

Organizing the intersectoral response for older adults at home who combine social needs and morbidity

Profiles, resource mapping and network analysis



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01 Context

CCSMTL: 8 CLSC territories, 48,575 people aged 65 and over in 2026
ISQ, 2026

≈ 3,700

requests to 211 from people aged 70 and over, 2021–2026
211 Grand Montréal, 2026

691

unmet needs, aged 60 and over (sensitivity analysis)
211 Grand Montréal, 2026

THREE DISTINCT NOTIONS

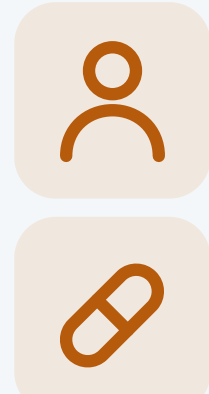
Older adults followed at home who face several social needs; a response organized within the CLSC territory.



INCLUSION CRITERION Concurrent needs

At least two social needs from different domains, present at the same time in the same person.

Alderwick & Gottlieb, 2019



TARGET POPULATION One or more morbidities

Older adults with one or more morbidities, living at home and followed by a CLSC home care service (SAD).

MSSS, 2026



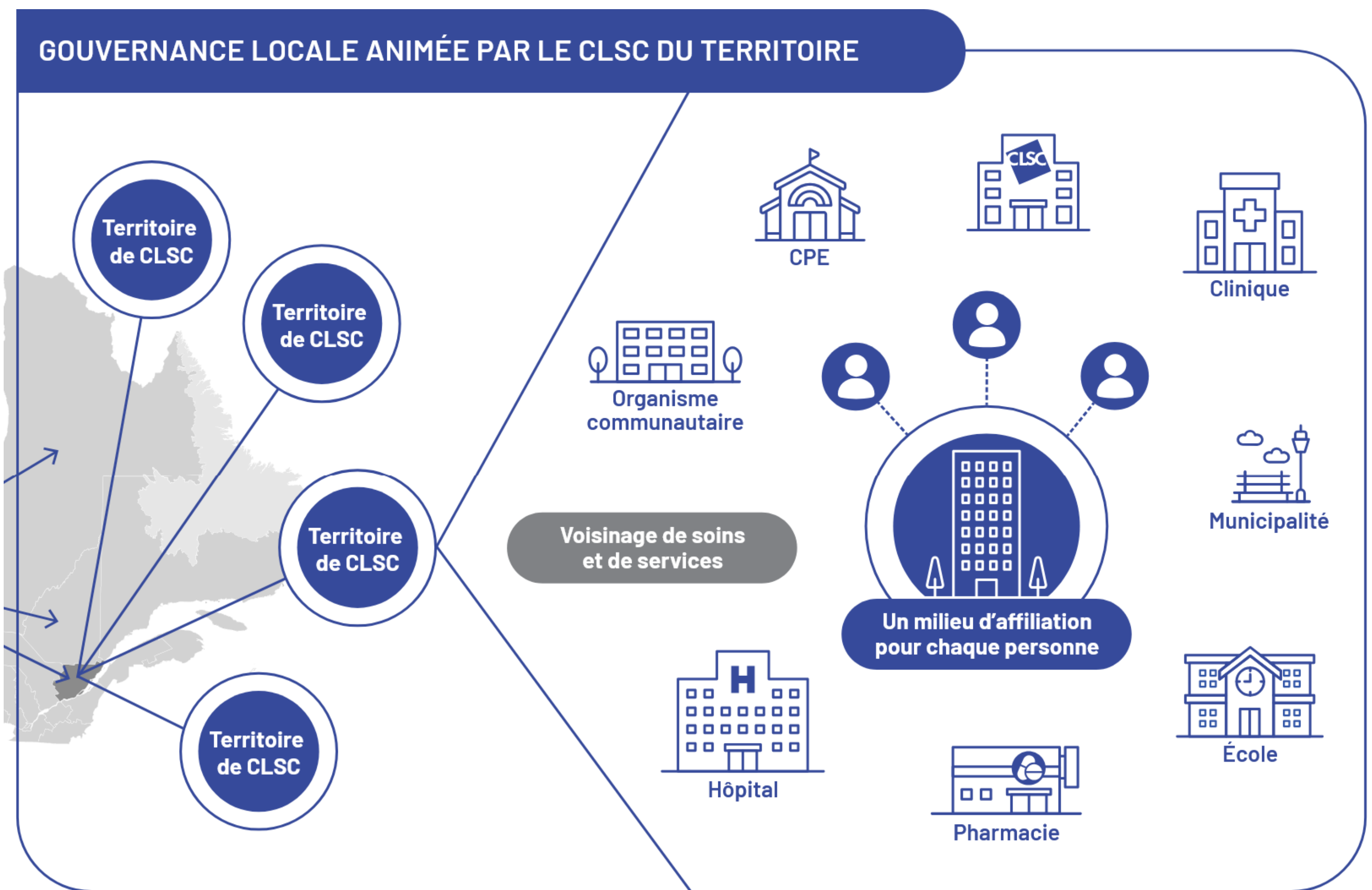
ORGANIZED WITHIN A TERRITORY Intersectoral response

Actions by sectors other than health, carried out with it, on health or its determinants: public network, primary care, parapublic, community, municipality, housing.

MSSS, 2017; Leppo et al., 2013

QUÉBEC PRIMARY CARE POLICY · MSSS, 2026

The CLSC territory becomes the reference unit



FOUR ROLES OF THE CLSC



"in a spirit of shared governance" · MSSS, 2026, p. 42 · figure: MSSS, 2026 (in French)

MP

FICTIONAL CASE · COMMON THREAD

Madame Protocole · 72 · Verdun

Who responds? With whom? Who coordinates?



Stairs,
3rd floor



Groceries,
appointments



Loneliness;
exhausted daughter



Diabetes, memory
(clinical context)

THREE GAPS → THREE OBJECTIVES

Needs described piecemeal;
no profiles drawn from
home care or 211

O1 · Needs profiles

Services described with no
spatial link to met or unmet
needs

O2 · Resources (mapping)

Networks measured
without collaboration level,
rarely from the CLSC

O3 · Networks (analysis)

RESEARCH QUESTION

How is the intersectoral response organized today around older adults at home who combine social needs and morbidity: according to which profiles, with which resources and through which networks?

Common thread: by profile and by CLSC territory...



Needs
profiles



resources
and networks



organizational
pathways

02 Methods

Which profiles?

O1 · PROFILES

Scoping review and 211

60,957 records · ≈ 30,400 unique
Analysis: JBI, PRISMA-ScR; co-occurrences

Scoping review + 211

Profiles A to D

Vignettes

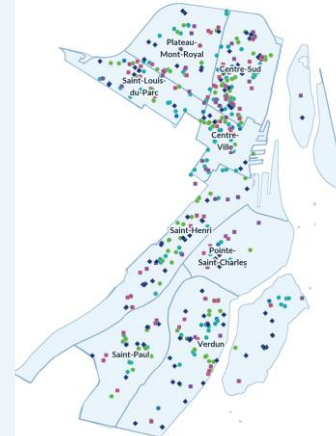
→ profile typology and vignettes

MP Her profile (D) is found: review and 211

Which resources, where?

O2 · RESOURCES GIS mapping

10,889 points · 36 types · 6 sectors
Analysis: density, E2SFCA, gap



Needs-supply gap:
absent
inaccessible
saturated
not eligible

→ CLSC atlas and gap index

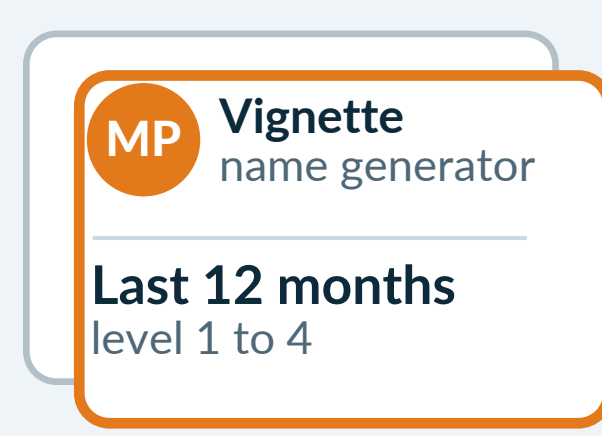
MP Verdun's resources are mapped

Who mobilizes whom?

O3 · NETWORKS

Home care team networks

7 CLSCs, then 4 contrasting · 70% targeted
Analysis: collaboration levels 1 to 4



→ networks by CLSC and vignette

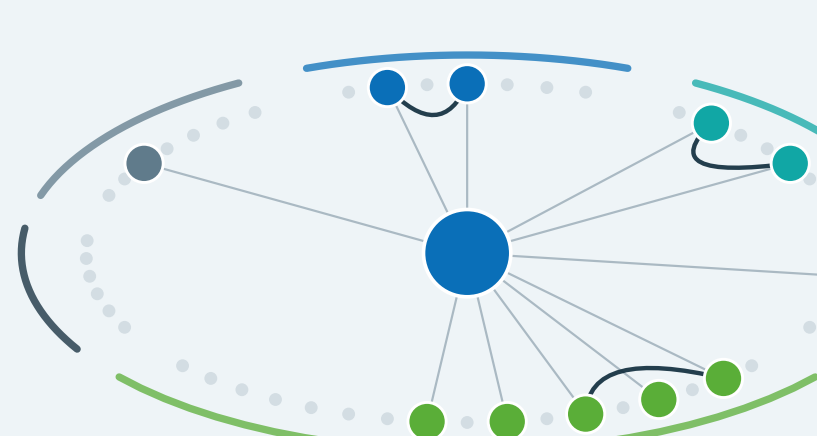
MP Her home care team names its partners

Why and how?

O3 · NETWORKS

Explanatory interviews

32–40 interviews, 8–10 per CLSC
Analysis: framework method



→ pathways by profile and CLSC

MP The gaps in her network are explained

Integrate

Explanatory sequential
Joint displays by CLSC
and profile

Profile	Supply	Network	Why
A			
B			
C			

MP A pathway for her profile

03 Expected results

Fictional examples, except the 211 reasons · three products that build on each other

P1

Typology and vignettes

illustrative profiles; the real ones will come from the data

A

Housing and income

housing · income · paperwork

B

Mobility and isolation

transport · shopping · isolation

C

Caregiving under strain

home help · caregiving · respite

D

Four or more domains

Madame Protocole

P2

Atlas and gap index

unmet needs of people aged 70+ by reason (211); 60+ as sensitivity analysis

Not available → absent or temporary

324

Admission criteria → not eligible

210

Transport, cost, hours, language → inaccessible

109

Waiting list → saturated

32

691 unmet needs since 2016–2017; 16 for other reasons · 211 Grand Montréal, 2026

Collaboration levels: 1 information exchange or referral · 2 cooperation · 3 coordination · 4 integration

Public health network

Primary care

Community

City and municipality

Parapublic

Housing

O1 → O2

Need domains designate the resources to map

O2 → O3

The atlas selects the 4 contrasting CLSCs and provides the potential supply

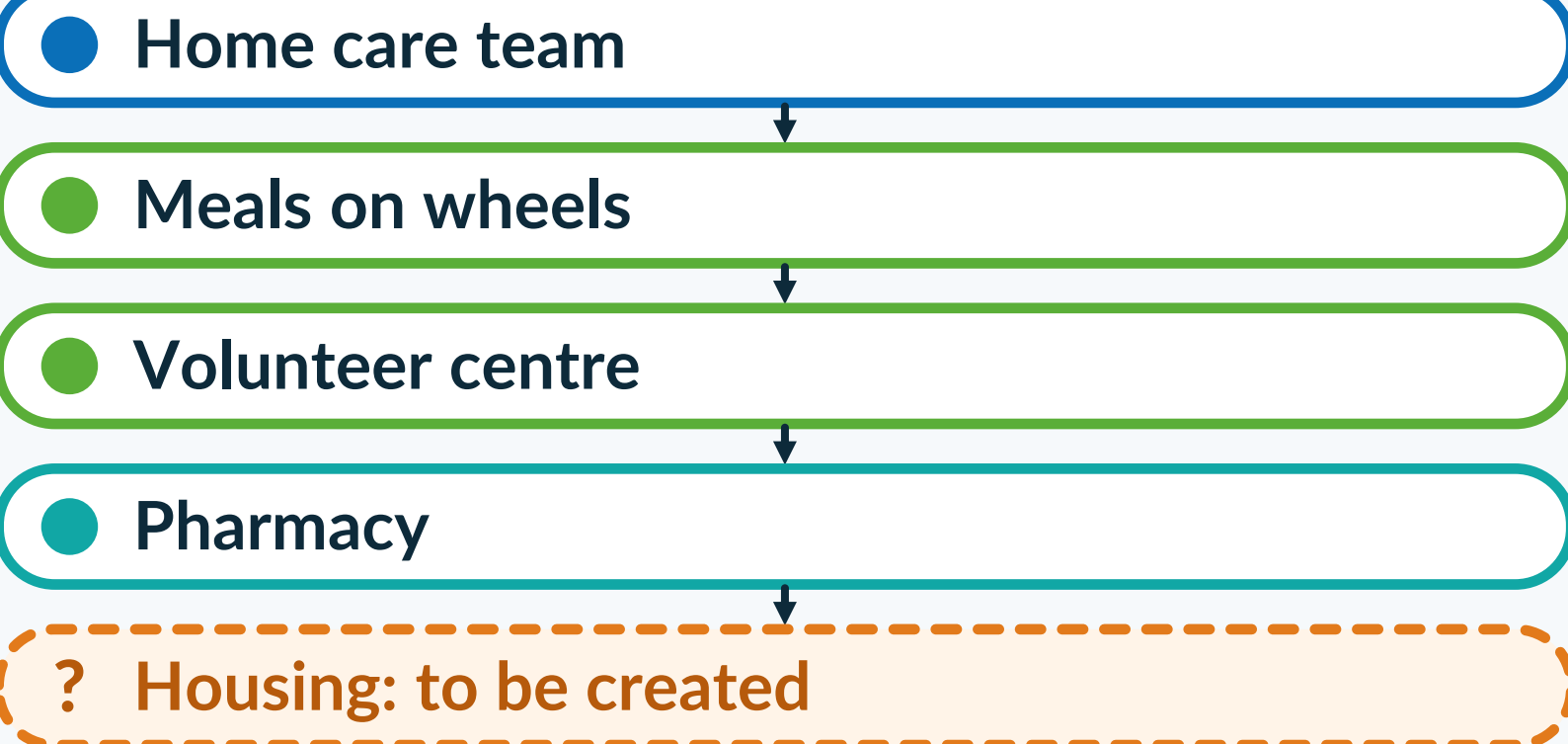
O1 → O3

Vignettes become the name generator for home care teams

P3

Pathways by profile

profile D · Verdun: fictional pathway



04 Impacts and outcomes

Not a universal “ideal network”: guidance by profile and by CLSC.



For older adults

A response tailored to their combination of needs, where they live



For home care teams and partners

Whom to mobilize, in what order, at what level; the missing links



For primary care policy

Guidance for each CLSC territory, aligned with the CLSC's four roles



For research

Home care and 211 profiles; declared, observed, potential networks

Dissemination: AIPPA intersectoral liaison committee · RUISSS strand 2 (2027–2028)

