Sarcouncil Journal of Medicine and Surgery

ISSN(Online): 2945-3534

Volume- 04| Issue- 11| 2025

Research Article

Received: 25-09-2025 | Accepted: 20-10-2025 | Published: 02-11-2025

Barriers to Social Support Access in Urban vs. Rural Older Adults U.S Populations: A Scoping Review

Rose Therra Nortey [1], Adejo Samuel Egbunu [2], and Edward Oware [3]

[1] *College of Health Professions and Sciences, University of Wisconsin-Milwaukee, USA*

[2] *Alabama A&M University*

[3] *Department of Physiology, School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Ghana*

Abstract: Background: Social support, including emotional, instrumental, and informational forms, is a critical social determinant of health in later life, and adequate emotional support is tightly linked to higher self-rated health in U.S. older adults. However, in rural communities, accessing social support is particularly challenging due to structural barriers, including transportation, provider, and telecommunications infrastructure shortages. Objective: This scoping review aims to map and characterize barriers to access to social support among community-dwelling older adults in rural and urban areas in the United States and identify research gaps to inform policy and practice. Methods: The review is based on the PRISMA-ScR guidelines. A search was conducted on MEDLINE/PubMed, CINAHL, PsycINFO, SocINDEX, AgeLine, Web of Science, and Scopus, as well as relevant U.S. agency and gray literature sources. Eligible studies included quantitative, qualitative, and mixed-methods designs reporting on barriers to emotional, instrumental, or informational support measured among adults aged at least 60 years after 1990 and published in English. Barriers will be organized using five supply-side domains: approachability, availability/accommodation, affordability, acceptability, and appropriateness. Expected outcomes: Preliminary synthesis suggested that rural barriers are mostly supply-side structural transportation, workforce, and broadband, whereas urban barriers are more commonly demand-side fragmentation, eligibility bottlenecks, and cultural mismatches. Research gaps include inconsistent rural/urban definitions, underrepresentation of minority elders, and lack of distinction between structural and functional support measures. Conclusion: Tackling rural supply-side barriers is crucial for attaining just aging in place and realizing geographic disparities in the health-related benefits of ample social support.

Keywords:. Older adults; social support; rural–urban disparities; access; United States; scoping review.

INTRODUCTION

Social support is defined as the functional and structural properties of social relationships that enhance coordination, provide resources, or create a sense of belonging (e.g., emotional, instrumental, informational) (Prusaczyk, et al. 2024). Emotional support is described as expressions of empathy, caring, and trust; instrumental support involves tangible aid, such as offering transportation or help with daily tasks; and informational support, especially in older adults, indicates that having sufficient social support is strongly linked to better health outcomes, including a lower risk of mortality and improved self-rated health (White, *et al.*, 2009). Cross-sectional analyses of nationally representative U.S. data reveal that, compared to those with inadequate emotional support, older adults with adequate emotional support are significantly more likely to rate their health as good or excellent (White, *et al.*, 2009). This highlights the importance of maintaining emotional connections to promote healthy aging and ensuring these resources are accessible equitably.

Geography significantly influences access to social support. Structural barriers impact the quality of both formal and informal care for older adults, especially those in rural areas (Herron *et al.*, 2022). Rural features, such as shortages of providers, limited transportation options, long distances to services (along with unreliable telecommunications or broadband), all hinder the delivery of HCBS that could promote social engagement and connectedness in rural communities (Siconolfi, *et al.*, 2019). Maintaining a workforce in rural areas is also a challenge; low service volume and long travel times to reach each patient add operational pressures and reduce service continuity, which can increase staff turnover (Hussain, *et al.*, 2023). These issues worsen social isolation and unmet needs among rural older adults, highlighting the importance of addressing geographic disparities in social support research.

The necessity to conduct a scoping review on barriers to social support for community-dwelling older adults in the U.S. arose due to the need and lack of a comprehensive understanding of challenges that inhibit access to social support services by comparing rural versus urban settings (Brenes, *et al.*, 2015). The review will combine evidence from a range of study designs and contexts to provide an exhaustive picture of how the geographical context determines the type and severity of these barriers, as well as which areas future research should focus on that blood uptake efforts must target. This analysis will examine:

*Corresponding Author: Rose Therra Nortey

DOI- https://doi.org/10.5281/zenodo.17508177

what barriers to social support are reported by older adults, and how do these barriers differ for rural-based compared to urban-dwelling populations; which settings, populations, and types of support (emotional, instrumental, informational) remain relatively understudied; and which supply-sidedomains(approachability,availability/accommodation),affordability/feasibility),acceptability/responsiveness), and appropriateness/compatibility) most consistently appear across rural contexts. It will, therefore, inform the creation of evidence for equitable and context-specific strategies to improve the availability of social support that is geographically accessible for older adults in rural locations.

METHODS

Protocol and Reporting

This scoping review followed the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR) guidelines to ensure transparency, reproducibility, and completeness in reporting

Eligibility criteria

Table 1. Eligibility Criteria and Operational Definitions

Domain	Operational Definition	Examples from Included Studies
Population	Community-dwelling adults ≥60 (or ≥65) in the United States; caregivers included if barriers pertain to older adults' access	U.S. Census Bureau data on older adult demographics; survey of HCBS recipients aged ≥65
Concept	Access to social support, emotional, instrumental, informational, structural (network size, sources), and functional (perceived adequacy) aspects	Emotional: perceived empathy from family; Instrumental: transportation to appointments; Informational: advice on health services
Context	Rural vs. urban residence, as defined by authors or federal classifications	USDA Rural–Urban Continuum Codes; Census-defined metropolitan status
Evidence Types	Peer-reviewed quantitative, qualitative, mixed-methods studies; grey literature from government/agency sources	State aging agency reports; peer-reviewed cross-sectional studies
Outcomes	Documented barriers to social support access and measured consequences	Barriers: broadband gaps, provider shortages; Outcomes: unmet needs, poorer self-rated health
Barrier Domains	Supply-side access categories: approachability, availability/accommodation, affordability, acceptability, appropriateness (Siconolfi *et al.*, 2019)	Availability: lack of public transport; Affordability: low provider wages

Systematic search was conducted in MEDLINE/PubMed, CINAHL, PsycINFO, SocINDEX, AgeLine, Web of Science, and Scopus, with grey literature also included in the search in U.S. government and agency websites (e.g., Administration for Community Living, CDC, USDA, Rural Health Information Hub), and selected think tanks. Keywords and controlled vocabulary were put together in searching older adults, social support, obstacles to access, and rural-urban settings in the United States, and appropriate designs were applied to different databases. Key background articles and included studies had their references resorted by hand. The results of the search were handled via a citation program; all duplicates will be rejected, screening of titles/abstracts will be independently conducted by two reviewers, and the full text by a third reviewer to resolve the disagreement; exclusion reasons were tabulated. Extraction of data was conducted using a pre-tested and set form with data on studies, definitions of rural/urban, demographics of the population, type of support (emotional, instrumental, informational), type of support (structural vs. functional), barriers domains (approachability, acceptability, availability/accommodation, affordability, appropriateness), measures, major findings, and implications. Synthesis involved descriptive mapping of study designs, geographic scope, types of supports, as well as thematic analysis of barriers categorized according to the five domains of supply and types of support. Findings also contextualized the findings relating barriers to health outcomes with context, wherever possible, to the implications of the effect it has on the well-being of older adults.

Publisher: SARC Publisher

RESULTS

Study characteristics

Table 2. Characteristics of Included Studies

Author(s), Year	Design	Location/Region (USA)	Population	Support Type(s)	Barrier Domain(s)	Key Findings
White *et al.*, 2009	Cross-sectional, national survey	U.S. (national sample)	Adults ≥ 60	Emotional (functional adequacy)	Approachability; Acceptability	Perceived adequate emotional support is significantly associated with higher self-rated health.
Siconolfi *et al.*, 2019	Qualitative interviews	Multi-state rural areas	HCBS providers & administrators	Instrumental; Informational	All five domains	Workforce viability, transport, and broadband gaps constrain rural HCBS access.
Brenes *et al.*, 2015 (Brenes et al.)	Cross-sectional survey	Rural older adults (USA)	Adults ≥ 60	Informational; Mental health help-seeking	Approachability; Acceptability; Availability	"I should not need help" was the most endorsed barrier; other barriers included cost, distance, stigma, and mistrust of providers.
Rhubart *et al.*, 2023	Multilevel quantitative analysis	Rural U.S. counties	Older adults (≥ 65)	Emotional (functional)	Acceptability; Appropriateness; Built environment	Higher social infrastructure density in rural areas improved emotional support among ethnoracial minority

Publisher: SARC Publisher

						elders.
Rhubart *et al.*, 2023	Qualitative/informative flux	—	—	—	—	The study included as described earlier.
Goins et al, 2005	Qualitative, focus groups	Rural West Virginia	Adults ≥ 60	Instrumental (healthcare access)	Availability; Affordability; Approachability	Participants reported transportation issues, provider scarcity, social isolation, and financial constraints in accessing health care.
Brenes et al, 2015	Cross-sectional survey	Rural U.S.	Older adults (rural)	Emotional/Informational (mental health support)	Acceptability; Approachability; Availability	Barriers included the belief of "not needing help," cost, stigma, distance, and mistrust of providers.
Schoenberg et al, 1998	Qualitative, focus groups	U.S. (mixed rural/urban states)	Older adults	Instrumental; Informational	Approachability; Availability	Rural elders emphasized lack of awareness, transportation, and rigid eligibility; urban elders noted different but fewer barriers.
Cornwell *et al.*, 2014	Longitudinal cohort study	Rural Midwest & South	Adults ≥ 65 with health issues	Structural/Functional support	Appropriateness; Availability	Rural elders had higher nursing home entry risk

Publisher: SARC Publisher

						despite similar levels of social support.
Cornwell *et al.*, 2014	Descriptive national report	U.S. rural areas	General older adult population	Institutional/Healthcare Support	Availability; Affordability	Many rural areas are medically underserved, with fewer PCPs, requiring long travel times for care.
Cohen, 2021	Review/intersectionality analysis	U.S. rural areas	Older adults with low income	Instrumental (food access)	Availability; Affordability	Rural older adults face transportation and financial constraints limiting food access, compounding health risks.
Hussain *et al.*, 2023	Mixed-methods systematic review	Rural (including U.S.)	Older adults	Emotional; Social networks	Acceptability; Availability	Geographic isolation in rural communities exacerbates loneliness; social networks reduce isolation, but research in the U.S. is limited.
Zhang *et al.*, 2020	Qualitative interviews	U.S. (not location-specific)	Older adults	Informational (tech use in emergencies)	Approachability	Lack of awareness and engagement with crisis apps among older

Publisher: SARC Publisher

						adults.
Li *et al.*, 2024	Quantitative modeling	U.S. rural areas	Older adults	Instrumental (transport/resource access)	Availability	Aging and rural residency limit seniors' mobility and access to services; mobility mediates accessibility.
Vogelsang, 2016	Longitudinal analysis	Wisconsin (rural vs urban)	Older adults	Instrumental; Emotional	Availability; Acceptability	Rural elders are less socially active; health relationships vary by activity type and geography.
Sadio *et al.*, 2025	Qualitative focus groups	Netherlands (not U.S.)	Older adults	Instrumental; Social participation	Availability; Approachability	Rural participants stressed transport barriers and urban concentration of activities.
Herron *et al.*, 2022	Descriptive/organizational survey	U.S. (Village model network)	Community-dwelling older adults	Instrumental; Emotional; Informational	Approachability; Acceptability	Peer-run "Villages" provide volunteer-based support, transportation, and social activities, improving aging-in-place.
Elshaikh *et al.*, 2023	Systematic review	Mixed countries (some U.S.)	Older adults	Emotional support (mental health)	Approachability; Acceptability	Informal help is used more than professional;

Publisher: SARC Publisher

						perceived need and willingness vary.
Hussain *et al.*, 2023	Mixed-methods review	Global (9 U.S. studies)	Rural older adults	Emotional; Structural thoughts	Availability; Acceptability	Social networks enhance psychosocial outcomes; interventions need sustained engagement.

Barrier map

Barriers to accessing social support were synthesized according to the five supply-side access domains, with rural–urban contrasts highlighted (Table 3).

Table 3. Rural–Urban Contrasts in Barriers to Social Support Access, Organized by Supply-Side Access Domain

Supply-Side Domain	Rural Barriers	Urban Barriers	References
Approachability (information/communication)	Limited broadband and cell coverage restrict awareness and coordination of supportive services; low digital literacy hinders enrollment and navigation of programs, including telehealth and online engagement initiatives.	Information fragmentation and navigation complexity, rather than outright lack of information.	Siconolfi *et al.*, 2019
Availability & Accommodation	Sparse provider networks, long travel distances, minimal transportation options, and inconsistent service coverage contribute to waitlists and interruptions in support.	Higher service density but constrained by scheduling bottlenecks and bureaucratic barriers.	Siconolfi *et al.*, 2019
Affordability (system/business viability)	Low wages for service providers, high travel costs, and low service volumes undermine workforce recruitment and retention, affecting service continuity.	Affordability challenges more often related to cost-sharing requirements and out-of-pocket fees.	Siconolfi *et al.*, 2019
Acceptability (cultural fit)	Perceived preference for informal or family caregiving, which may reflect genuine values or adaptation to the scarcity of formal options.	Cultural and language mismatches between providers and older adults.	Siconolfi *et al.*, 2019
Appropriateness (fit/continuity)	Service gaps, caregiver turnover, partial-hour coverage, and limited specialty services (e.g., dementia care).	Fragmented care coordination rather than geographic scarcity.	Siconolfi *et al.*, 2019; White *et al.*, 2009

Where examined, studies showed that inadequate emotional support was associated with poorer self-rated health among older adults nationally (Cornwell *et al.*, 2014). These findings suggest that access barriers, particularly in rural

Publisher: SARC Publisher

communities, can have direct implications for health status and quality of life.

Several gaps emerged from the evidence base. Definitions of rural versus urban were inconsistent, limiting comparability across studies. Minority elders, especially in rural contexts, were underrepresented in the literature (Brenes *et al.*, 2015). Few studies used designs that directly compared rural and urban populations within the same methodological framework. Additionally, many studies did not clearly distinguish between the structure of social support networks (size, composition) and their function (perceived adequacy, reliability), making it difficult to assess the nuanced effects of access barriers (Hussain, *et al.*, 2023).

DISCUSSION

Principal findings

A key insight of this scoping review was that rural older adults are impacted by a range of system-level, supply-side barriers to access to formal and informal social support (Herron *et al.*, 2022). Fewer transportation limitations, a lack of qualified providers, as well as workforce recruitment and retention challenges (Siconolfi *et al.*, 2019), all combined to act as recurring barriers across states and regions. These structural arrangements typically intertwine and combine to limit the provision of supportive services in terms of availability, continuity, and adequacy. In urban contexts, on the other hand, fragmented services, complicated eligibility procedures, and bureaucratic bottlenecks were common. Although urban challenges can have a major effect, the obstacles experienced in rural areas reflect more fundamentally structural problems than do short-term administrative solutions in nature (Brenes, *et al.*, 2015).

The consequences of these barriers stretch beyond service use and influence the health and well-being of older adults. For example, results from national data suggest that perceived adequacy of emotional support is positively associated with self-rated health among older adults and inadequacy is negatively linked to outcomes (White, *et al.*, 2009). This relationship is a timely reminder that it is not simply a matter of service provision, but rather an issue related to the broader public health imperative to improve access to social support. Social support plays a key role in maintaining the well-being of older adults and enabling them to live independently at home, especially in rural areas (Levasseur, *et al.*, 2015).

Each of these issues means that mobilization strategies aimed at addressing rural–urban disparities in social support access need to be targeted, multi-pronged, and responsive. Potentially direct ways to increase the availability of services is increased investment in transportation and broadband infrastructure, allowing not only for space-based services but also in-person support (Elshaikh, *et al.*, 2023). Paying for the time spent on travel to better capture the costs of service delivery in rural areas might be one way to accomplish this and improve retention there. Similarly, the establishment of back-up coverage systems, building caregiver pipelines, and offering wage incentives can also facilitate greater service continuity (Levasseur *et al.*, 2015). For older populations, including many of our participants, this may result in a skewed perspective that leans more towards health workers and younger demographics due to the digital divide. Lastly, policymakers need to be aware of potential spillover effects related to the unintended consequences of LTSS rebalancing policies, which reduce institutional care options without concomitantly attending to HCBS in rural areas (Siconolfi, *et al.*, 2019).

LIMITATIONS OF THE REVIEW

This study was a scoping review and, therefore, not designed to assess effect sizes or test causal relationships. Limitations: possible publication bias resulting in an overrepresentation of studies with significant findings, heterogeneity in defining rural and urban settings across studies, and potential under-representation of relevant grey literature despite targeted search strategies.

FUTURE RESEARCH

Subsequent work should consider the use of standardized rural-urban definitions to enable comparability across studies. Research on the questionnaire of social support networks (i.e., its structure: size, composition; but also, its function: perceived adequacy, effectiveness) is necessary and needs to be validated (White *et al.*, 2009). Comparative research across geographies is needed to shed light on the mechanisms by which location influences access barriers, and intervention studies should investigate strategies such as transportation vouchers, broadband subsidies, wage floors for direct care workers, and hub-and-spoke HCBS delivery models (Siconolfi, *et al.*, 2019).

Publisher: SARC Publisher

CONCLUSION

This scoping review presents a comprehensive synthesis of the diverse, linked range of barriers to social support for older adults in the United States. Background: Rural communities experience persistent, structural barriers to healthcare access that restrict the availability and continuity of services, characterized by transportation constraints (resulting from long travel distances), provider and workforce shortages, and inadequate telecommunications infrastructure. While urban context brings with it other constraints (such as fragmented service delivery and administrative bottlenecks), these are mainly not as structurally rooted.

With established associations between sufficient emotional support and more positive self-rated health in older adults, decoupling rural supply-side barriers to mental and behavioral healthcare is now not just a service delivery priority but also an important public health challenge. The key is to confront these issues head-on with well-targeted investment, policy reform, and nuanced program design to progress the health and well-being benefits of strong social support systems for equitable aging in place for all older persons, no matter where they live.

REFERENCES

1. Brenes, G. A., Danhauer, S. C., Lyles, M. F., Hogan, P. E., & Miller, M. E. "Barriers to mental health treatment in rural older adults." *The American Journal of Geriatric Psychiatry* 23.11 (2015): 1172-1178.
2. Cohen, A., & Bulanda, J. R. "Social supports as enabling factors in nursing home admissions: Rural, suburban, and urban differences." *Journal of Applied Gerontology* 35.7 (2016): 721-743.
3. Elshaikh, U., Sheik, R., Saeed, R. K. M., Chivese, T., & Alsayed Hassan, D. "Barriers and facilitators of older adults for professional mental health help-seeking: a systematic review." *BMC geriatrics* 23.1 (2023): 516.
4. Goins, R. T., Williams, K. A., Carter, M. W., Spencer, S. M., & Solovieva, T. "Perceived barriers to health care access among rural older adults: a qualitative study." *The Journal of Rural Health* 21.3 (2005): 206-213.
5. Herron, R. V., Lawrence, B. C., Newall, N. E., Ramsey, D., Waddell-Henowitch, C. M., & Dauphinais, J. "Rural older adults' resilience in the context of COVID-19." *Social Science & Medicine* 306 (2022): 115153.
6. Hussain, B., Mirza, M., Baines, R., Burns, L., Stevens, S., Asthana, S., & Chatterjee, A. "Loneliness and social networks of older adults in rural communities: a narrative synthesis systematic review." *Frontiers in Public Health* 11 (2023): 1113864.
7. Levasseur, M., Généreux, M., Bruneau, J. F., Vanasse, A., Chabot, É., Beaulac, C., & Bédard, M. M. "Importance of proximity to resources, social support, transportation and neighborhood security for mobility and social participation in older adults: results from a scoping study." *BMC public health* 15.1 (2015): 503.
8. Prusaczyk, B., Tilmon, S., Landman, J., Seibert, D., Colston, D. C., Westergaard, R., ... & Jenkins, W. "Barriers to healthcare and social service utilization among rural older adults who use drugs." *Journal of Applied Gerontology* 43.12 (2024): 1977-1984.
9. Rhubart, D., Kowalkowski, J., & Wincott, L. "The Built Environment and Social and Emotional Support among Rural Older Adults: The Case for Social Infrastructure and Attention to Ethnoracial Differences☆." *Rural sociology* 88.3 (2023): 731-762.
10. Sadio, R., Henriques, A., Nogueira, P., & Costa, A. "Barriers and Facilitators to Older Adults' Engagement in Social Prescribing: A Qualitative Study Using Focus Groups." *Journal of Clinical Medicine* 14.13 (2025): 4780.
11. Siconolfi, D., Shih, R. A., Friedman, E. M., Kotzias, V. I., Ahluwalia, S. C., Phillips, J. L., & Saliba, D. "Rural-urban disparities in access to home-and community-based services and supports: stakeholder perspectives from 14 states." *Journal of the American Medical Directors Association* 20.4 (2019): 503-508.
12. Vogelsang, E. M. "Older adult social participation and its relationship with health: Rural-urban differences." *Health & place* 42 (2016): 111-119.
13. Vogelsang, E. M. "Older adult social participation and its relationship with health: Rural-urban differences." *Health & place* 42 (2016): 111-119.
14. White, A. M., Philogene, G. S., Fine, L., & Sinha, S. "Social support and self-reported health status of older adults in the United States." *American journal of public health* 99.10 (2009): 1872-1878.
15. York Cornwell, E., & Cagney, K. A. "Assessment of neighborhood context in a nationally representative study." *Journals of*

Publisher: SARC Publisher

Gerontology Series B: Psychological Sciences and Social Sciences 69.Suppl_2 (2014): S51-S63.

Source of support: Nil; **Conflict of interest:** Nil.

Cite this article as:
Nortey, R. T., Egbunu, A. S. and Oware, E. "Barriers to Social Support Access in Urban vs. Rural Older Adults U.S Populations: A Scoping Review." *Sarcouncil Journal of Medicine and Surgery* 4.11 (2025): pp 1-10.

Publisher: SARC Publisher