

AGING IN PLACE IN RURAL AND REMOTE REGIONS

A multi-case study of health care repositioning

Principle Investigator (PI): Dr. Wendy Hulko, Professor, Social Work, Thompson Rivers University

Co-Investigators (Co-Is): Dr. Noeman Mirza, Associate Professor, Nursing, University of Windsor; Dr. Kathy Rush, Professor, Nursing, University of British Columbia-Okanagan (UBC-O); Dawn Hemingway, Professor Emerita, Social Work, University of Northern British Columbia (UNBC)

Collaborators: Dr. Sarah de Leeuw, Canada Research Chair and Professor, Northern Medical program UNBC; Dr. Katrina Plamondon, Assistant Professor, Nursing, UBC-O

Research Staff: Elizabeth Brown, Community-Based Researcher (CBR); Lilly Chisholm, Research Assistant; Emily Bartle, CBR



Interior University
Research Coalition

CORE STRENGTH FOR AN
INNOVATIVE BRITISH COLUMBIA

Funding

We received a \$40,000 Collaborative Research grant for Rural, Regional and Remote Communities (RC3) from the Interior University Research Coalition (IURC) from April 1st, 2020 to September 30th, 2022

About the study

This multi-case study research used mixed methods of data collection to determine how well Interior Health's (IH) Seniors Health and Wellness Centres (SHWCs) – as outcomes of IH's repositioning of primary and community care – are meeting their objectives and addressing the priorities of rural older adults and their social determinants of health; and (2) describe Northern Health's (NH) transformation work and compare these NH and IH health care restructuring initiatives ([Hulko, et al., 2020](#)).



How did we gather information?

- Key informant interviews with 13 IH/NH staff
- Secondary analysis of service usage data for 2343 older adults
- Content analysis of 29 IH/NH repositioning documents
- Structured interviews with 9* older adult service users



Contacts

For more information, contact: whulko@tru.ca or agingresearch@tru.ca



*Our estimated sample size was 75 service users, however COVID-19, wildfires, and the opioid epidemic affected recruitment

AGING IN PLACE IN RURAL AND REMOTE REGIONS

Question 1: What were the outcomes of IH's repositioning work in Kamloops and Kelowna?

Research Findings

The outcomes were three Seniors Health and Wellness Centres (SHWC) - one in each small urban area (Kamloops and Kelowna) and one co-located between two rural towns (Salmon Arm and Revelstoke)



- SHWCs collectively serve *'medically complex or frail'* seniors aged 65 years or older, however the data indicate service users were all 70 years and older (avg. 82-83.2 yrs).
- All SHWCs offer services in English and utilize PHSA translation services as needed, yet only three of the 2343 service users identified preferring a language other than English.
- The Kamloops and Kelowna SHWCs are open Mon-Fri 8am-4pm and the Salmon Arm and Revelstoke (SA/R) SHWC is open one to two days per week.
- Multidisciplinary staff, including geriatrician, physician, pharmacist, social worker, occupational therapist, physical therapist, speech language therapist, respiratory therapist; Kamloops has a psychiatric nurse while Kelowna and SA/R have dietitians; and a continence nurse is shared between the three SHWCs.
- Understaffed services identified by key informants and supported by service usage data included Geriatric Psychiatry, Continence Nurse, and Social Work.
- Kamloops accepts referrals from any primary care clinician, Kelowna from physicians and nurse practitioners, and SA/R only from physicians.
- Kamloops and S/A are more flexible than Kelowna with their catchment areas.
- While all of the SHWCs are accessible and close to bus stops, none provide transportation.



AGING IN PLACE IN RURAL AND REMOTE REGIONS

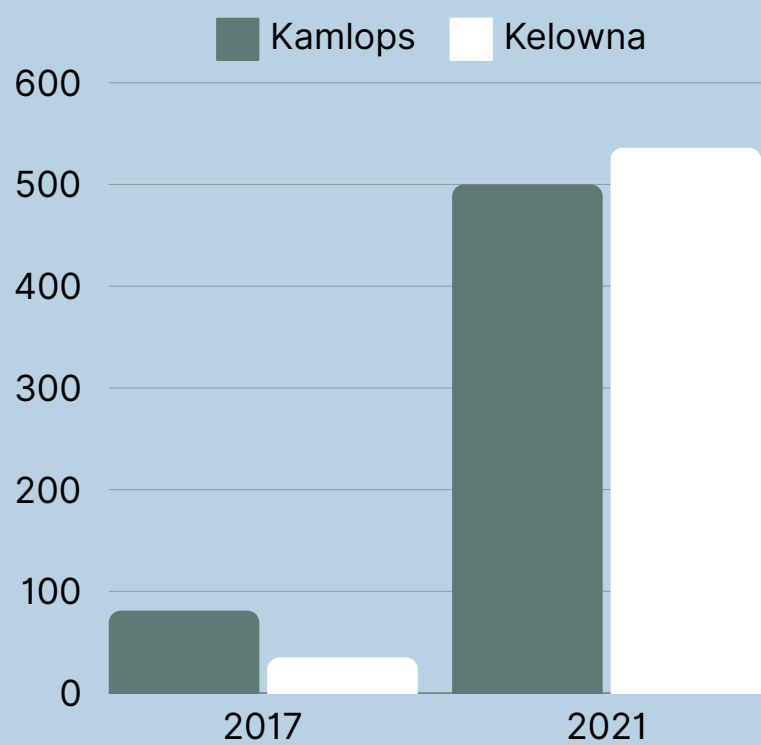
Question 2: What has been the impact of the SHWCs on older adults' ability to age in place?

Research Findings

The SHWCs' impact on older adults' ability to age in place has been mixed and attention to older adults' priorities and social determinants of health varies by centre



- The impact of these SHWCs' on older adults' ability to age in place has been mixed and varies, with generally more attention being paid to value for money and individual experience of care than to population health and equity.
- The number of clients steadily increased over time for each SHWC with the exception of SA/R in 2020 when they had to close due to the pandemic. The other SHWCs provided services virtually during this time.
- In 2017, Kamloops and Kelowna saw 81 and 35 service users respectively; service user numbers steadily increased to 500 and 536 respectively in 2021.

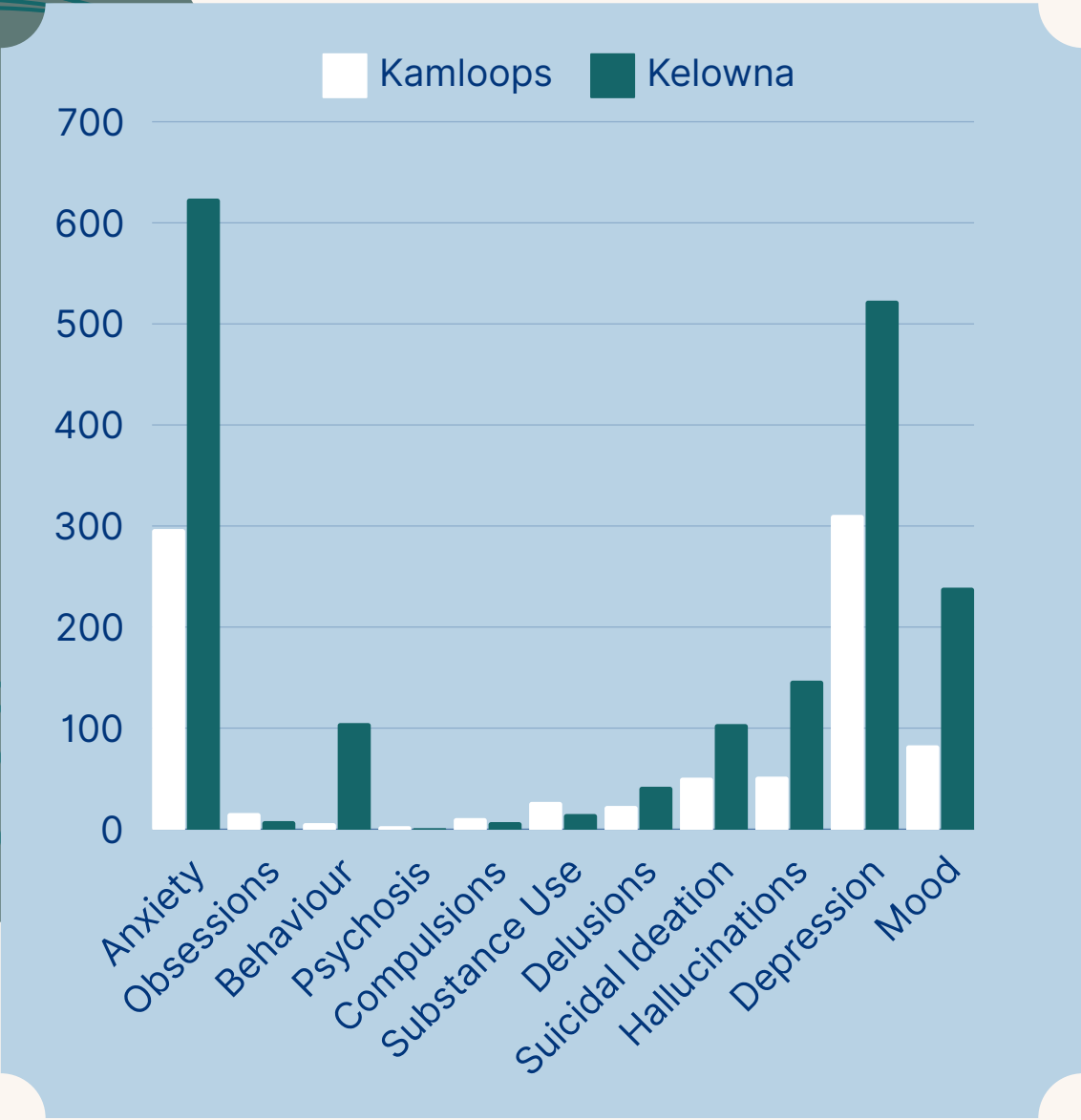


- Salmon Arm and Revelstoke saw far fewer service users (open 1-2 times a week and closed through the pandemic): from a low of 21 and 2 in 2018, to a high of 70 and 6 in 2019, and only 35 and 1 in 2020, and 44 and 1 in 2021.
- The average number of visits per service user ranged from ~4 in 2017 to ~6 in 2021 for Kamloops and Kelowna, while SA/R was more variable, going from ~5 in 2018 to 4.5 in 2019 and ~3 in 2020 before rising again to ~5 in 2021.
- Service users noted the importance of interdisciplinary teams and access to a variety of services in one place.
- Data were not collected by IH on their two objectives (reduce hospital visits and delay LTC transitions) except hospital visits for those with COPD which decreased.
- The extent to which the 10 priorities for repositioning (identified by older adults in 2016) were being met was mixed; key informants reported most to be 'in progress'.
- Since going to the SHWC, 6/9 of the service users indicated that they had visited the emergency department less often and 5/6 that they have been able to stay at home longer. There were no service usage data to compare.

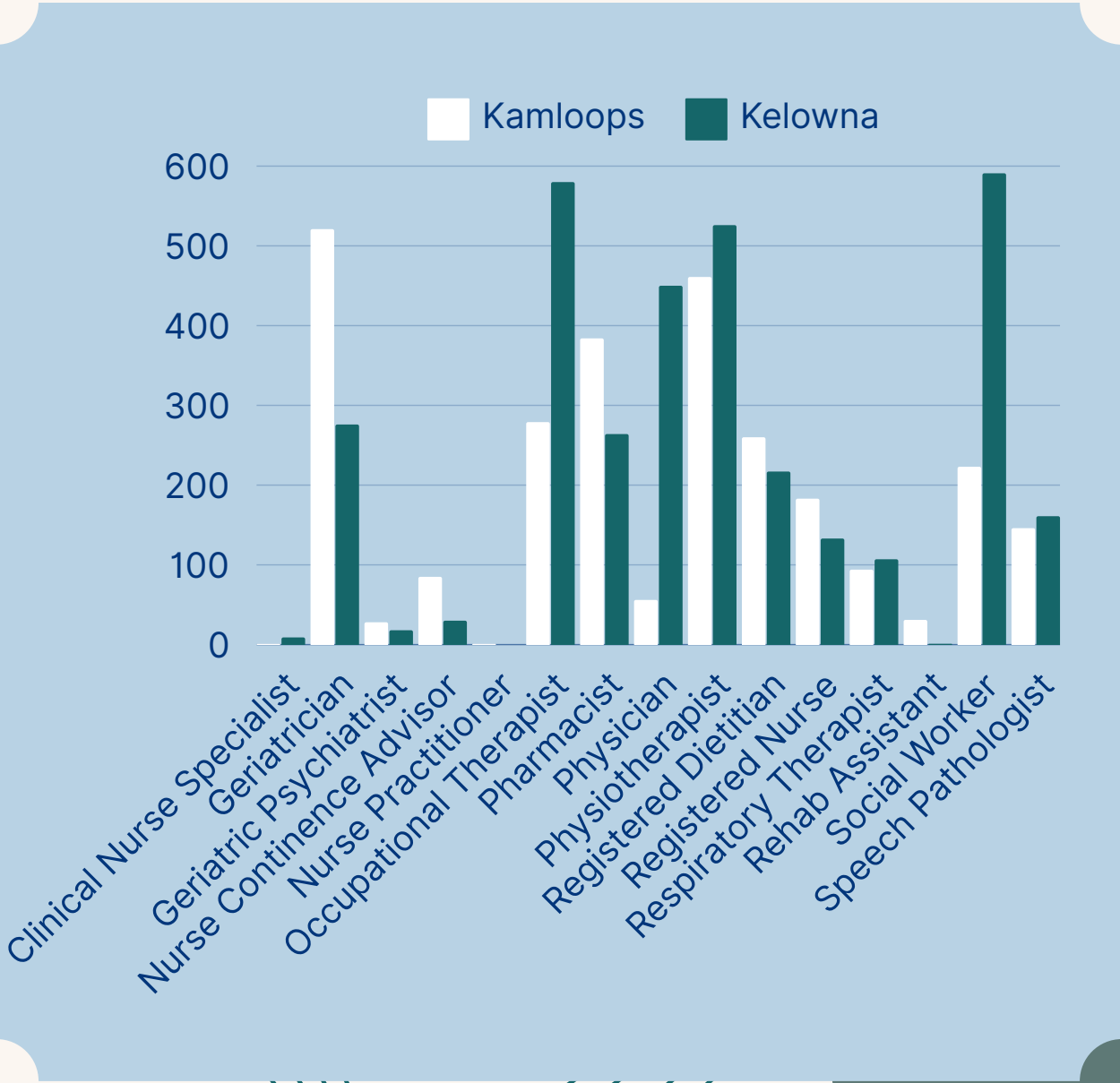
AGING IN PLACE IN RURAL AND REMOTE REGIONS

Research Findings

The range of mental health concerns varied between Kamloops and Kelowna. Anxiety and depression were the most prevalent mental health concerns in both communities



The range of referrals made at the SHWCs varied between Kamloops and Kelowna; Most used services in Kamloops were geriatricians, while for Kelowna it was social work.



AGING IN PLACE IN RURAL AND REMOTE REGIONS

Question 3: How is NH's transformation work similar and/or different from IH's repositioning work?

Research Findings

IH's repositioning was mandated and centralized with stricter criteria (referral sources, age, catchment) whereas NH's transformation was more community-driven and localized with more flexibility re: referral sources and age of service users



	Interior Health	Northern Health
What has the change been called?	<ul style="list-style-type: none"> • Repositioning (2016) & Transformation (2018) • Specialized community services and programs (SCSP) 	<ul style="list-style-type: none"> • Transformation • Specialized community services and programs (SCSP) for the medically complex
Where did it come from?	Ministry of Health directive (except Salmon Arm and Revelstoke which the Divisions of Family Practice started)	Community-driven (before 2015 Ministry of Health directive)
What was created?	3 SHWCs with interdisciplinary teams; one is multi-sited (Salmon Arm/Revelstoke)	26 interprofessional teams supporting 42 primary care networks
How are services delivered?	Centralized – city-based	Localized – <i>'rural distributive model'</i>
How do older adults get seen?	Referral by General Practitioner (GP) / Nurse Practitioner (NP) + Emergency (ER) (Kamloops) + Urgent Primary Care (Kelowna)	Referral by range of service providers (GP/NP, ER, shelters, non-profits)
Which older adults get seen?	<i>'Complex medically frail seniors'</i> (65+ years old unless <i>'bodies are a bit older'</i>)	<i>'Frail seniors living in the community'</i> (65+ years old though possibly lowered to 60)
Are there any other criteria?	<i>'It has to be an interdisciplinary ask'</i> – no single service referrals	Not addressed by key informants



Suggested Citation

Hulko, W., Mirza, N., Rush, K., Hemingway, D., de Leeuw, S., & Plamondon, K. (2024). *Transforming primary and community care in Central and Northern BC: Findings from the APR3 multi-case study. Infographic*

Thank you to Katlyn Mellett, TRU BSW student, for creating this infographic as part of her practicum

