton
- Has 36 beds on 100th Ave & 160th St
- 103% occupancy rate
- Free to the clients
- Their own locked room
- Fully wheelchair accessible
- Full wrap around services
- Based on the Eden Principal
- Run by a community non for-profit Jasper Place Wellness Centre





Bridge Healing is the Solution

Bridge Healing exemplifies a comprehensive and compassionate approach to addressing houselessness and supporting individuals on their journey to recovery and stability

Royal Alexandra HOSPITAL FOUNDATION

Breaking Cycles. Bridging Hope.

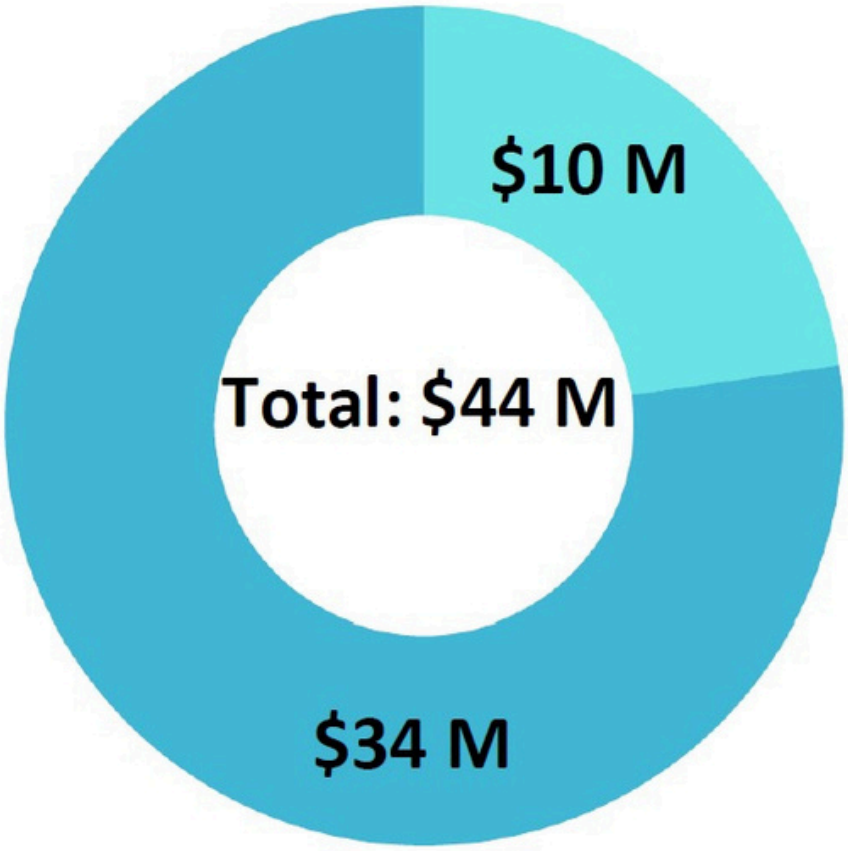






Royal Alexandra HOSPITAL FOUNDATION | BRIDGE HEALING THE HUMAN WAY FORWARD

Bridge Healing & RAH Emergency Department



$34 Million

-Government funding (municipal, provincial, federal programs)
-City of Edmonton
- Jasper Place Wellness Center Financing

$10 Million

– Philanthropic and Community Support, led by RAHF, across three years ($3.3 Million per year)

Royal Alexandra HOSPITAL FOUNDATION | BRIDGE HEALING THE HUMAN WAY FORWARD

Breaking Cycles. Bridging Hope.



Royal Alexandra HOSPITAL FOUNDATION

BRIDGE HEALING
THE HUMAN WAY FORWARD

Success to Date

Qualico Golf Tournament



Royal Alexandra HOSPITAL FOUNDATION

BRIDGE HEALING
THE HUMAN WAY FORWAR

Economic Benefits in Supporting Unhoused Emergency Department Patients

- Reduced Healthcare Costs
- Decreased Hospital Readmissions
- Lowered Public Health Expenditures
- Increased Productivity
- Cost-Effective Outreach Programs
- Improved Community Health
- Long-Term Housing Stability
- Enhanced Quality of Life
- Economic Development
- Philanthropic and Public Funding

Investing in the health and stability of unhoused individuals not only enhances their quality of life but also leads to significant economic advantages for healthcare systems and communities.

Royal Alexandra HOSPITAL FOUNDATION

40-70% reduction in Emergency Department visits.

Costs associated with frequent hospitalizations were cut by $16,000 - $24,000 per person annually.

40% fewer arrests, 30% fewer emergency visits, and 50% fewer in patient hospitalizations

Providing stable housing to 100 patients could save up to $2.4 million annually.

600 patients discharged into a Bridge Healing home would mean a savings of up to $14,400,000 annually.



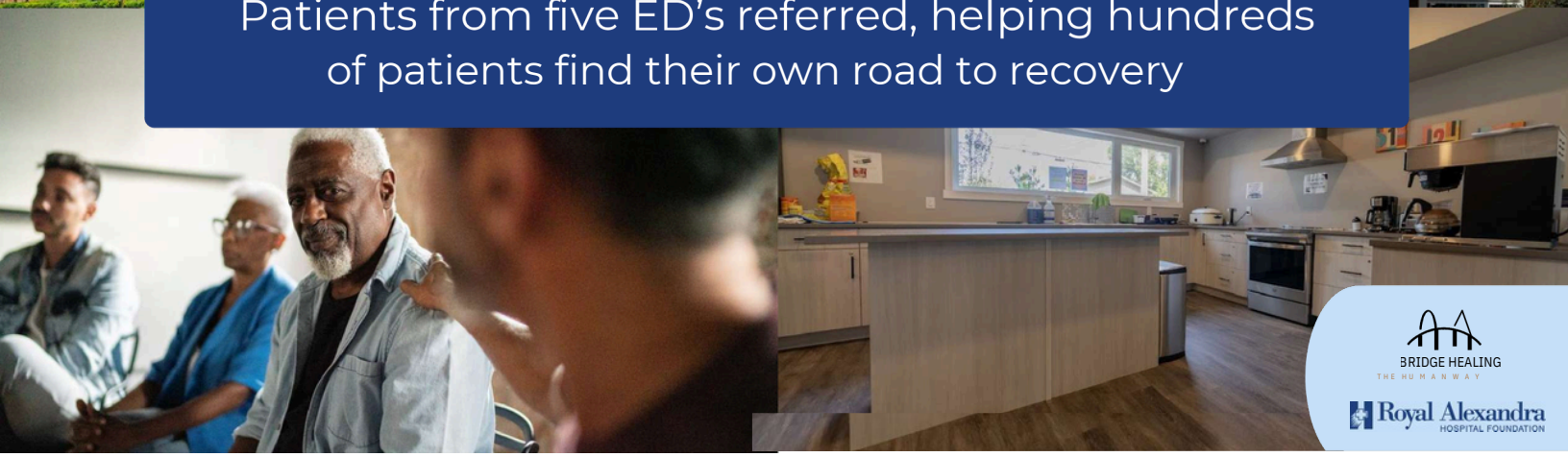
Five Different Referring Emergency Departments Sending Patients at the Same Time 24/7/365



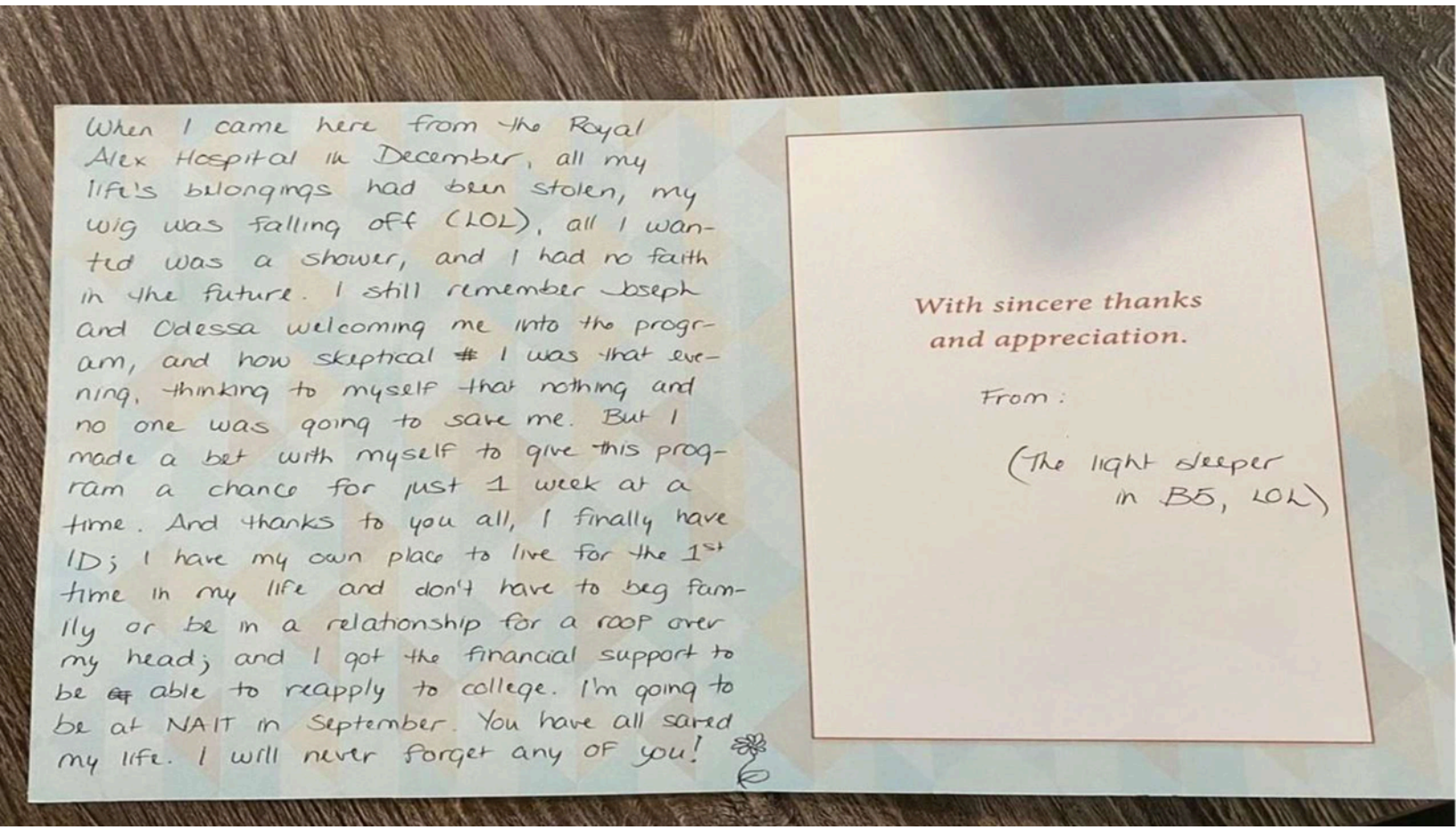


The Fantastic Opportunity Before Us

Patients from five ED's referred, helping hundreds of patients find their own road to recovery



BRIDGE HEALING
THE HUMAN WAY
Royal Alexandra HOSPITAL FOUNDATION



Contact:

780-932-7187

drlou.ca



NIGINAN HOUSING VENTURES

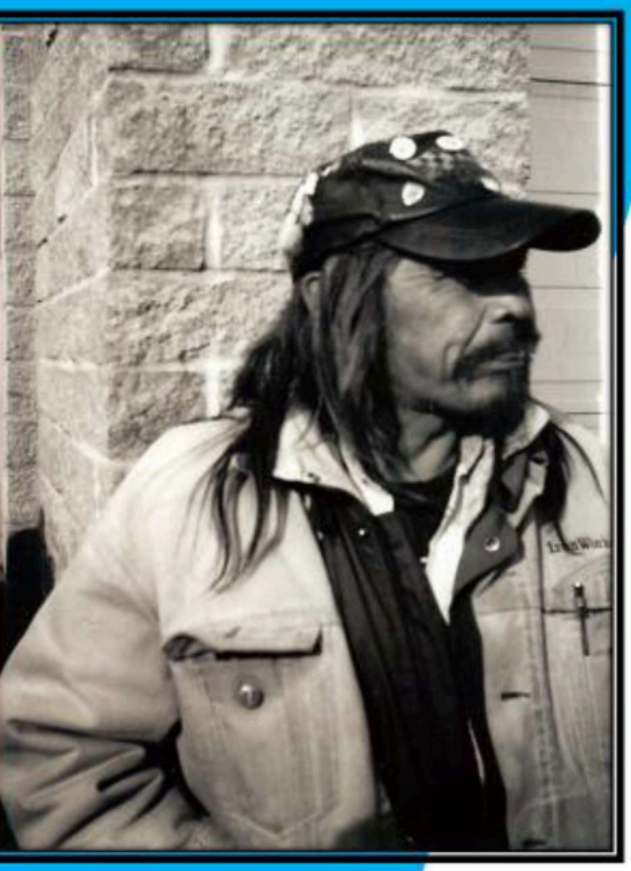
Decolonizing Health Care

Tawaw

About Niginan Housing

Decolonizing Housing and Health Care

Incorporating Traditional Ways into Health Care



AMBROSE DANIELS

THE LEGACY

Ambrose Daniels lived the last part of his life in Edmonton, homeless and unable to access shelter. One December, at the age of fifty, Ambrose succumbed to complications of pneumonia. His untimely and tragic death speaks to Edmonton's critical shortage of suitable housing.

HOUSING THE HARDEST TO HOUSE



NiGiNan Housing Ventures embraces an Indigenous worldview to redefine the concept of housing. Our approach is rooted in a holistic practice that integrates ceremony, cultural support, and engaging community programming into our harm reduction-oriented model.

Four Natural Laws

and

Leading With Love



AMBROSE PLACE







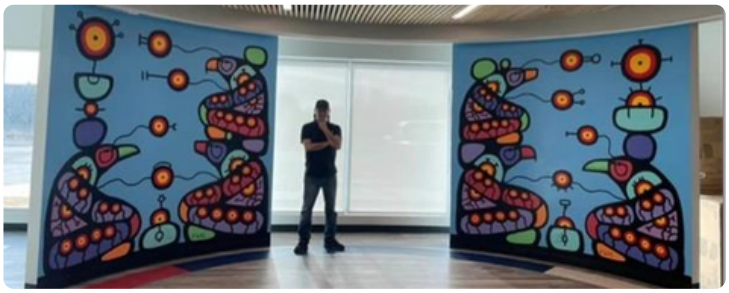




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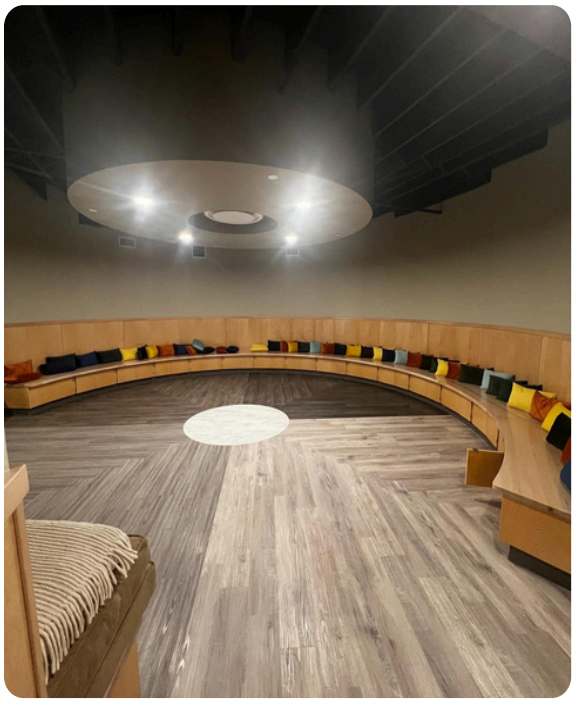






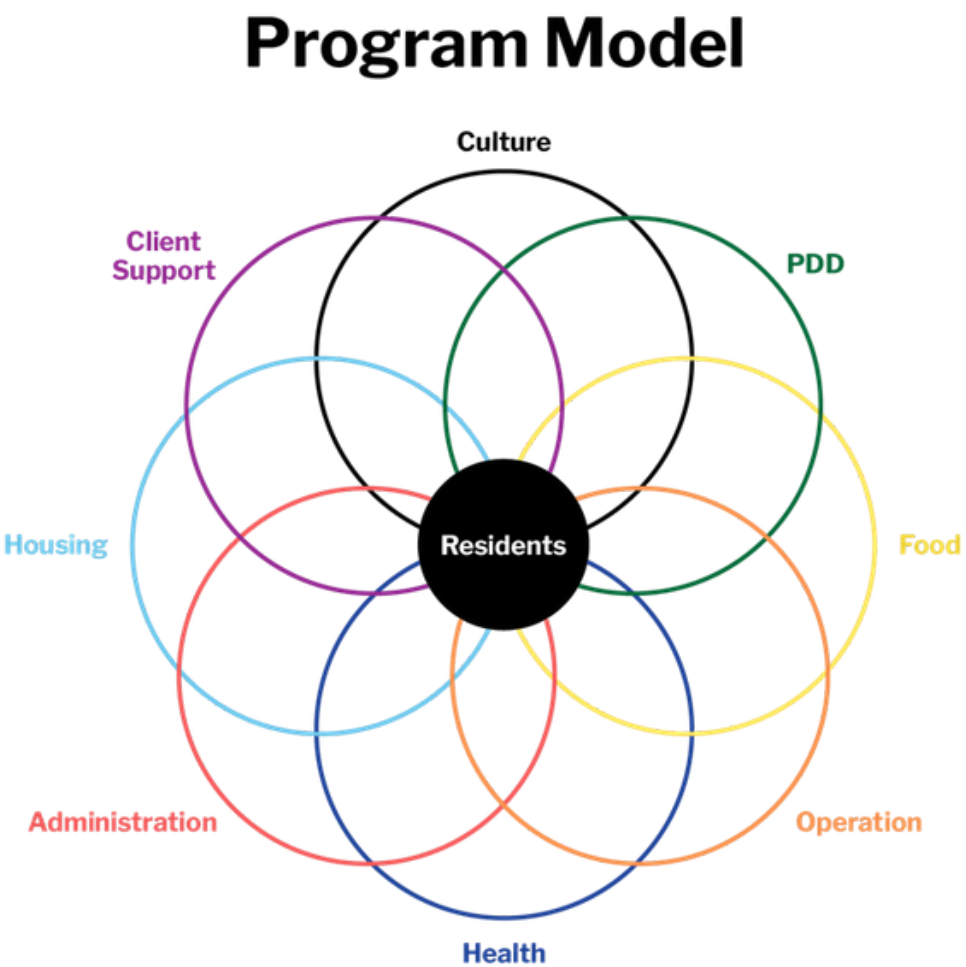
MCARTHUR PLACE





PIMATISIWIN

How we decolonize programs







HEALTH CARE

Complex Care

Palliative MAP/MCP

Clinical Services Coordinator

ENHANCED CARE SUITES



DOCTOR OFFICE







TRADITIONAL MEDS



COORDINATED PHARMACY







FOOD and HEALTH CARE

A DECADE OF LOVE

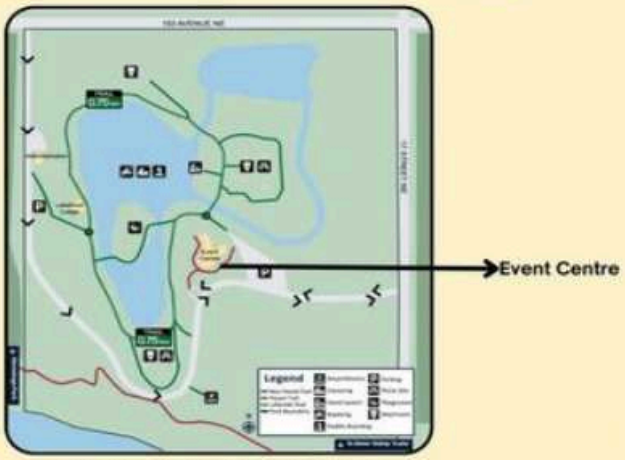
NiGiNan Housing Ventures!!

You are invited to celebrate the 10th anniversary of Ambrose Place with us. Join us as we express our gratitude to the residents, staff, funders, supporters, and community.

November 22nd, 2024

2pm-5pm

Northeast River Valley Park
903 153 Ave NE, Edmonton AB



CELEBRATION HELD AT EVENT CENTRE

Scan the QR Code to Register

WE LOOK FORWARD TO CELEBRATING WITH YOU!

NiGiNan HOUSING VENTURES

Coming soon.....

Capital Projects for:
Tavern Reno
Pimatisiwin Plexes
Ambrose Place 2
Podcasts
Documentary







NIGINAN - PIMATISIWIN 14-PLEX HOUSING PROJECT



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NiGiNan HOUSING VENTURES



Ekosi

Appendix 8: Models of Care for Older Adults Experiencing Homelessness – A Scoping Review – *Sharon Straus, Geriatrician and Researcher, Unity Health Toronto.*

Research Brief

Models of Care for Older Adults Experiencing Homelessness: A Scoping Review

Summary

This scoping review looked **at Long-Term Care Home (LTCH)** models of care for **older adults experiencing homelessness (OAEH).** The most common models studied and suggested to help OAEH were **Permanent Supportive Housing (PSH)**[1] and **Supportive Housing**[2]**.**

Few studies reported on tenancy and harm reduction outcomes, and differences in approaches used to measure and evaluate them were noted.

Implications

Our findings will inform researchers and LTCH planners working on future research and investments on models of care for OAEH.

Our Implementation and Evaluation team are working with OAEH, care partners, shelter and LTCH staff, to use their lived experiences with these findings to co-create a model of care, which will be tested in future studies.

Future research should focus on identifying which models of care work best, and which are the most cost-effective to support tenancy and harm reduction for OAEH.

Manuscript under peer review.

Open Science Framework (OSF) Study Protocol

For more information, please contact Dr. Sharon Straus:
Sharon.Straus@unityhealth.to

What is the current situation?

- Homelessness is a growing issue in Canada. Older adults are the only age group where shelter use has increased.
- There is little research on models of care for OAEH.

What is the objective?

- Our team aimed to learn more about LTCH models of care and processes for OAEH by answering: *What models of care exist? What is the process for OAEH? What helps or gets in the way of implementing them? What outcomes do they lead to?*

How was the review conducted?

- We led a scoping review using the JBI guide and reported results using the Preferred Reporting Items for Systematic Reviews and Meta Analysis extension for Scoping Reviews (PRISMA ScR).
- We searched scientific databases and websites for information published before June 2024.

What did the review find?

- We screened **21,029 titles and abstracts** and **333 full-text articles**. We found **59 unique studies** that met our criteria.
- The most common housing models of care were: **PSH**[1] **(48%), supportive housing**[2] **(38%),** LTCH[3] (13%) and community nursing home[4] (1%).
- Of the 10 studies that looked at successful tenancy, **11% showed people stayed housed, 3% showed no change, 2% showed loss of housing.**
- Of the 11 studies looking at harm reduction outcomes, **8% showed improvement, 10% showed no change.** There were differences in how outcomes were measured and evaluated.
- Examples of what may get in the way of implementing LTCH: limited access to housing and care services, affordability challenges, restrictive admission criteria (e.g., age, income, substance use bans, past evictions. Examples of what may support implementing LTCH: income support, access to case management and transportation services.
- More research is needed to understand which models of care work best and which are most cost-effective for supporting successful tenancy and harm-reduction in OAEH.

Notes: 1) PSH: combines affordable housing and support services to help OAEH, including veterans, live independently. Could include a single building (i.e., fixed site) or rental vouchers for OAEH to live in scattered site market housing. 2) Supportive Housing: Housing first approach (i.e., housing with attached services), but could also include temporary or transitional housing options in addition to permanent housing. *Transitional or temporary models were excluded from this review.* 3) LTCH: purpose-built residential aged care homes providing 24-hour clinical and personal care for individuals with high care needs. 4) Nursing home: small, community-based residence that offer nursing and personal care in a home-like setting.

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Project #191798