Navigating Current Challenges in Healthcare Access for Elderly Citizens Across Diverse Settings in America's Privatized Healthcare Landscape

Harsha Gandluri

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Many senior citizens in the United States face challenges in accessing affordable medical services and healthcare. While the industry is working to revamp its current practices and make healthcare opportunities more widespread - especially through the use of online telehealth services - there is still a major gap that senior citizens must overcome in accessing healthcare. This study uses a literature review to identify current barriers that senior citizens face when trying to access healthcare, analyze current industry practices and their effects on the public, and propose multiple ingenious methods to potentially solve this healthcare crisis. As a result of this study, I have compiled three potential methods to address many major issues in the current healthcare landscape in the realm of increasing healthcare access and affordability.

Introduction

Although recently developed medical technologies and treatment methods have drastically improved treatment quality, the American healthcare system leaves a large demographic underserved: the elderly population. By 2030, the number of people over the age of 60 is estimated to grow to 1.4 billion[1]. The United States Department of Health and Human Services predicts that many of these aging citizens will be diagnosed with at least 1 chronic condition[2], either a disease or other health impairment, that limits daily activities and requires ongoing medical attention. Current healthcare systems are unprepared to support the rapidly growing elderly population due to the specialized care they need. In many developing areas of the United States, older people often encounter medical professionals who lack sufficient training or knowledge to treat their chronic conditions effectively[3]. This literature review attempts to further understand the current healthcare landscape in the United States and the negative effects and barriers it poses for senior citizens, focusing on solving the following research question: In what ways can medical services such as chronic disease management, senior check-ups, and disability and disease screenings, be made accessible and cheaper to aging populations in less affluent areas of the U.S?

To provide more background information on this specific issue, an analysis must be provided on the current organization and structure of the current American medical industry, followed by an exploration of how the industry has approached the task of increasing access to healthcare services for senior citizens. Currently, the U.S. healthcare system is extremely unreliable as hospitals open and close based on various factors, including "community resources, preferences, and the dictates of an open market for hospital services[4]." The system is also highly privatized; by 2020, around 80% of U.S. acute-care hospitals were operated by private non-profit or for-profit organizations[5]. Adding to the privatized aspect of the industry, there are over 1000 health insurance companies that provide different policies with unique "benefit structures, premiums, and rules for paying the insured[4]." These companies charge expensive health insurance rates that have left millions uninsured, and without coverage to pay medical bills, many forgo healthcare leading to increasingly worsened health from possibly preventable conditions[6].

Socioeconomic factors also play a factor in senior citizens' healthcare access. A study involving a systematic search across relevant databases of research published since 2004 reported connections between socioeconomic status and primary-care visits highlighted that education level, income level, health literacy, and geographical location, can limit and create obstacles in healthcare utilization[7]. For example, the paper suggests that low socioeconomic status often correlates to rural areas, where patients such as senior citizens, who face mobility problems and a decline in lower extremities performance[8], have to travel longer or face longer wait times when trying to access specialist physicians, emphasizing the barrier that geographical location can have on healthcare access. Many hospitals have tried to help improve access to healthcare services such as checkups or vaccinations by utilizing online websites and portals; but a study done by Zoorob et al. found that for some senior citizens (50% of the senior citizens in the study reported barriers revolving

around technical difficulties), these seemed to be ineffective as they contained confusing online portals, complicated designs, and large amounts of text, putting some senior citizens at a disadvantage, as they are slower to adapt to these changes[9]. Additionally, when looking at end-of-life care, which is care specifically for senior citizens nearing their lifespan, there is a growing shortage of physicians prepared to deliver quality end-of-life healthcare services due to a lack of training paired with the difficult conversations physicians have to engage with senior citizens[10]. Analyzing these situations and methods is critical to understanding the current healthcare industry in the United States, and how certain aspects can be revolutionized to provide accessible care for all.

By further examining the United States healthcare industry and the methods used to provide services to citizens nationally, this paper aims to uncover the glaring gaps that senior citizens face in accessing healthcare and how certain policy changes and services can be utilized to improve deficits. Unraveling these deficits in the healthcare industry using a literature review based primarily on accredited research papers and journals, data will be collected on senior citizens' current access to healthcare, and how the proposed methods mentioned above fare in the United States medical industry. These journals will be chosen based on their relevance to the senior citizen community, the recency of each paper, and the amount and quality of the data presented, especially if presenting data from interviews or surveys. Additionally, it will propose solutions that will improve access to medical services for elderly citizens in the U.S., bringing a fresh perspective to the issue the industry has been trying to solve.

Methodology

The methodology of this paper is designed to explore the current accessibility of healthcare to senior citizens in the U.S. along with potential industry solutions and barriers. The primary method to conduct this research is a literature review, reviewing current industry methods and statistics in the healthcare industry. In addition to analyzing the United State's healthcare industry, a worldwide lens was used with the incorporation of articles/papers that revolved around other countries' healthcare landscape. This was used not only to compare multiple landscapes of healthcare and medical practices, but also to understand how possible gaps in U.S systems can be renovated to address issues of cost, reliability, and distance.

Search Strategy:

The literature review was conducted through 2 main reputable databases: PubMed and Fronties, alongside articles from the United Nations and various reliable non-profit research organizations and nonpartisan think tanks. The search prioritized peer-reviewed journal articles and official publications from government entities published after 2010, with only 3 studies or articles being included before that date. Keywords for the searches included "senior citizen healthcare," "healthcare accessibility," "healthcare costs," "telemedicine access," "barriers to medical access," and "healthcare systems." For data analysis and extraction, a thematic analysis was conducted to identify common themes and trends between studies. This was also used to identify the article or study's objectives, their key findings, and the comparison between studies' findings. This was tracked on a separate document while conducting the literature review, so relevant themes could be tracked and kept for future writing, especially in the results portion of the paper. While the total number of literature searched was difficult to track, a total of 35 studies or articles were included in this study based on the criteria below.

Inclusion criteria:

- Studies that focused on healthcare accessibility within the elderly community
- Studies that were written or published in English
- Contained data relevant to the U.S. healthcare industry or comparable international systems for the elderly

Results:

Key Themes In Healthcare For The Elderly:

One of the most explicitly stated themes across various sources is the blatant discrimination, ageism, and lower care quality senior citizens face on a case-to-case basis in the current medical industry. Zoorob et al. discuss how ageism, specifically in telemedicine, can create barriers and dissuade seniors from using telemedicine, negatively impacting their health outcomes and service choices[9]. Additionally, Levy et al. suggest that reducing structural ageism barriers can help patients save over a billion dollars[11], preventing future chronic illness cases that affect most senior citizens. Furthermore, signs of illnesses such as "confusion, lethargy, and falls" are often overlooked by physicians, dismissed as just "old age" when in reality they could be signs of underlying illnesses – highlighting another negative effect this ageism has on senior citizens, a theme across the medical industry. Another theme consistently addressed in sources was the effect of demographic factors such as race, socioeconomic status, location, and more on healthcare access. The U.S. government has described many different factors that contribute to the health and healthcare access of senior citizens, some of which are: economic stability, social and

community context, education access and quality, healthcare access and quality, and neighborhood environments[12]. The study done by Zhang et al. also emphasizes the role of socioeconomic status and education level and its effect on how elderly populations choose healthcare services, showing that those with higher education levels are more proactive in their healthcare choices[13]. Finally, the Commonwealth Fund strongly argues that the profound racial and ethnic disparities that people of color face in current healthcare systems - which lead to lower healthcare quality and worse health outcomes - need to be addressed immediately so that an equitable and efficient healthcare system can be established in the United States[14]. The prevalence of telemedicine as a healthcare service and its barriers and benefits regarding senior citizens was referenced in several sources. Mao et al. discuss this digital divide in elderly populations, where struggles such as physical limitations, lack of familiarity with digital tools, and limited access to training all hinder telemedicine service usage in independent living facilities[15]. The need for policies that improve healthcare access in telemedicine formats for the elderly, especially in lower-income and rural areas where healthcare access is already limited, is expressed in many sources, as it would help make telemedicine more inclusive and equitable.

Trends In Elderly Healthcare:

The shift towards preventative care in healthcare frameworks, especially about healthcare costs for elderly patients, seemed to be a primary concern in several sources. Macguire discusses such systems, which prioritize preventative care for seniors, and analyzes their impact on lowering costs for chronic illnesses[16]. Additionally, Mezei addresses the importance of prevention in reducing health expenditures – as they emphasize that detecting a disease at an early stage creates a significant decrease in cost than detection in a later stage, supporting this with data from multiple different European countries' healthcare systems[17]. The expansion of telehealth services has also been a topic of discussion lately, especially in the more recent papers analyzed due to the effects of the COVID-19 pandemic – the study by Mao et al. points out this expansion and addresses the barriers and struggles that some elderly patients face when trying to access these services, highlighting the negative aspects that must be fixed in the industry to help senior citizens access healthcare services easier[15]. The US Office of Disease Prevention and Health Promotion also supports the use of telemedicine services, but also acknowledges that the elderly might have struggles with health literacy and accessing electronic health care "patient portals [and] electronic health records[12]." Senior citizens can be at a disadvantage in the increasingly digitized healthcare system, and there is certainly room for improvement in telehealth and telemedicine platforms.

Gaps In Current Research:

While there is ample research on the current healthcare industry, further research can be done to more thoroughly investigate specific concerns of senior citizens within the current US healthcare system. One such gap is the lack of research addressing the importance of culturally competent care in elderly healthcare. Only a few sources analyzed address this, specifically from an Asian-American lens, as the Asian American Health Initiative finds a lack of research or competent care within the US healthcare industry for elderly Asian American citizens[18]. Zhang also underscores this as they address the importance of understanding cultural backgrounds, which builds trust in healthcare settings – but there are still gaps and much more can be done, especially in terms of training educators and physicians on the importance of culturally sensitive care[13]. Another gap in this research is the lack of longitudinal studies that study how policy changes, technological changes, and overall environmental changes impact senior citizens' access to healthcare over a long period, and how their health needs can evolve. As Macguire et al. express, longitudinal studies of "cohorts" can help "understand a range of trajectories for aging" – which can then be used to make policy changes and interventions that address "health inequalities in aging[16]." In conclusion, while existing research does provide insights into various aspects of healthcare challenges that senior citizens face, there is a need for further research that helps establish a healthcare system that respects cultural/community beliefs, and a need for further research that utilizes longitudinal studies to inform future targeted interventions and policy plans for reducing disparities in health due to age.

Discussion:

Barriers to Elderly Healthcare Access:

To fully address the issue of improving healthcare access for elderly citizens, there must be an understanding of what barriers prevent them from current healthcare access, both online and in person. To specifically analyze the elderly's experiences, the review will analyze challenges in 3 main areas: elderly citizens' online access to healthcare services, their relationships and sentiments with healthcare providers, and environmental factors that affect their medical experience. These three categories encompass flaws in the healthcare experience that must be solved currently, and these flaws are expressed in the numerous studies and research papers analyzed in this paper.

Technology and telehealth access:

First, senior citizens' access to healthcare through online technologies is a major factor that can improve or negatively impact a medical experience. In a cross-sectional study done at

a "large academic tertiary care center in northwest Ohio," senior citizens reported the main barriers they had when accessing medical services through online portals/webpages: initial portal setup (36%), sign-on (32%), and size of buttons, text, and icons (21-24%)[9]. This information is expressed in the table below, along with a variety of other problems senior citizens reported when accessing telehealth/online medical services.

Table 1: Survey Data (Barriers Senior Citizens Face in Accessing U.S Online Healthcare)

Technical barriers reported during medical portal usage	Percentage of study participants who reported this issue
The Buttons/icons are too small	21%
The text on the screen is too small	24%
The location of the icons on the screen is not intuitive or easy to use	27%
It was not easy or intuitive to navigate	28%
Difficulty with access (logging in/signing up)	32%

Telehealth services – medical services used to provide care for citizens at great distances using technology – also pose many hardships for senior citizens, especially when accessed in independent living facilities. According to a "mixed methods needs assessment of two independent living facilities in Northern California," large barriers to telehealth visits included: hearing difficulties (35.7% of participants), and unfamiliarity with the platform or getting connected (29-30% of participants)[15]. Along with issues that they face when accessing online healthcare services, senior citizens face wellness problems when using newer technologies like computers, smaller phones, and small keyboards/text sizes. For example, in the study done by Dani Zoorob and his team, 36% of senior citizens reported having anxiety issues when using online healthcare services, 25% reported arthritis and finger mobility/joint discomfort, and 20% reported eye strain[9]. While these issues make the healthcare experience inconvenient for senior citizens, another major part of their time spent at hospitals/clinics is spent interacting with healthcare providers.

Relationships and interactions with healthcare providers:

The quality of senior citizens' relationships and sentiments with healthcare providers is a critical aspect of the overall healthcare experience, and analyzing the gaps in this area can drive the industry toward better training methods for physicians, hiring practices, and improvements in the patient experience for seniors. To illustrate, a study was done in 4 counties across the U.S and surveyed elderly citizens on their healthcare experiences: almost 15% of participants reported "having at least 1 barrier that affected their ability to see either a 'moderate amount', 'very much', or a 'whole lot,' and 32.9% of respondents reported that physicians lacked responsiveness to their concerns[19]." Fitzpatrick and their colleagues also suggest that as physicians spend less time with their patients due to "financial and other managerial constraints," patient satisfaction decreases, leading to an overall worsened medical experience[19]. Along with unresponsive physicians, the healthcare workforce has a limited number of geriatric specialists, which will eventually lead to lower quality visits and reduced time for each senior citizen during their healthcare experience as each specialist must individually care for a larger number of patients[20]. Furthermore, physicians can have strained relationships with seniors when delivering end-of-life care, healthcare provided in the time leading up to a person's death, as physicians do not receive adequate training to address difficult conversations with the elderly[10]. Only certain specialties prepare physicians for end-of-life care and the recognition of death, leaving a plethora of other patients dealing with inadequately trained physicians to leave medical clinics dissatisfied with the care offered[10]. In addition to understanding these relationships with healthcare providers, environmental factors can also influence access to healthcare.

Environmental barriers:

Understanding the variety of environmental factors that affect the elderly's access to medical services is crucial to addressing the broader challenges faced in obtaining healthcare. The U.S Department of Health and Human Services defines these factors as "Social determinants of health, [which are] the conditions in the environments where people are born, live, learn, work, play, workshop, and age that affect a wide range of health, functioning, and quality-of-life outcomes at risks[12]." One of the most significant factors that determine health and healthcare access is the distance an elderly person has to travel to visit their nearest healthcare provider. As the U.S. Department of Health and Human Services mentions, rural residents need to travel farther to get healthcare, which can deter them from healthcare access and highlights the need for improvements in telehealth services[12]. Along with this, medical costs have risen over the past decade, as seen in Figure 1, at an even faster pace than prices in the general economy - this aligns with another barrier related to external factors in medical services, healthcare costs[21].

The US Department of HHS reported that in 2020, "adults age[d] 65 years and older spent an average of nearly $7,000 in out-of-pocket medical costs[12]." With healthcare prices continuing to rise, this is a significant barrier that can prevent many elderly citizens from accessing healthcare even when it's

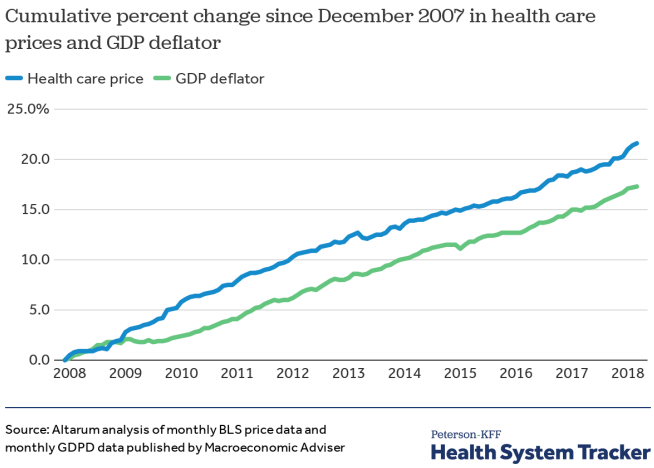

Fig. 1 Graph from the Peterson-KFF Health System tracker depicting the rising costs of healthcare services in comparison to GDP

nearby.

Furthermore, the psychological aspects of aging, cultural differences, and demographic factors all impact senior citizens' actions to preserve their health and access to healthcare services. The World Health Organization (WHO) states that almost a quarter of older people face social isolation and loneliness, and almost 15% of adults 60+ live with a mental disorder[22]. Many are at a greater risk for afflictions such as depression and anxiety, especially those with chronic illnesses and neurological conditions such as heart disease or dementia[22]. Living with these issues as adults grow older can affect their self-perception of aging (SPA), which is a term that describes older adults health beliefs regarding age-related conditions; with a negative SPA, studies found that individuals who considered chronic illnesses a normal part of aging were less likely to proactively access preventative care access, plan financially for retirement and potential healthcare costs, and downplayed the importance of speaking to their primary care physician about age-related issues[23]. Community stigmas also surround the elderly community and their healthcare access – structural ageism in the United States, bias, and discrimination towards elderly citizens, is present across many healthcare landscapes, and almost 20% of older patients have reported experiencing ageism when seeking healthcare access[11]. It also contributes to costlier cases that can be prevented; a model designed by Levy et al. predicts that a 10% reduction in sources of structural ageism in the U.S medical industry can reduce the cases of the 8 costliest health conditions, saving nearly $1.1 billion and preventing almost 320,000 cases.

Alongside aging, cultural differences play a role in the elderly's access to healthcare in the U.S – in some cultures, an emphasis is placed on familial care rather than formal medical care; the Asian American Health Initiative states that many Asian-Americans hold the belief that "their doctors do not understand their culture and values," and that their "traditional approaches to healthcare" cause them not to see the "purpose or necessity in obtaining [outside] care[18]." The level of education of some elderly patients also affects their choices when choosing healthcare services – as a cross-sectional study done by Zhang et al. revealed that in the study, elderly with higher levels of education "[tended to have a] favorable economic situation and a higher recognition of social care," having a significant effect on their "choice of long term care[13]." Finally, race and ethnicity are two of the largest factors that strongly influence the quality and services that patients have access to: the Commonwealth Fund, a nonpartisan institute that promotes an equitable healthcare system, states that "many people of color contend with interpersonal racism and discrimination in health care settings and more often receive worse medical care than white patients," highlighting the disparities that arise in healthcare services due to demographic factors[14].

In summary, healthcare access for seniors in the United States is shaped by cultural and psychological differences, with psychological perceptions of aging, cultural beliefs, and education levels as prominent examples of limiting factors that impact healthcare service access. Addressing and understanding the role these factors play in creating disparities in the healthcare system can guide future policy innovation, and culturally sensitive healthcare systems, and can pave the path to reducing some of the barriers that limit medical access for senior citizens, promoting equity and efficiency.

Current solutions used in the healthcare industry to provide for seniors:

To propose solutions that will effectively address accessibility and affordability issues in healthcare services for senior citizens, an analysis needs to be done of current methods that the U.S healthcare industry uses to provide care for this demographic, and how other countries have provided this care to make it cheaper for their citizens. This includes an analysis of the economics countries use to provide accessible and affordable care for citizens, along with flaws/problems the current healthcare industry can improve on in their current practices.

To find out how to improve current healthcare practices, looking at other countries' industries and their senior citizens' lifestyles can provide many insights. A notable example includes European countries, specifically Sweden, Finland, and Germany. These countries' healthcare industries focus more on preventative care rather than treating conditions after they arise. As they allocate more funding towards preventative care, the root causes of diseases and chronic ailments are reduced. Diseases can be detected earlier, lowering the total healthcare costs for seniors[17]. In addition, many countries prioritize

this methodology of preventative care, aiding senior citizens through costs with insurance coverage, national management, and financing plans such as premiums to reduce costs and improve quality of life[24].

Countries with aging populations also design many systems to make their healthcare resources more cost-efficient and accessible to the elderly. One of the most prominent examples of a country like this is Japan; with almost 30% of its population being 65+ in 2019 (and still rising), its population is considered the "most aged" worldwide. To provide for this aging population, Japan uses what Minoru Yamada, a faculty member of the Department of Human Sciences at the University of Tsukuba, and Hidenori Arai, a member of the National Center for Geriatrics and Gerontology, explain is the "long-term care insurance system," also known as the LTCI. The LTCI assists older citizens in paying medical bills – older adults who qualify for the system pay a 10-30% copayment fee for medical services, and the rest is covered by the "LTCI budget" which consists of premiums that citizens 40+ pay and taxes[25]. The program offers many benefits for the elderly, especially those with chronic illnesses, as certified citizens can partake in benefits/services such as "home visits/day services, long-term care health facilities, medical long-term care sanatoriums;" members of the aging population can select and choose which services to use, along with care manages who are "actively involved" in care plans[25].

Additionally, a strong social welfare system aids in making healthcare more affordable and accessible to older citizens; an example of this is the Netherlands, which has a universal insurance plan called AWBZ that pays for care services of older and disabled people, having a close relationship with the health insurance system allowing citizens to cover for services such as long-term hospitalizations, rehabilitative services, and nursing care[26]. Adult insurance premiums are also "community rated," so demographic factors such as age, gender, or health status cannot raise or lower prices – contributing to lower out-of-pocket expenses[26].

To summarize, the U.S. healthcare industry can improve its methodology of care and prioritize preventing diseases and chronic conditions rather than treating them after they are long introduced, to reduce costs for the aging population. Additionally, building off the framework of programs like the LTCI in Japan or the AWBZ in the Netherlands can create a more sustainable and affordable system that decreases the financial burdens of healthcare on senior citizens.

The U.S. also has many plans to improve the healthcare and living experience for aging citizens. For example, they follow the World Health Organization (WHO)'s "Global Strategy and Action Plan on Aging and Health." This includes 5 major objectives that are represented in Table 2 below[16]:

While these objectives aim to improve the healthcare industry and the health of aging citizens, many flaws prevent them from

Table 2: Objectives and description/subsections taken from the WHO Global Strategy and Action Plan on Aging and Health

Objectives:	Subsections:
Commitment to action on healthy aging in every country	1.1: Establish national frameworks for action on healthy aging 1.2: Strengthen national capacity to formulate evidence-based policy 1.3: Combat ageism and transform understanding of aging and health
Developing age-friendly environments	2.1: Foster older people's autonomy 2.2: Enable older people's engagement 2.3: Promote multisectoral action
Aligning health systems to the needs of older populations	3.1: Orient health systems around intrinsic capacity and functional ability 3.2: Develop and ensure affordable access to quality older person-centered and integrated clinical care 3.3: Ensure a sustainable, appropriately trained, and managed workforce
Developing sustainable and equitable systems for long-term care	4.1: Establish and continually improve a sustainable and equitable long-term care system 4.2: Build workforce capacity and support caregivers 4.3: Ensure the quality of person-centered and integrated long-term care
Improving measurement, monitoring, and research for healthy aging	5.1: Agree on ways to measure, analyze, and monitor healthy aging 5.2: Strengthen research capacities and incentives for innovation 5.3: Research and synthesize evidence on healthy aging

being implemented and utilized to their full extent. It tries to solve issues in a broad area of fields, which makes it difficult to solve specific issues efficiently - working on so many tasks at a single time can even worsen quality as quick solutions will be pushed at the expense of high-quality ones. An idea to solve these might be to take preventative care policies that are working from other countries, specifically European countries, and tweak them to fit the United State's healthcare systems. These systems succeed as they focus on investments in "health and prevention," devoting public health funds to reducing health conditions that can "be avoided with.. healthier diets, higher levels of physical activity, and early management with preventative medicines[27]." The preventative care system that many European countries use would be difficult to fully implement into the U.S. healthcare industry, as the U.S. has a fragmented industry – multiple insurers and a private insurance sector create a "mix of public and private" organizations, causing inconsistencies in coverage. Additionally, financial barriers to care are a major barrier for elderly citizens in U.S. healthcare, as many simply cannot afford rising costs; the U.S. Department of Health and Human Services reported that "out-of-pocket healthcare expenses for adults 65 and older rose 41% from 2009 to 2019." To adapt to these challenges and implement preventative care systems in the U.S., similar to ones in European countries, legislation must be passed to cover costs for screenings and insurance, as the U.S. leaves almost 10% of its population uninsured[28]. Furthermore, public health literacy campaigns that increase awareness of preventative care and its benefits – like Mckinsey states, "long-term prevention and health promotion, and health security… is quite literally, everybody's business."

Possible solutions:

After covering the major flaws that afflict elderly citizens when trying to access and find affordable healthcare in the U.S., there are a few solutions that can be implemented to alleviate them. One of them is the widespread use of senior medical health clinics. An example of these successfully used is the American Diversity Group's weekly medical senior center clinics. Every Saturday they hold clinics that allow uninsured senior citizens to meet with doctors for free, helping senior citizens who don't have the funds or accessibility to reach normal physicians/hospitals. It provides free checkups, chronic disease management, weight loss management, and many other features that guide senior citizens to a healthier lifestyle. While the idea of free medical clinics across the U.S. seems appealing, there are numerous financial, logistical, and policy barriers to scaling a program like this nationwide. According to the Commonwealth Fund, a non-profit organization that promotes a high-performing, equitable healthcare system and also supports healthcare policy research, community health centers (that operate similarly to the ADG Clinic) rely heavily on "Medicaid reimbursements[29]." With tight financial margins, it leaves little money to invest in better technology, increased manpower and medical staffing, and further expansion[29]. To gain this funding needed to expand, federal funding for community health centers can be increased through policy change; work has already been done in the sector towards this, with the Affordable Care Act (ACA) providing support for community health centers through the Community Health Center Fund, allowing the rapid creation of clinics and health centers to reach "millions of new patients nationwide[30]." However, securing new and increased funding for these centers can be difficult and slow, especially when government bodies are filled with opposing parties and many different viewpoints, emphasizing another barrier in the way of pushing this solution to a larger scale nationwide. With the 118th U.S. Congress (2023-2025) being split with 47 Democrats, 49 Republicans, and 4 Independents, the divide in the current political landscape is highlighted, again highlighting how the policy process may be slow and difficult with party polarization.

In addition, telehealth services can be improved based on previously mentioned issues. With more user-friendly interfaces that implement larger fonts and icons, elderly citizens might be able to navigate telemedicine platforms more easily – additionally, companies that start educational initiatives or technology literacy classes will be able to "explain how telemedicine visits work" to elderly citizens and effectively "show them the benefits of using it[31]." Financial barriers to telehealth can also be addressed through government funding of technology infrastructure – federal programs like Lifeline help "eligible households pay for internet services and internet-connected devices," and can push for equity for elderly patients in telehealth with "hearing and/or vision challenges, low skill or comfort level with technology, or cognitive impairment[32]." With the use of a multifaceted approach that involves investing in technology literacy initiatives and offering educational and financial support for healthcare technology, the barriers for senior citizens' access to telehealth can be reduced. By leveraging government funding paired with inclusivity programs, a more equitable telehealth system can be achieved, inrceasing elderly patients' access to essential and efficient medical care over virtual platforms.

Lastly, a current model for nurse care can be implemented in a widespread manner to improve end-of-life care and experiences for patients with chronic conditions. The "Transitional Care Model", or TCM, is a teamwork-based nurse care model that targets older adults with chronic conditions, reducing healthcare costs and improving experiences[33]. The TCM makes the transition process easier, especially for senior citizens, when patients are moving from the hospital to their home; some key aspects of the model include nurses making home visits to the patient and phone calls, increasing communication between elderly patients and their family caregivers/providers, and efficiently using finite supplies in the medical industry. It

specifically focuses on reducing healthcare costs and utilizing less manpower more efficiently to aid older patients complicated by "cognitive impairment," who are at risk of expensive rates of rehospitalization[34]; in a study done by Pauly et al., 202 hospitalized older patients with cognitive impairment received one of 3 nurse care models (one being the transitional care model). The TCM's 30-day cost averaged $2678.72, significantly lower than the average $4860.58 or $4170.69[34] spent on other models of nurse care. This cost included the time spent on patient visits, treating patients virtually, documenting patient information, and travel costs between medical centers and patient homes. Although the idea of making this model applicable to patients nationwide does seem promising, it might be harder to implement and scale nationally; in underserved areas where resources are scarce, nurses might not have the time or resources to travel to every elderly patient's home. Additionally, as the Pew Research Center states, in rural areas, patients often live farther from hospitals and medical centers, creating more barriers and time constraints when nurses must visit patients' homes and communicate with their families[35]. If put into place, hospitals would likely require additional funding to train nurses on the TCM model, along with costs for infrastructure and technology to provide the best care possible. The solution seems feasible, but it would involve a long process of securing funding, training nurses, and scaling it nationwide, which would make it not entirely practical when trying to help elderly patients in the short term.

Limitations

While the literature review provides multiple insights into the current healthcare accessibility of U.S. senior citizens, a few limitations must be acknowledged to contextualize the findings. The literature review primarily focused on publications in English, which might have excluded relevant research published in other languages. For example, when comparing Japan's healthcare conditions for senior citizens to the U.S., there are possibilities that literature published in Japanese could have been useful but was excluded due to language bias. Another limitation of this review is that there were some inconsistencies in the selection process - when finding high-quality relevant articles, there wasn't a standardized effort to track the data of excluded studies. This introduces some bias, as all available literature may not have been fully systematically analyzed, but many high-quality informative articles were still included. Understanding these constraints allows for proper interpretation of the results and provides direction for future research.

Conclusion

This paper highlights the major barriers that senior citizens in the United States face when accessing healthcare. These include but are not limited to rising costs of healthcare, environmental and socioeconomic factors, difficulty adapting to modern healthcare technology, and cultural differences or stigmas. Collectively, these issues contribute to systemic disparities that senior citizens face – although solutions such as community clinics and improved telehealth services show promise, they are limited in their scaling and cannot effectively improve the state of healthcare for a majority of citizens. Comparisons to successful elderly healthcare systems in countries such as Japan and the Netherlands provide direction for preventative care improvements and long-term care systems that can help address these issues.

Further research should concentrate on improving access to healthcare for senior citizens through the possible implementation of culturally sensitive care, affordable long-term preventative care strategies, and reducing the impact socioeconomic factors have on healthcare quality. Longitudinal studies can reveal the impact of policy changes and technological advancements on the healthcare landscape and how senior citizens' access to healthcare changes over time. By prioritizing this research, the United States can pave the way for the growing senior population to receive the equitable, efficient, and compassionate they deserve.

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