

Closing the Gap: Addressing Health Disparities in Aging Populations.

Kerry Omura*

School of Nursing and Midwifery, The University of Newcastle, Australia

Introduction

As the global population ages, the need for equitable healthcare for older adults becomes increasingly urgent. However, not all aging individuals experience the same quality of health or access to care. *Health disparities in aging*—differences in health outcomes and access to healthcare based on factors like race, ethnicity, income, gender, geography, and education—pose significant challenges to creating a fair and inclusive healthcare system. These disparities not only undermine the quality of life for many older adults but also place additional strain on healthcare systems and caregivers [1-3].

Health disparities refer to preventable differences in the burden of disease, injury, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Among older adults, these disparities can manifest in various forms, including higher rates of chronic diseases, reduced access to preventive care, shorter life expectancy, and poorer mental health outcomes. Black and Hispanic older adults in the U.S. are more likely to experience conditions like hypertension and diabetes, yet less likely to receive timely treatment. Low-income seniors may face barriers such as inadequate insurance, poor housing, or limited access to nutritious food and transportation. Rural elderly populations often struggle with a shortage of healthcare providers and facilities, leading to delayed diagnoses and limited treatment options. Systemic racism and cultural bias in healthcare can result in misdiagnoses, lower-quality care, and decreased trust in medical providers among minority elders. Seniors living in rural or underserved areas often lack access to hospitals, specialists, and even basic healthcare facilities, increasing their risk of untreated or advanced illness. Limited English proficiency and low health literacy can prevent older adults from understanding medical advice, adhering to treatment plans, or even seeking care in the first place. Marginalized older adults—such as immigrants, LGBTQ+ individuals, or those with disabilities—may feel excluded or misunderstood by healthcare systems not designed to meet their specific needs [4-7].

Strengthening Medicare, Medicaid, and community health programs can improve access for vulnerable older adults. Educating healthcare providers on cultural awareness, implicit bias, and inclusive communication helps improve care quality and trust. Providing health education materials in multiple languages and at appropriate reading levels empowers older adults to make informed health decisions. Transportation, meal

programs, and social support services tailored for seniors can significantly improve their overall well-being. Governments and health organizations must prioritize aging equity in public health policies, funding, and research [8-10].

Conclusion

Health disparities in aging are a reflection of broader social inequities that accumulate over a lifetime. As populations live longer, the need to address these disparities becomes not just a moral imperative but a public health necessity. By acknowledging and actively working to reduce these inequities, we can ensure that all older adults—regardless of background—can age with dignity, health, and access to the care they need. Closing the gap in health outcomes for aging populations is essential to building a healthier, more just society for all generations.

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*Correspondence to: Kerry Omura, School of Nursing and Midwifery, The University of Newcastle, Australia, E-mail: kerry.omura@newcastle.edu.au

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