

Wellness Hub for Shelters: Implementing and evaluating an intervention to support staff wellness, infection prevention and control practices, vaccine confidence and uptake in emergency shelter settings

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INTRODUCTION

Wellness Hub (WH) for Shelters is a quality improvement initiative to support emergency shelter sites with their COVID-19 response, including staff infection prevention and control practices, vaccine uptake and wellness. The initiative is administered by three organizations: Knowledge Translation Program (KTP), which focuses on implementation of evidence in health-care practice and policy; Inner City Health Associates (ICHA) Population Health Team, which focuses on community-level health promotion for people experiencing homelessness and Healthcare Excellence Canada (HEC); which focuses on improving Canadian health-care quality.

Using an integrated knowledge translation (IKT) approach, the WH for Shelters team works with 15 emergency shelters across four shelter organizations within the Greater Toronto Area to co-develop the program. Two prominent factors have contributed to the success of the WH for Shelters program to date: (1) engaging knowledge users from program development onset and (2) leveraging virtual communication avenues (e.g., email, Zoom).

INITIATING THE PARTNERSHIP

Healthcare Excellence Canada ran [Learning Together](#), a national program focused on strengthening the pandemic response of emergency shelters and substance use facilities. Through this program, HEC established a partnership with the KTP to support residents and staff in congregate living settings during the pandemic and subsequently expanded this partnership to distribute seed funding to Toronto emergency shelters.

The KTP collaborated with ICHA to co-develop and co-lead a local quality improvement program through which the seed funding would be administered (i.e., the WH for Shelters program) due to their expertise in supporting people experiencing homelessness. The KTP and ICHA comprised the WH for Shelters quality improvement project team (hereafter referred to as the “project team”). Together they selected four shelter organizations (i.e., the knowledge users) to explore engagement in the program based on proximity to the Greater Toronto Area and ICHA’s pre-existing relationships.

First, the project team (i.e., the KTP and ICHA) held an introductory collaboration meeting with the leadership from each of the four shelter organizations. These leaders were engaged in an advisory role to ensure the WH for Shelters program was appropriate for, and met the needs of, the emergency shelter setting. We used the following process to organize the initial meeting:

- Inner City Health Associates sent an email to introduce the initiative and invite the leadership to attend the meeting. It was critical that ICHA sent out the invitation to leverage the pre-existing relationships and trust they had built with the shelter partners.
- The meeting was held in July 2021. The KTP team outlined the preliminary plan for the WH for Shelters program, inviting feedback and suggestions to co-develop the plan.
- Leadership from the shelter organizations shared their suggestions and concerns about the program during the meeting and via email. For example, we initially proposed the integration of an immunity research study within the larger support program that would involve collecting biological samples from shelter staff. During the meeting, shelter leadership expressed hesitation with this project component.

The project team developed and modified the program based on the feedback, including removing the immunity study component and delivering the initiative as a quality improvement support program only. The project plan was submitted for quality improvement approval at Unity Health Toronto.

Next, in September 2021, the project team contacted each shelter organization to invite them to participate in the quality improvement support program. We requested a 30-minute call with the same leadership stakeholders at each shelter

organization to review the revised WH for Shelters program, discuss how the project team could best work with their organization and select which shelter sites they wanted to engage in the initiative. One shelter organization highlighted that their preferred way of working was to ensure that all program-related communications were directed to the organization level, not to the individual shelter sites, so that they could streamline any requests and help their sites feel supported.

After each organization selected sites and informed them of the program, the project team reached out to leadership at each site to invite them to enrol. This email included a summary of the WH for Shelters program and an invitation for leadership to join a one-hour onboarding call. Onboarding calls with the sites were held between October and November 2021. During these meetings, the project team provided an introductory presentation and conducted a needs assessment interview focused on the challenges and opportunities the shelter site had experienced throughout COVID-19. Then the sites were asked to complete a survey to collect information about determinants potentially associated with COVID-19 outbreaks at their site. These initial onboarding meetings were critical for establishing rapport and trust. The WH for Shelters program supports officially launched in December 2021.

MANAGING THE PARTNERSHIP

A key component of the WH for Shelters support program is the monthly community-of-practice meetings. Organization- and site-level leadership from the four organizations and 15 participating sites are invited to attend. Each shelter was asked to invite one to three frontline “staff champions” at their site. In addition to providing an opportunity for collaboration and capacity building across shelters, these meetings are a key strategy to maintain the partnership between the project team and the shelter stakeholders.

To ensure the equitable participation of the project team and knowledge users, one shelter site (rotating among sites each month) collaborates with the project team on the co-development and co-facilitation of the monthly session. In preparation for the monthly session, the project team and shelter site have an initial planning meeting to finalize the session topic and format, as well as the roles and responsibilities for content development based on areas of expertise and capacity. Next, we have a follow-up meeting to review the content we developed and confirm our approach to co-facilitating the session. The shelter partners direct the session structure and content. The collaborative approach to community-of-practice session development, along with a feedback survey sent after each session, has allowed us to continuously modify program supports to be highly responsive to the feedback from shelter partners.

The engagement with the shelter partner knowledge users is done virtually due to COVID-19 public health guidance. Virtual engagement increases feasibility for shelter partners to join meetings during their workday instead of commuting to physical meeting locations. Before launching the virtual program, we ensured shelter staff would have the time, space and information technology resources to join virtual meetings on-site during their shift.

IMPACT OF THE PARTNERSHIP

As part of the learning objectives of this quality improvement initiative, we are continuously monitoring and evaluating the WH for Shelters initiative using the RE-AIM framework.¹ This evaluation is ongoing; therefore, no conclusions can be drawn yet about the project outcomes. However, we recognize that the co-creation approach has increased program engagement and improved the program's quality, structure and content. Areas of impact include the following:

- The regular meetings with the shelter organizations were critically important to establish rapport and gain trust and buy-in from the shelter sites and to ensure that supports would be relevant to shelter needs and delivered in a feasible and acceptable manner.
- The onboarding needs assessment interviews and site-level surveys directly informed the program content, which helped ensure that the shelters would be interested in the capacity-building initiatives, including the monthly meetings, which have been rated positively and well-attended to date.
- Anecdotally, those that have partnered with us on the monthly meetings report that they appreciate sharing their perspectives and experiences through this platform and giving their frontline staff the opportunity to share their stories. Shelter staff have also had the opportunity to develop their presentation and facilitation skills through these monthly meetings.

LESSONS LEARNED

- 1 Budget enough time to allow for the development of trust and rapport and to establish meaningful relationships.** We found that relationship development is critical when working with the shelter sector. The sector and its workers continue to experience tokenistic engagement from external organizations (including research institutes) that may lead them to question the integrity and merit of new initiatives. It was critical to maintain transparency and take time to build trust and buy-in for the program. Additionally, we learned that there are cultural differences between hospital and community sectors that must be considered during partnership

development. Further, the agreements and approvals that are required to facilitate partnerships between these sectors can increase project timelines.

2 Begin engagement early and integrate enough flexibility into your project to allow for project changes based on knowledge user input. Initiating engagement with the shelter organizations during the planning phase meant their ideas could be directly integrated into core project objectives and structure, which can be more challenging to revise later. The project team did not receive specific funding to conduct this work as outlined in a grant proposal. Additionally, the scope and objectives of this project met the criteria to receive quality improvement, rather than research ethics board, approval. Both factors further facilitated our ability to be highly responsive to the feedback of our partners without the need to submit grant and/or research ethics board amendments.

3 Provide opportunities for knowledge users to have true co-ownership of as many aspects of the project as feasible. Offering the shelter staff co-ownership of the monthly community-of-practice meetings ensured that their perspectives and experiences drove each stage of project development. While asking for feedback can be beneficial, it can sometimes lead partners to feel constrained with respect to the extent of changes they can suggest, compared to a co-creation approach.

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REFERENCES

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