

Individual- and Organizational-level Factors Influencing Awareness, Access and Utilization of Nonmedical Community Services by Community-Dwelling Older Adults: A Scoping Review

Abdul Cadri^{1*}, Hani Rukh-E-Qamar^{2*}, Alayne Mary Adams¹, Tia Kattler³, Madison, Leggatt¹, Syrine Gamra⁴ Paola Leal-Ferman⁵, Catherine Paquet^{6,7,8}

1. Department of Family Medicine; McGill University, Montréal, QC
2. School of Population and Global Health, McGill University, Montréal, QC
3. Institute for the Study of International Development; McGill University, Montréal, QC
4. Faculty of Health Sciences, McMaster University, Hamilton, ON
5. Eva Marsden Centre for Social Justice and Aging, Montréal, QC
6. Faculté des sciences de l'administration; Université Laval, Québec, QC
7. Centre Nutrition, santé et société (NUTRISS), INAF, Université Laval

*Co-presenters

Background: Community-dwelling older adults are at greater risk of social isolation, loneliness, and food insecurity, as well as their consequent adverse effects on health care access and mortality. Social prescription programs have emerged to identify and address health-related social needs through the connection of primary care and community-based services. Critical to effective social prescription are community-based services that are available, accessible, and acceptable to those in need. With a focus on community-dwelling older adults, this scoping review explores barriers and facilitators to the utilization of non-medical services in the community that are critical to an effective social prescription pathway.

Methods: Five databases from a range of disciplines were used to identify articles that investigated factors related to utilisation of non-medical community services by older adults (50 years and above). Two authors screened titles, abstracts and full texts using Covidence. Information on study context, outcomes, study design, barriers, and facilitators were extracted and analysed using a descriptive content analysis approach.

Findings: A total of 77 articles were included. Barriers and facilitators were found at the levels of (1) individual users (e.g. lack of financial resources, dwindling social support, insurance coverage, health-related factors, and satisfaction with program services), (2) potential 'connectors' such as carers or health professionals (e.g. knowledge of available services), (3) services provided by community organisations (e.g. inadequate assessment of client needs, accessibility, financing and staffing) and (4) broader societal factors (e.g. homophobia, racial discrimination).

Conclusion: This review presents a wide range of facilitators and barriers to utilization of non-medical community services for older adults. The findings suggest the need for a comprehensive approach, such as social prescription programs, to improve need identification and the awareness and accessibility of existing non-medical community services.