

Aging in Place in Rural and Remote Regions (APR3): A multi-case study of health care repositioning

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Abstract

Interior Health (IH) repositioned (i.e. restructured) primary and community care to support aging in place by creating *Seniors Health and Wellness Centres* (SHWCs) in Kelowna, Kamloops, and Salmon Arm. The top priorities for this initiative identified by older adults - most of whom were skeptical of IH's repositioning - were better home care, improved transportation, and more doctors. Northern Health (NH) has been transforming health care delivery for several years as well. This case study research aims to (1) compare how the SHWCs - as outcomes of repositioning - are meeting their objectives and addressing the priorities of rural older adults and their social determinants of health; and (2) describe NH's transformation work and compare the NH and IH initiatives.

Research Questions

1. What were the outcomes of IH's repositioning work in Kamloops and Kelowna?
 - Were the three Seniors Health and Wellness Centres (SHWCs) the only outcomes?
 - How do these SHWCs compare (e.g., catchment area, services, population, governance)?
 - To what extent have SDOH of older adults been factored into the design and operation?
2. What has been the impact of the SHWCs on older adults' ability to age in place?
 - Have the stated objectives of repositioning been met?
 - Which priorities identified by older adults are being addressed?
 - How have the SHWCs mitigated the SDOH of rural and remote older adults?
3. How is NH's transformation work similar and/or different from IH's repositioning work?
 - What does/will transformation or repositioning mean for older adults in the NH region?
 - How are the SDOH for Northern rural and remote older adults being addressed?

Methods: Key informant interviews with IH/NH staff (N=15), secondary analysis of service usage data, content analysis of IH/NH repositioning documents, and structured interviews with older adult service users (N=75)