



Outcomes Report of Activities Supported by Campus Alberta HOPH Meeting Grant

Please provide brief responses below, expanding as necessary to not exceed 2 pages.

Date of Report	2016, for 2015 awards
Date of Meeting	April 4, 2016
Title of Meeting	Alberta Urban Health Services Research Forum
Team Lead(s)	Karen Tang, Gabriel Fabreau
Amount of Award	\$5000

1. Please append the program/agenda for your HOPH-sponsored meeting.

Please see the attached for the program from the Alberta Urban Health Services Research Forum.

2. Meeting attendance (total number of attendees, affiliations represented, etc):

The meeting was attended in person by at least 144 participants. We sent approximately 170 personal invitations to individuals, of whom 135 registered. Of those 135 who registered, 99 attended the event. There were additionally 45 individuals who walked in (through an open invitation through the O'Brien Institute for Public Health and the Cumming School of Medicine) and completed walk-in registration. It is possible that more had walked in, but did not sign in during the walk-in registration process. Additionally, the morning program was available via web-based live streaming; there were at minimum 20 individuals who attended using this format.

The objective of our meeting was to foster collaboration across the three main sectors: Alberta Health Services, academic researchers, and social/community agencies, to improve the health and health service delivery to vulnerable populations. Therefore, attendees came from very diverse backgrounds from many different affiliations. These include:

a) Alberta Health Services

- a. Key individuals included Dr. Verna Yiu (Interim President and CEO of AHS) , Dr. Richard Musto (Lead Medical Officer of Health in Calgary Zone)

b) Academic Researchers

- a. University of Alberta, from the School of Public Health, the Inner City Health and Wellness Program, and the Faculty of Nursing
- b. MacEwan University, from the department of Social Work and the department of Public Safety and Justice
- c. University of Calgary, from the O'Brien Institute for Public Health, Strategic Partnerships and Community Engagement (Cumming School of Medicine), and Group for Research with Indigenous Peoples

c) Community/Social Organizations



- a. Inner City Clinics and Non-Profit Organizations including CUPS clinic, The Alex, Elbow River Healing Lodge, East Calgary Family Care Clinic, Sheldon Chumir, Student Run Clinic, Refugee Clinic, Boyle McCauley Clinic, Calgary Homeless Foundation, Inn from the Cold, Safeworks
- b. Shelters including The Mustard Seed, Alpha House, George Spady Centre

d) Patients with lived experience

- a. Including from patient advisory panels at the Calgary Homeless Foundation, Grateful or Dead advocacy group, As it Is group

3. Outline the meeting expenses covered by the awarded funding:

With the \$5000, we were able to cover food (morning coffee and breakfast, snacks and drinks for AM and PM coffee breaks, and lunch) and honoraria for patients who attended. We have also used these funds to hire a part time research associate from the W21C to analyze themes (content analysis) from the feedback forms completed by the participants and attendees of the meeting. The AV, venue, speaker gifts, and printing costs were generously donated as in-kind contributions by the Cumming School of Medicine at the University of Calgary.

Dr. Ginetta Salvalaggio of the Edmonton Inner City Health and Wellness group generously provided matching funds of \$5000 to cover the travel and accommodation costs for attendees from Edmonton.

The Buchanan Chair in General Internal Medicine generously provided funds for travel, accommodation, and an honorarium for Dr. Anita Palepu, our keynote speaker from the University of British Columbia.

4. List, link, provide, or explain existing or planned products from the meeting (reports, publications, etc):

At the meeting, we had participants fill our feedback forms (including an open question for comments). We are currently analyzing this feedback for emerging themes, proposed research questions, and ideas for a research agenda. Using this information, we will write a summary report (executive summary) to send to all invitees and attendees of the meeting. We will also personally email attendees of the afternoon workshops (which were sorted by research theme), to ask what their requested next steps are, and their interest in meeting again with those with expertise or interest in that specific research area. Future meetings will be based on this feedback. We envision different “task-forces” or different research networks to be formed around specific research themes (for example, Harm Reduction, or Palliative Care in the Inner City Population) rather than follow-up meetings with the larger group as a whole.

Karen Tang, Gabriel Fabreau, Kerry McBrien, and Alicia Polachek (from W21C) are also currently working on a conference proceedings manuscript, which will be submitted to a peer-reviewed journal for consideration for publication.

5. List (with projected timelines and names of participants) what activities or next steps are ensuing from the meeting (follow-up meetings etc):



- a) Executive Summary to be sent to all invitees and attendees of the meeting: May 2016 (Karen Tang, Gabriel Fabreau, Kerry McBrien)
- b) Emails to be sent to attendees of the six workshops from the research forum, to ask about future steps for their research theme of interest (for example, to consider establishing a research network specifically in that research area or theme). Future meetings will be based on this feedback and whether there is interest in creating these theme-based networks: May 2016
- c) Manuscript of the conference proceedings to be completed and submitted to a peer reviewed journal for publication: June-July 2016 (Karen Tang, Gabriel Fabreau, Kerry McBrien, Van Nguyen)
- d) Karen Tang to attend the Homelessness Data Sharing Initiative (a meeting hosted by the Calgary Homeless Foundation), to understand the key provincial and national stakeholders and data repositories in research in the homeless population: May 2016
- e) Van Nguyen to attend the 7 Cities Conference to understand the key stakeholders in Alberta, specifically outside of Edmonton and Calgary, who are interested in conducting research and evaluations in inner city populations: May 2016
- f) Ginetta Salvalaggio to identify key regional stakeholders in Alberta (outside of Edmonton and Calgary), based on Van's findings from the 7 Cities Conference, as well as through her contacts in Edmonton, Calgary, and Lethbridge: Present to Summer 2017.
- g) Ginetta Salvalaggio to host a forum for key identified regional stakeholders, to understand the initiatives that are ongoing in these centers to improve the health and health care delivery to vulnerable populations, and to share information about the Edmonton and Calgary initiatives: Fall 2017

6. Please provide any additional commentary on the benefits or unexpected consequences arising from the meeting:

From the meeting, there were three invaluable lessons learned:

- a. **There is a large group of individuals who are passionate and committed to improving the health of vulnerable populations, though their immediate agendas and goals, and their perspectives on the role of research differ greatly.**

We were struck by the number of interested and engaged frontline staff from social and community agencies who attended the meeting. They were passionate, and all had an overarching goal of improving the health of the most vulnerable and marginalized. Despite this, we found that their visions of how this could be achieved, and the areas on which to focus efforts differed greatly. Furthermore, we found that many individuals from these organizations had a distrust of research and questioned the need for research. Therefore, we found that though there are many engaged and passionate individuals, the different sectors (academia, AHS, and social/community agencies) are fragmented and siloed, due to their different priorities, different funding models, and different experiences and expertise. Our meeting was only the beginning of a long series of conversations that need to be held to better align the priorities and agendas of the three sectors to achieve a common goal. Our meeting helped to identify key



role of evaluation (or research) in this process. We aim to create a research network with these key individuals to develop a common research agenda that is relevant both to AHS decision-makers and to frontline community organizations.

b. Academic researchers were not well represented in our meeting.

In contrast to the many energetic and interested individuals from social and community agencies, there was a relative absence of attendees from academia. This was likely because of the small numbers of researchers who were invited. Invited researchers were identified through our own personal experiences and contacts. Due to the organizing committee's similar backgrounds (all physician researchers in public health), our research network was small and narrow. We primarily targeted researchers from the Cumming School of Medicine at the University of Calgary. For future events, we will involve other departments in our invitation and planning processes, as well as take greater initiative to form connections outside our immediate research community with individuals working with vulnerable populations. This would include researchers from other faculties such as in the social sciences, social work, nursing, and economics.

c. Patient engagement is instrumental and necessary.

At Dr. Ginetta Salvalaggio's suggestion, we invited patients with lived experience to participate in the meeting, and to help facilitate our workshops. We found that this patient engagement was instrumental; patients were eager to participate and there were many lessons learned from them. For example, we realized that the issues of greatest concern to patients were not well aligned with the issues and outcomes of interest to researchers. Patients indicated that social stigma, social acceptance, and community were important to their daily lives and health. These are rarely measured or considered in research, where measurable process outcomes such as emergency department visits or numbers of visits to family physicians are often considered when evaluating a program or intervention for effectiveness. Researchers and health care professionals alike recognized the need to involve patients in program development and evaluation, such that the research questions being asked and the outcomes being measured (to consider a program "effective") are also those of importance and relevance to patients. We learned that we cannot improve the health and well-being for vulnerable patients, when we do not know what health and well-being mean to them.

