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Accessibility of Healthcare Services Among Elderly Amidst Covid-19 Pandemic

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Abstract: The COVID-19 pandemic significantly disrupted the capacity of health systems to deliver essential services, disproportionately impacting the elderly population who require consistent and appropriate healthcare. This study aimed to assess the accessibility of healthcare services for the elderly and to identify the barriers they encountered in utilizing barangay health centers in Zamboanga City during the pandemic. Employing a descriptive research design, the study utilized statistical analysis alongside structured interviews with elderly participants to gather data on service utilization and access-related challenges. Findings revealed that all barangay health centers in Zamboanga City continued to provide medical consultations and maintenance services for elderly individuals throughout the pandemic. Among the 365 elderly respondents, 237 (64.93%) reported preferring to visit their nearest health center, and 236 individuals accessed facilities located within a 3-kilometer radius of their residences. Additionally, 239 participants indicated that travel time to the health center was less than 20 minutes. Qualitative data obtained through telephone interviews highlighted five major barriers to healthcare access during the pandemic: unprofessional or inadequate treatment by facility personnel, substandard service quality, extended travel distances, unaffordable service costs, and prolonged waiting times. These findings underscore the need for targeted interventions to enhance the responsiveness and inclusivity of primary healthcare systems for elderly populations, especially during public health emergencies.

Keywords*: Accessibility, Healthcare Services, COVID-19 Pandemic, Elderly, Zamboanga City.*

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I. INTRODUCTION

➢ *Executive Summary*

Along with the increasing rate of the aging population worldwide is an increase in demand for healthcare, since most elderly patients develop multiple chronic illnesses, as well as the need for assistance due to physiological, psychosocial, and functional decline in their overall health and increase dependency among older adults. As many of the disease condition of geriatric patients cannot be cured, healthcare services must be competent at maximizing health outcomes, promoting mental health, and providing evidence-based dementia care, emotional support, as well as optimal management and palliative care (Bahrami et al., 2018; Britten et. al., 2018).

Due to the rising COVID-19 cases in the Philippines, Telehealth is being adopted and practiced by medical doctors in a collaborative effort with the Philippines Department of Health and National Privacy Commission that addresses patient concerns including the prevention of the spread of COVID-19 and one's health. (Macariola et al., 2021). Moreover, its healthcare services include consultation for the prevention of diseases, diagnosis, analyzing laboratory results, management, and treatment whilst the pandemic is still happening (Hani, 2020). In addition, most clients are adults since they are literate in the computer and digital aspect. For them, it is easier, accessible, and convenient at the same time safer in their own respective homes. On the other hand, the elderly needs more time to understand how technology works to be able to adopt and practice this to be able to receive healthcare services in the comfort of their own homes.

These aged people are vulnerable because their bodies are not the same as when they were younger. They need to receive proper health care services to optimize their health and to live a healthier life. However, due to implementation of the COVID-19 restrictions to minimize its spread, the expected healthcare services that they should receive are compromised. With this in mind, it is essential to know if the elderly have access to healthcare services available to them amidst the on-going pandemic. A better and enhanced health care delivery system will be given to the elderly in the community following an evaluation of the accessibility of healthcare services including satisfaction of the health care services rendered—to which an improved health status of the elderly people will result. Moreover, this study may answer

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the gap in literature concerning the access for healthcare services among the elderly in the local setting of the City of Zamboanga.

Information regarding accessibility to health care services among elderly provided for by the Barangay Health Centers will be generated from the results of this study. This project will allow real-time monitoring and evaluation of health care services focusing on the care for the elderly. The study will enable community health centers, other health care providers, community-based organizations, and advocacy groups to benefit from a regular source of data on the health of the target population- the elderly, which will be made available to them. Longer term benefits relate to the strengthening of current health care delivery services, and their programs and policies, including providing essential information from which current activities or plans can be reviewed with respect to relevance and effective targeting of the elderly in the City of Zamboanga.

II. OBJECTIVES OF THE STUDY

This study seeks to determine the accessibility to health care services among the registered elderly in Zamboanga City.Specifically, this study aims:

- To determine the availability of health services in Barangay Health Centers and services in Main Health Centers of the Rural Health Unit.
- To determine the accessibility to health care services among the registered elderly in the barangay health centers.
- To identify the barriers encountered by the registered elderly in accessing healthcare services in the barangay health centers in Zamboanga City amidst the COVID-19 pandemic.

III. LITERATURE REVIEW

Older adults are people aged 65 years and older (Eliopoulos 2018). Society subjectively chose ages 60 to 65 as the starting of late-life as it is the deciding point for retirement and qualifications for administration for money-related privileges for older adults (Meiner, 2015). Aging has an intricate cycle that can be expressed physiologically, functionally, and chronologically. The quantity of years that lived since the day of birth is called *chronological age*, which is utilized as measuring the age easily (Williams, 2018).

Chronological aging is utilized by authorities to categorize the aging population regardless of their functionality. It is ordered as: young-old for ages 65-74 years old; middle-old for ages 75-84 years old; and old-oldest for ages 85 years old and above (Eliopoulos, 2018).

It is anticipated that by 2025, the quantity of individuals ages 65 and older within the US will elevate from 12% to 19% within a year (Munnell, 2004). The expanding numbers of older adults are because of two primary causes: the increased lifespan of the older population and also the fertility at different points of time. By the year 2080, it is anticipated that the lifespan for 65 years old will be expanded to twenty years and twenty-three years, respectively (Munnell, 2004).

African American seniors make up the largest cultural minority and are expected to extend from 8% to 12% of the population of the elderly by 2050. As of now, 26.5% of African American older folks live in destitution compared to 8.2% of elderly whites. There is also a great difference in net worth between white and black families headed by older Americans (Mauk, 2006).

The population of Hispanics is the second largest and most rapidly developing ethnic minority within the U.S. (Hazuda & Espino, 1997). By the year 2050, Hispanic elderly will make up 16.4% of all U.S. elderly, including up to 13.4 million Hispanics over the age of 65 (Administration on Aging, 2000).

The subgroup of Asian and Pacific Islanders is composed of 40 diverse ethnic groups with different educational, economic, and health profiles (Ross, 2000). Some ethnicities include Asian, Filipino, Chinese, Japanese, Hawaiian, Pacific Islander, and National data. Projections for the years 2000–2050 include a population rise for Asian Americans and Pacific Islanders from 2.4% to 6.5% of the United States population (Administration on Aging, 2000).

The number of older people is expected to increase from 600 million to 2 billion between 2000 and 2050 globally (WHO, 2015). The aging population is a major issue that faces international health care systems currently. With the increase of the older population, there is an expanded probability of developing health issues which subsequently increases the demand for health care assets (Mohammed & Omar, 2019).

Numerous health problems that are associated with older adults such as chronic diseases that require continuous nursing care has adopted more effectively to the process of aging (Celik et al., 2010). Therapeutic medications accounted for 66% of the national health care budget according to the National Center for Chronic Disease Prevention and Health Promotion (2013). These centers to chronic diseases that occur commonly to older adults such as heart diseases, cancer, diabetes, Alzheimer's disease, osteoporosis, and degenerative illnesses (CDC, 2013).

Furthermore, expanding the area of practice of allied medical professionals includes services that presently require a physician's supervision, new options of treatments, as well as to reduce demand such as cures for chronic diseases. Older adults are well known for being high users of health care settings suffering from chronic conditions that leads them to receiving care across multiple settings from multiple providers. Hence, different health care settings are supplied which can change the effectiveness of comprehensive geriatric assessment such as home and hospital using this kind of program were shown to have a consistent benefit for several health outcomes including cognitive function (Pilotto et al., 2017).

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A study was conducted in Canada showing a detailed understanding in providing care to older adults in a primary care setting. This study points to specific issues in caring for older adults including lack of involvement of older adults in care planning, sharing, and receiving information, and lack of knowledge by health care providers of appropriate services.Another study was conducted by Ilse Reinders and his team focusing on nutritional interventions in older adults across different health care settings. It shows the effectiveness of nutritional interventions in increasing energy intake and body weight among older adults at risk of malnutrition.

Moreover, a mixed method study was conducted on the views of recognition of sexuality and sexual health in the health care setting of older people. The result in this study indicates that sexuality and its expression is a significant component for the older adult to have a good quality of life. Health care settings should implement services that promote strategies to a safe environment for sexual discussion and health care providers should also promote open sharing information, and ensure older people receive treatment, care, information, education and support they require (Bauer et al., 2015).

Moreover, every older adult need care, not only from their family but most especially from the different health care settings and it is very important that the care that we are giving to them is provided in an integrated way that meets their needs. Health care services are important factors that can help in maintaining a high quality of life for older adults.

In 2015, the Department of Health mandated the National Policy on the Health and Wellness Program for Senior Citizens (HWPSC) or renamed it as Health and Productive Aging (2018). It is a focused-service delivery package and integrated continuum of quality care. This is a patient-centered and environment standard to ensure safety and accessibility for senior citizens (Cruz, 2019). This program aims to strengthen health systems, evidenced-based policy, prevent functional decline, diseases, and foster an aged-friendly environment. In addition to that, there is health education that is being conducted such as elderly immunization, nutrition, and oral health. It also includes teaching about non-communicable diseases, effects of smoking, alcohol, physical inactivity, and drugs. It also offers assessment and screening to address client's concern to preserve and prevent illness (Cruz, 2019).

In the Philippines, senior citizens are defined in RA 9994 as any person aged 60 years or over. Based on the 2015 Census of Population and Housing (CPH) conducted by the PSA, there are 7,548,769 senior citizens in the Philippines or 7.5% of the total population. Senior adults frequently have several health problems, require multiple maintenance medicines, and/or require more encounters with healthcare professionals. The expanding older citizen population seems to necessitate an increase in the need for health care and related services. According to the 2007 Philippine Study on Aging, half of older Filipinos estimate their health to be average. With all the community quarantine imposed, as well as the restrictions on travel and public transit, it is extremely difficult to receive health care services.

In a recent study conducted by Dr. Enrique G. Oracion in Metro Dumaguete, the results show that although satisfied with the 20% discount on professional medical fees and medicines and free access to health services, the elderly are unsatisfied and think it is just enough or insufficient for their needs. Elderly healthcare policies for adaptation are needed especially funding of free medical consultation and maintenance medicine by rural health units and public hospitals. As this can encourage the elderly to consistently avail it (Daquioag, 2020).

Every age group has their own established mindset. Effective communication happens when respect is present in the conversation regardless of the difference in opinion. In healthcare, communication is challenging because of the physiological and mental decline related to ageing. Thus, healthcare providers, especially a nurse, are obliged to validate the thoughts and feelings of older adults without judgments.

In most cases, what seems to be satisfying, respectful and convenient for the nurses of the younger generation, can sometimes be insufficient and disrespectful to the older population; even so, effective therapeutic communication can fill the void and bridge distinct perspectives to achieve a single health care goal (Williams, 2010). With this, critical thinking takes a significant role. When addressing the concern of the patient, a nurse must apply critical thinking to ensure a desirable communication outcome (Chitty, 2010).

Therapeutic communication among nurses must be assessed and strongly promoted as it is the forefront of factors that are significant in providing care for the older population. As it stands, barriers to communication will always be present in different settings. For this reason, empathy and concern for patients are strongly upheld and recommended.

IV. METHODOLOGY

A descriptive survey method was used in figuring out the health care services' accessibility for the elderly in the different barangays in the city. Descriptive statistics was used to determine the accessibility of health care services and in identifying the barriers encountered by the elderly. A structured questionnaire was given to the elderly to determine the accessibility to health care services and the barriers in accessing the health care services. A quantitative method of analysis was used to obtain the amount of the variables.

The registered elderly and health workers are the study's target population, which includes elders aged 60 and above and Health workers with six (6) months to a year of work experience in a Barangay Health Center in Zamboanga City. The total population is divided into five age groups: 60-64, 65-69, 70-74, 75-79, and 80 and up. Senior citizens who are not registered and who are not able to provide oriented response were excluded in this study.

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A stratified random sampling method was utilized to select the respondents for the general registered elderly while convenience sampling was chosen for the Barangay Health Workers in the different barangays in Zamboanga City. The stratified random sampling was chosen because of large-scale surveys (Nickolas, 2020) whilst convenient sample consists of using the most readily available group of subjects for the sample (Cohen et al 2000:102). Hence, this method was chosen for the barangay health workers. The study looked into respondents' access to health care services in all of the 98 barangays of Zamboanga City.

From the number of the general registered Senior citizens, estimating a single proportion is the equation used for the sample size. $n = N*X / (X + N - 1)$, where, $X = Z_{\alpha/2}^2 *p*(1-p) / MOE^2$, and $Z_{\alpha/2}$ is the critical value of the Normal distribution at $\alpha/2$ (e.g., for a confidence level of 95%, α is 0.05 and the critical value is 1.96), MOE is the margin of error, p is the sample proportion, and N is the population size. A Finite Population Correction has already been established to the sample size formula (Daniel WW, 1999).

Sample Size	$X = Z^2 \times p \times (1-p) / MOE^2$
N: 32,534	$X = 1.96^2 \times 0.6 (1-0.6) / 0.05^2$
Values: Z = 1.96	$X = 3.8416 \times 0.6 (0.4) / 0.05^2$
MOE: 0.05	$X = 3.8416 \times 0.24 / 0.0025$
p: 0.6	$X = 368.79$

$n = N \times X / (X + N - 1)$
$n = 32,534 \times 368.79 / (368.79 + 32,534 - 1)$
$n = 11,998,213.86 / 32,901.79$
$n = 364.66$ or 365

This research project is a field study that was conducted among the barangay health centers in Zamboanga City. The researchers formally requested permission from the Office of the City Health to conduct the study and went ahead to facilitate an orientation of the study through the public health midwife and the barangay health workers (BHW) in the respective barangay health centers. To comply with IATF protocols, a phone call survey was conducted instead of a face-to-face survey for the chosen elderly respondents.

Data of registered senior citizens were obtained from the barangay staff. From the data, the sample size was calculated by estimating a single proportion to ascertain the exact number of respondents needed for a certain barangay. In-depth semi-structured interviews were utilized to determine the respondents' accessibility to health care services and barriers encountered in the access. Moreover, to ensure clearer phone call communication, significant others of the elderly were asked to validate the consent and interpret the tools using common vernaculars (Filipino, Bisaya, Chavacano and Tausug) to the level of the elderly's understanding. General information included the past health history conditions, experiences on health facility visits and its accessibility, availability, and satisfactory levels. In addition, a healthcare worker per barangay was interviewed regarding their experiences of rendering healthcare services to these registered senior citizens during the COVID-19 pandemic.

Before commencing the survey, the researchers read over the participant information sheet and asked for their permission to record the phone call survey. After given permission, the researchers read over the oral informed consent signed by the consent taker and began the survey. Only the recordings of the oral informed consent were stored in a password protected drive that only the researchers can access. The audio recording for the question-and-answer portion is purely for the purpose of transcription and was deleted immediately after. No data was required for the respondent's identity to maintain anonymity.

The reliability of the constructed questionnaire was ensured by having it explained one-on-one to the respondents using the common vernaculars to the level of their understanding. The same interview questionnaire was validated by research experts and was supported by a conduct of pilot testing to five respondents before the actual data collection.

A descriptive analysis was used in describing and summarizing the collected data. Frequency and percentage were used to determine the accessibility of health care services among the elderly from the ninety-eight (98) barangay health centers in Zamboanga City. Thematic type of analysis was used in summarizing and identifying patterns of data obtained from the phone call survey. Themes were identified based on the responses of the elderly in terms of the barriers they have encountered in accessing the health care services amidst the COVID-19 pandemic. Frequencies of these themes were also identified, subsequently, answering the research questions.

V. RESULTS AND DISCUSSION

Out of the 98 barangays, majority of these heath centers cater medical and maintenance consultation that includes monitoring of blood pressure, dispensing of maintenance medications for clients diagnosed with hypertension and diabetes mellitus, conducts seminars with screening for clients with hypertension and diabetes mellitus and for 1st timer registered vaccinees with the prioritization of COVID-19 vaccines (1st and 2nd booster) administration. Some health centers administer pneumonia vaccines every 3 to 5 years, flu vaccines every year and few of these health centers accepts TB testing via the GeneXpert machine.

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A. General Information on Access to Healthcare

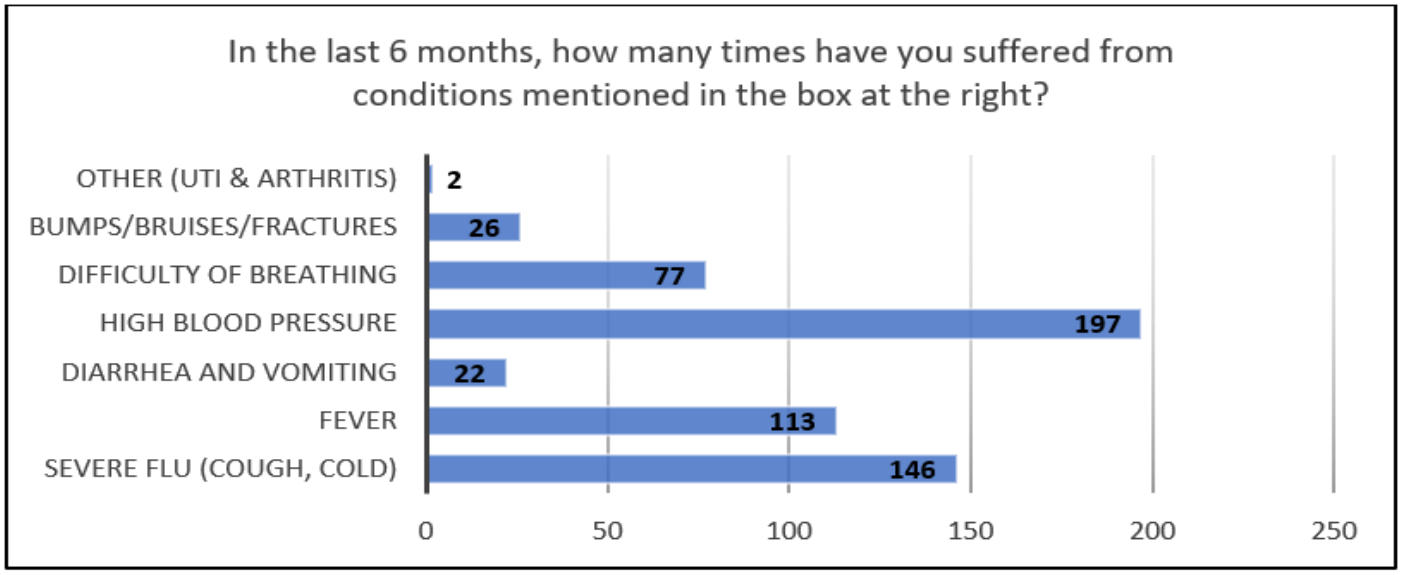

Fig 1 Identified Conditions that were Suffered by the Participants in the last 6 months

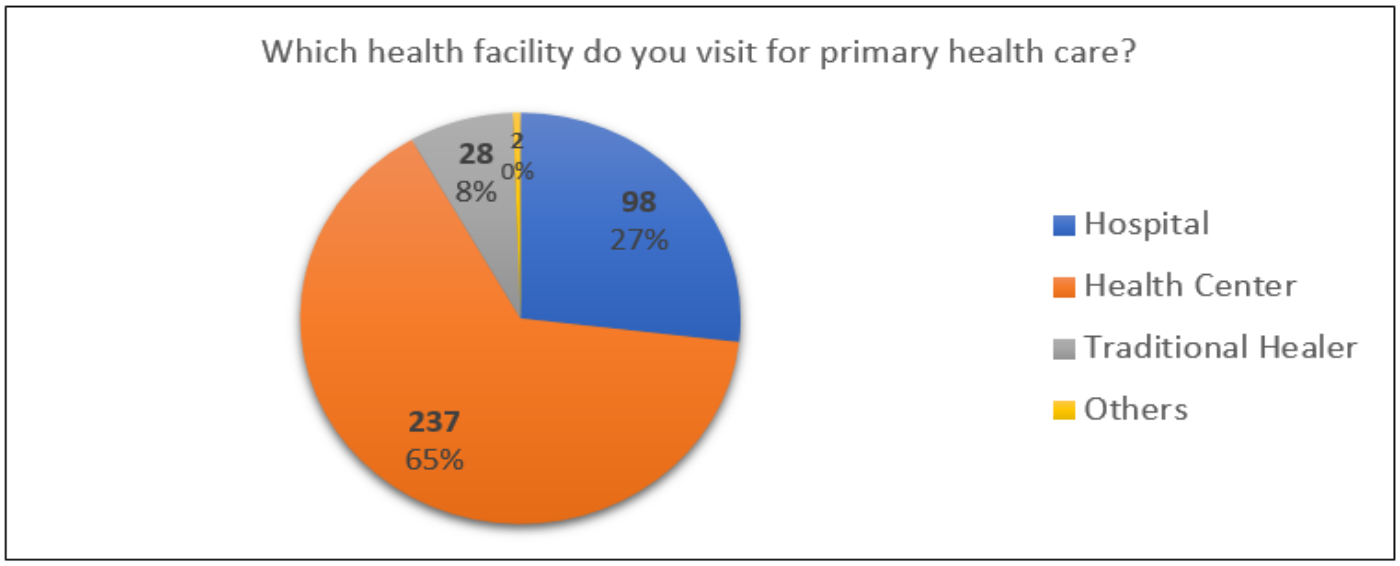

Fig 2 Response to the type of Facility that the Participant visits

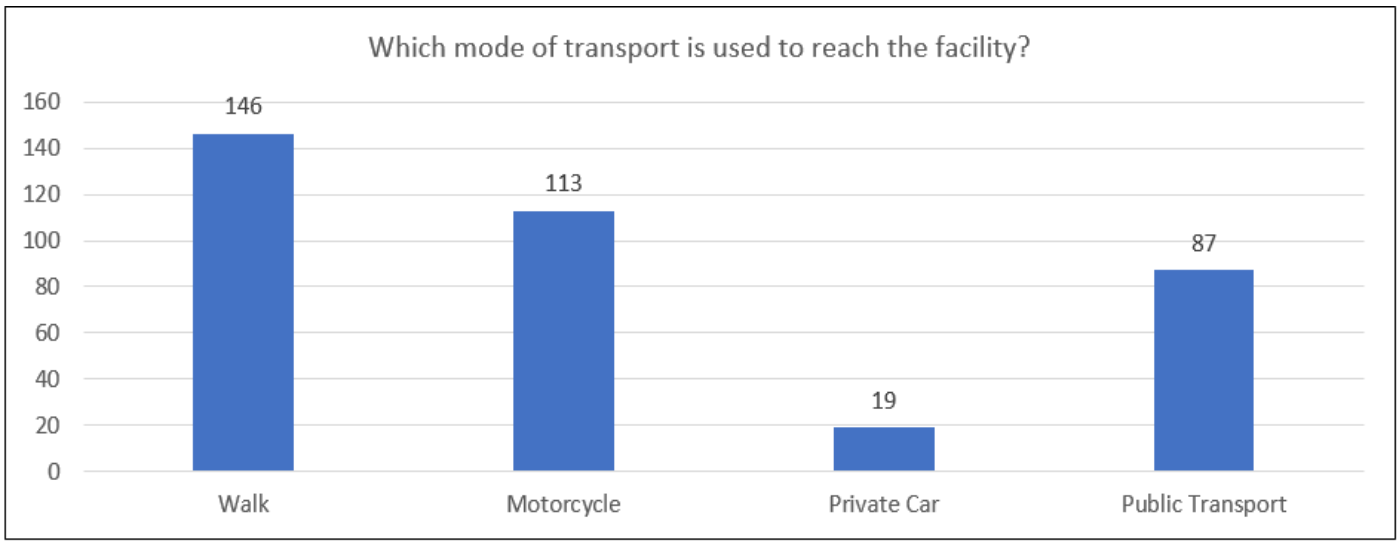

Fig 3 Response to mode of transportation used to reach participant's preferred facility

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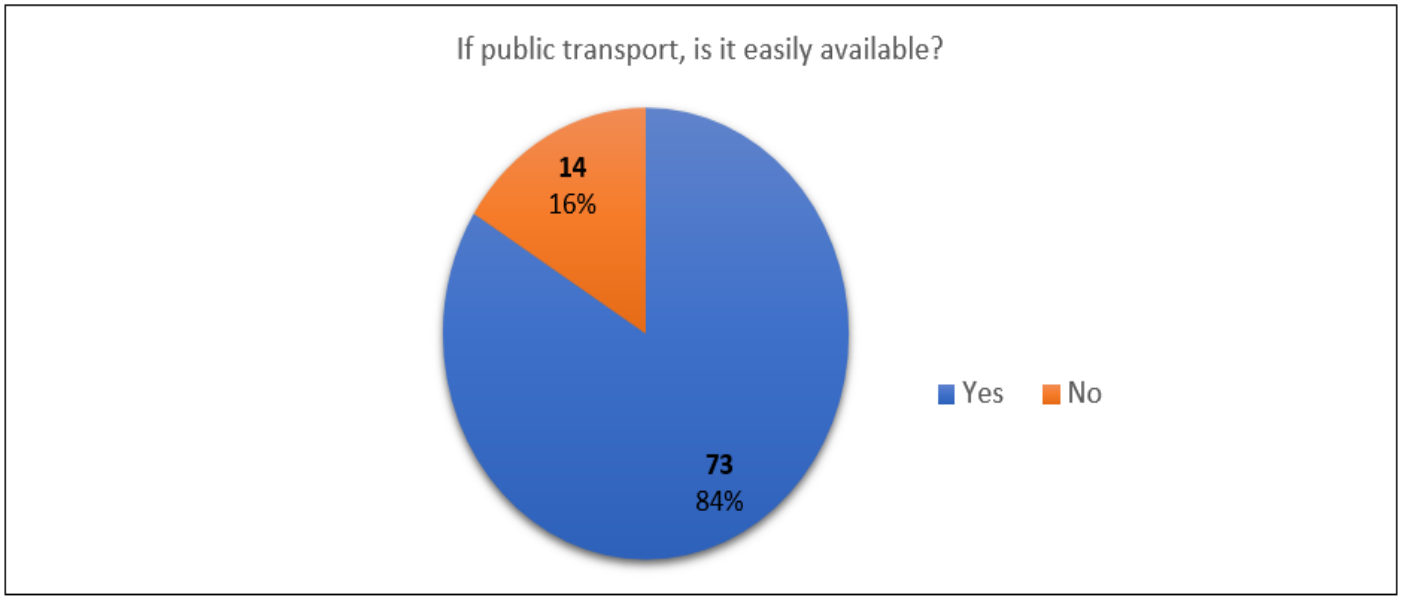

Fig 4 Response to the ease of Availability of public Transportation

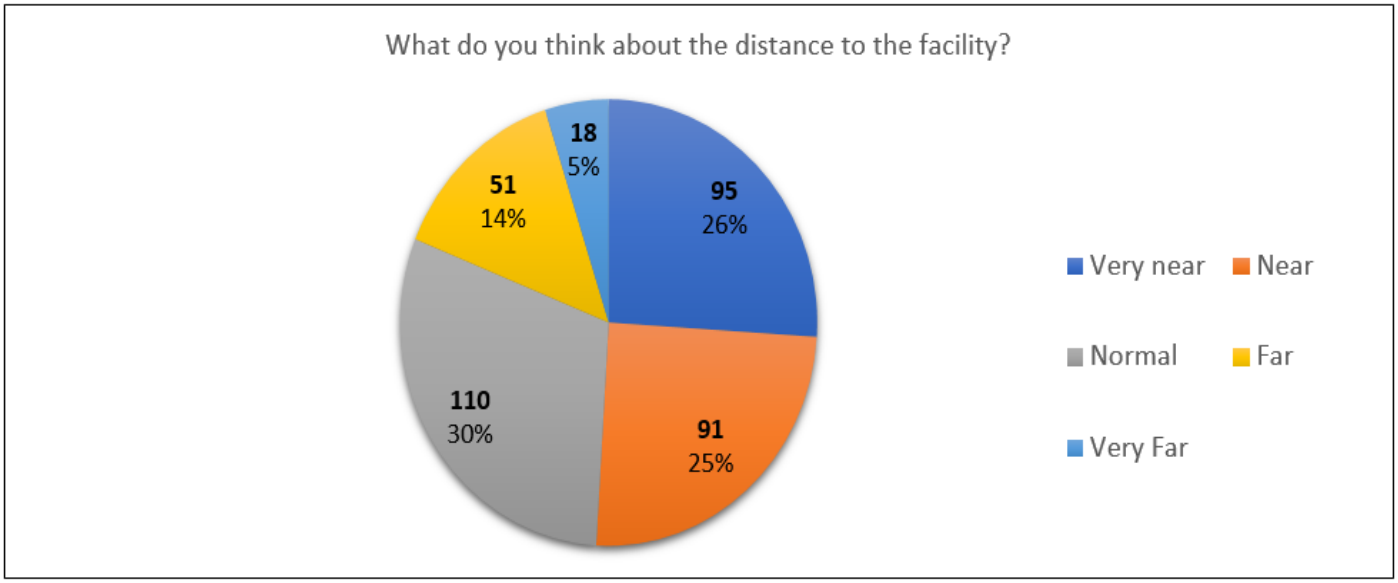

Fig 5 Response to the perception of the participant about the distance to the facility

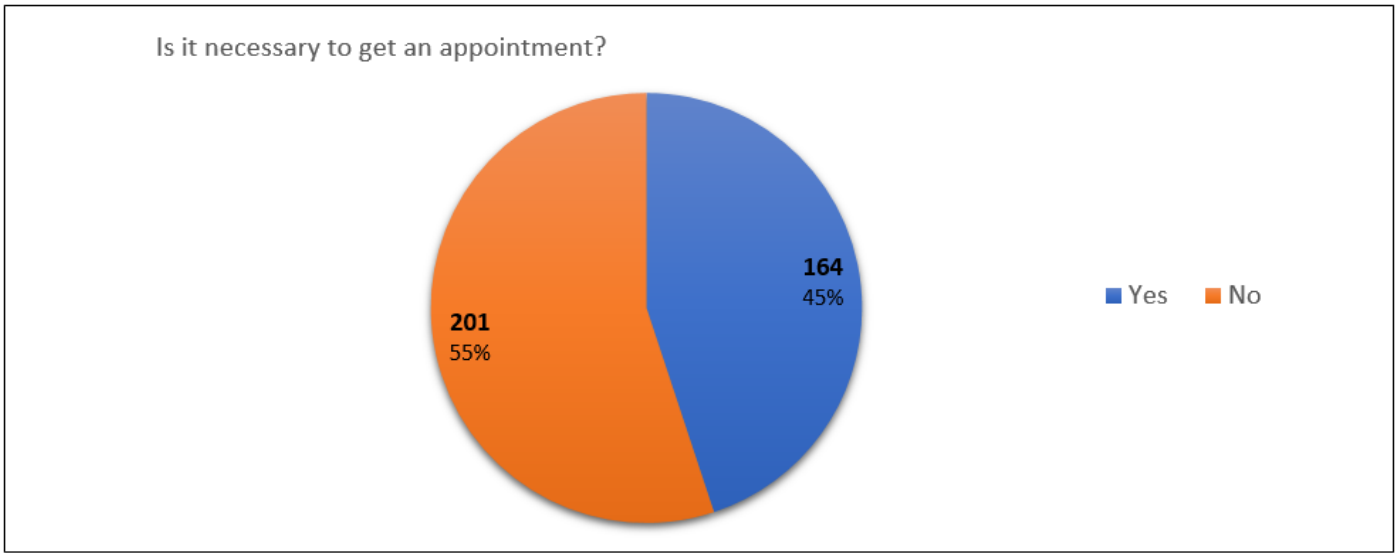

Fig 6 Response to the need of getting an appointment before visiting the facility.

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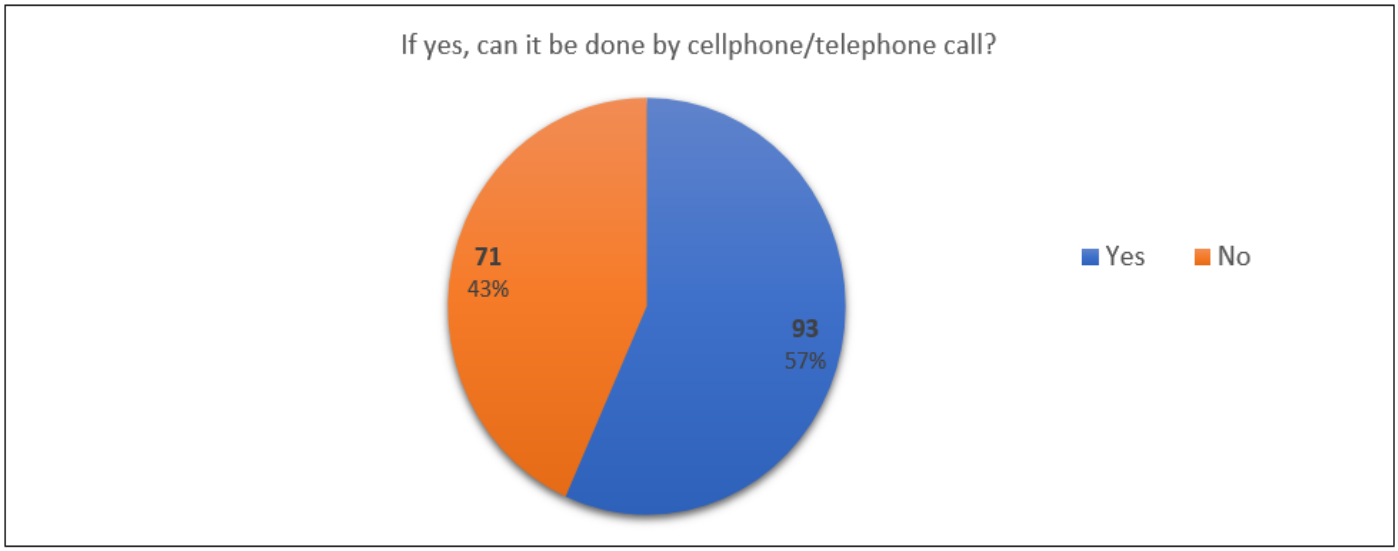

Fig 7 Response to the Availability of setting up an Appointment through Cellphone/Telephone call.

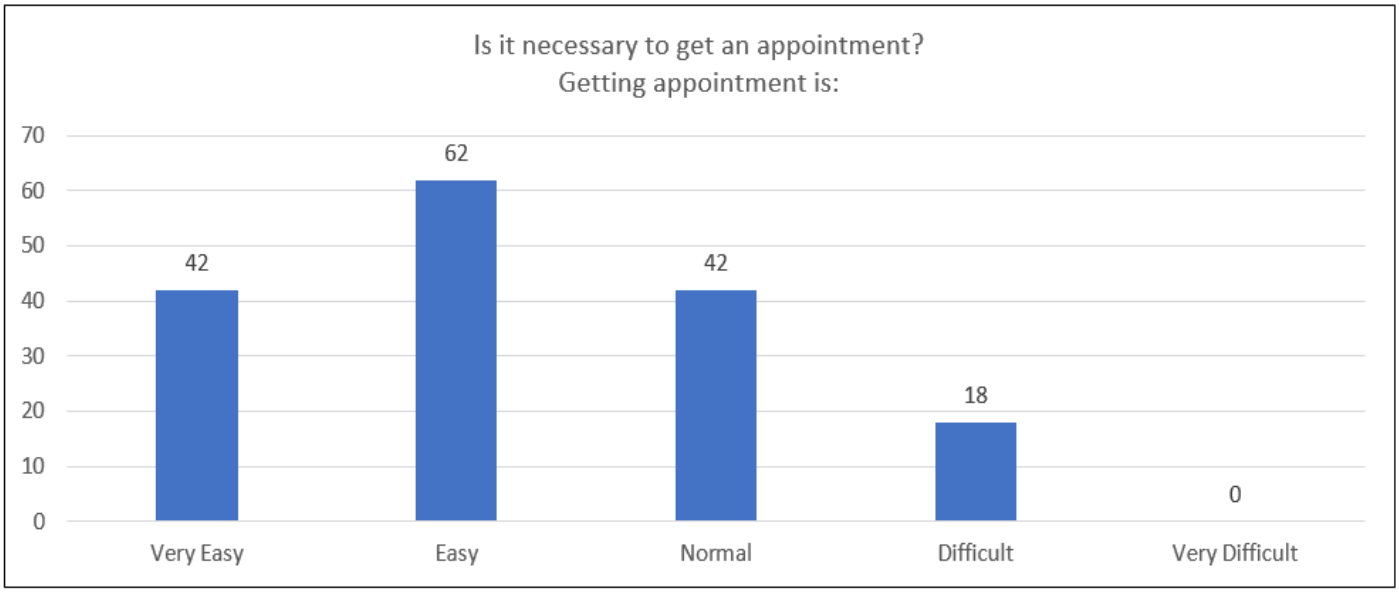

Fig 8 Response to the level of difficulty in getting an appointment before visiting the facility.

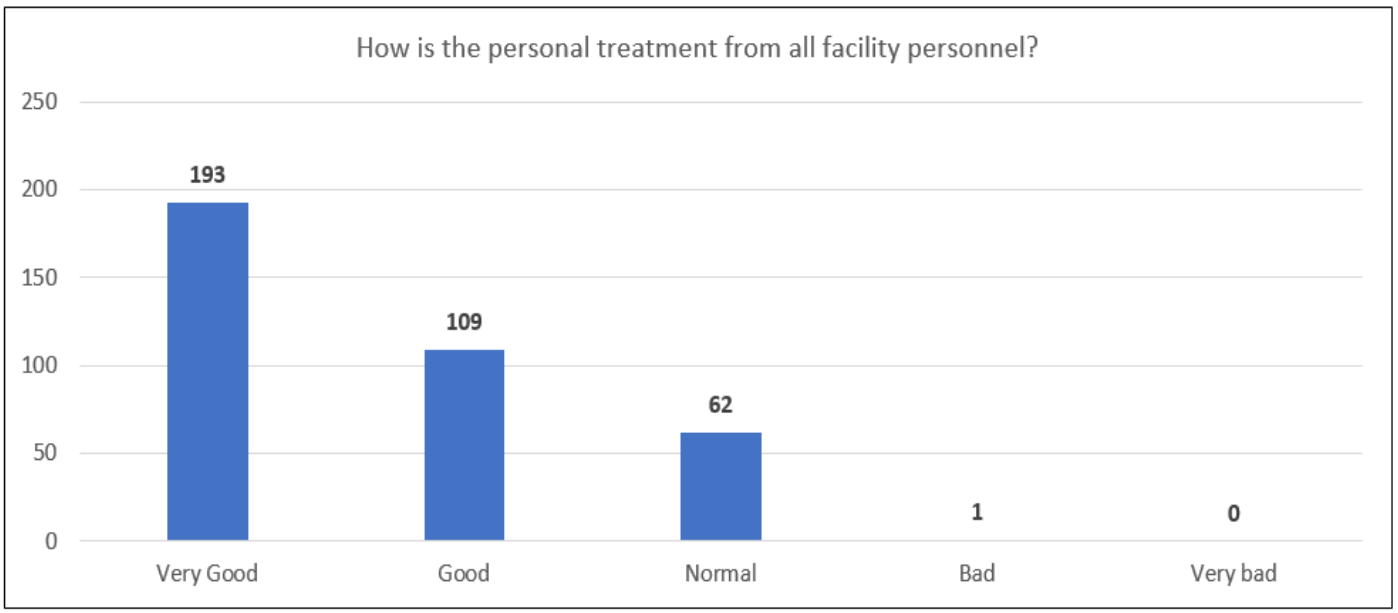

Fig 9 Response to the level of personal treatment from all the facility personnel

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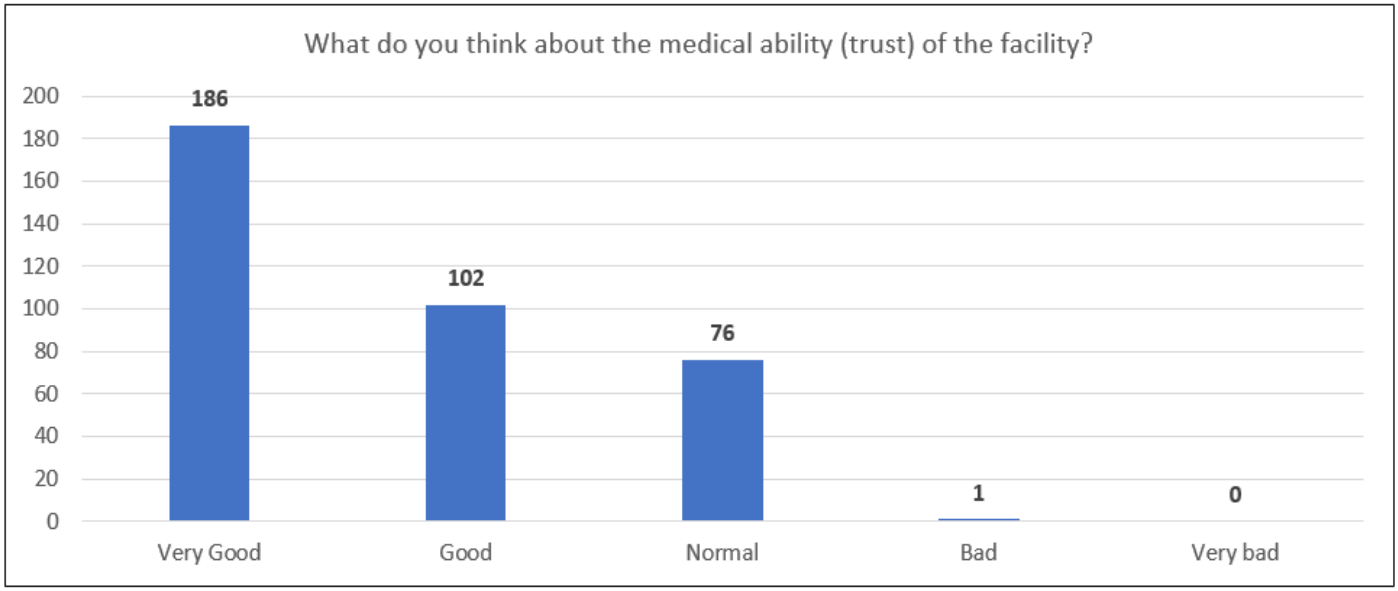

Fig 10 Response to the level of medical ability (trust) of the facility

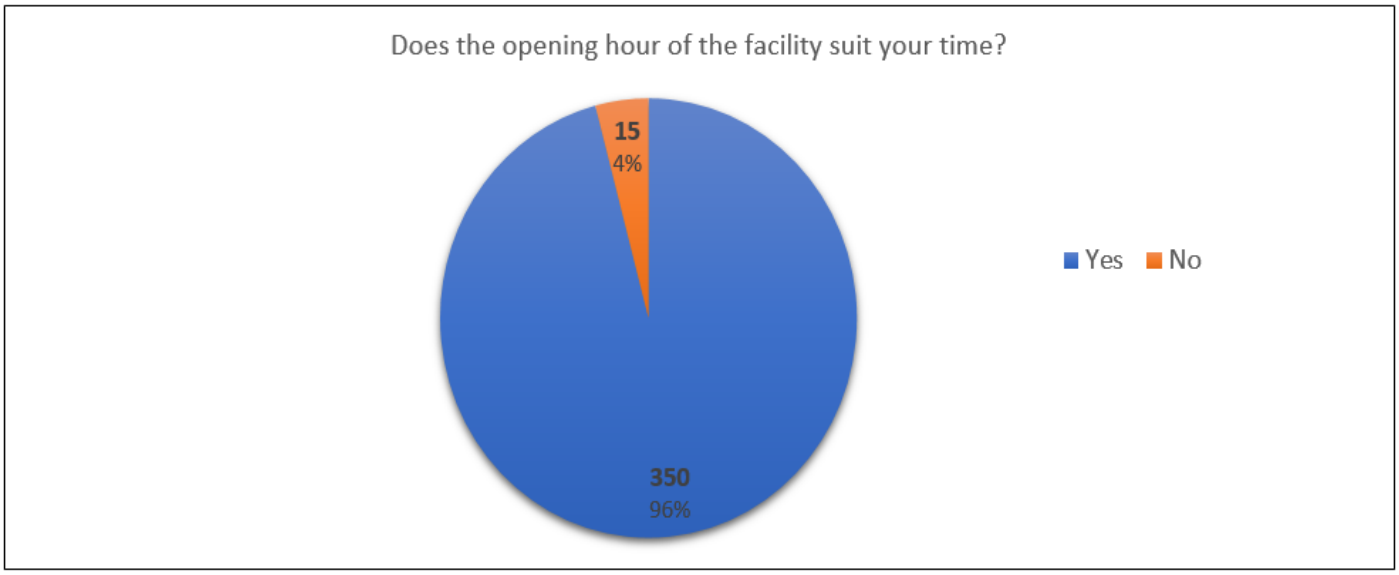

Fig 11 Response to the convenience of opening hour of the facility

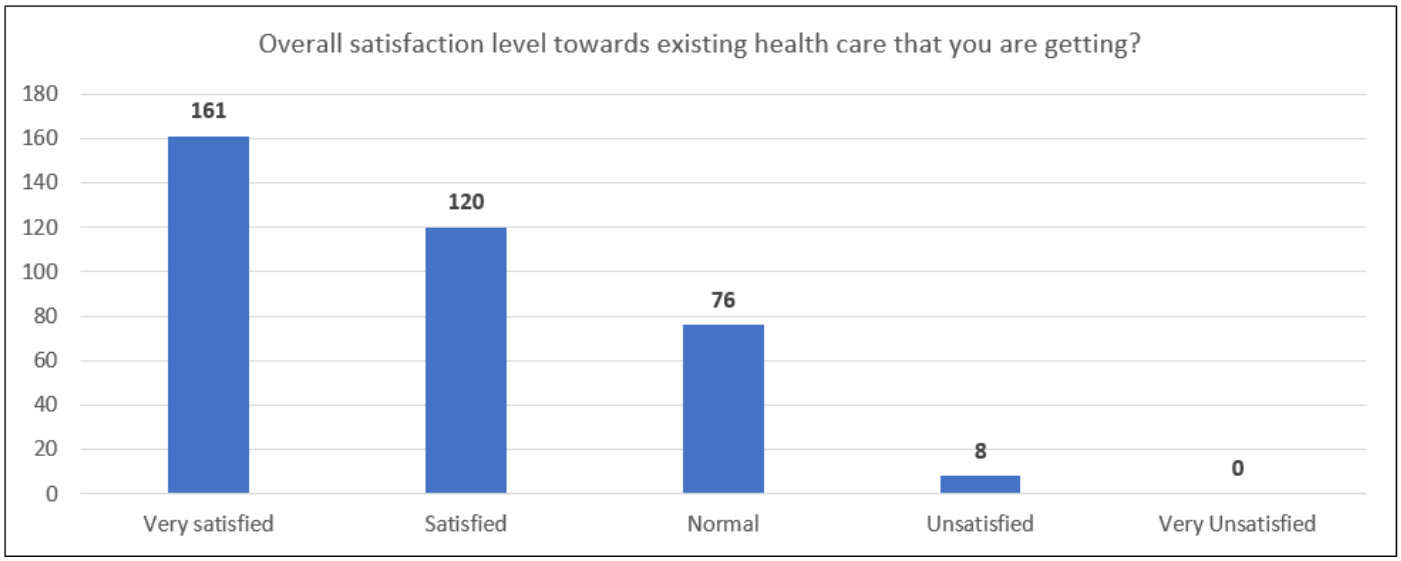

Fig 12 Response to the overall satisfaction level towards existing health care that the participants are getting.

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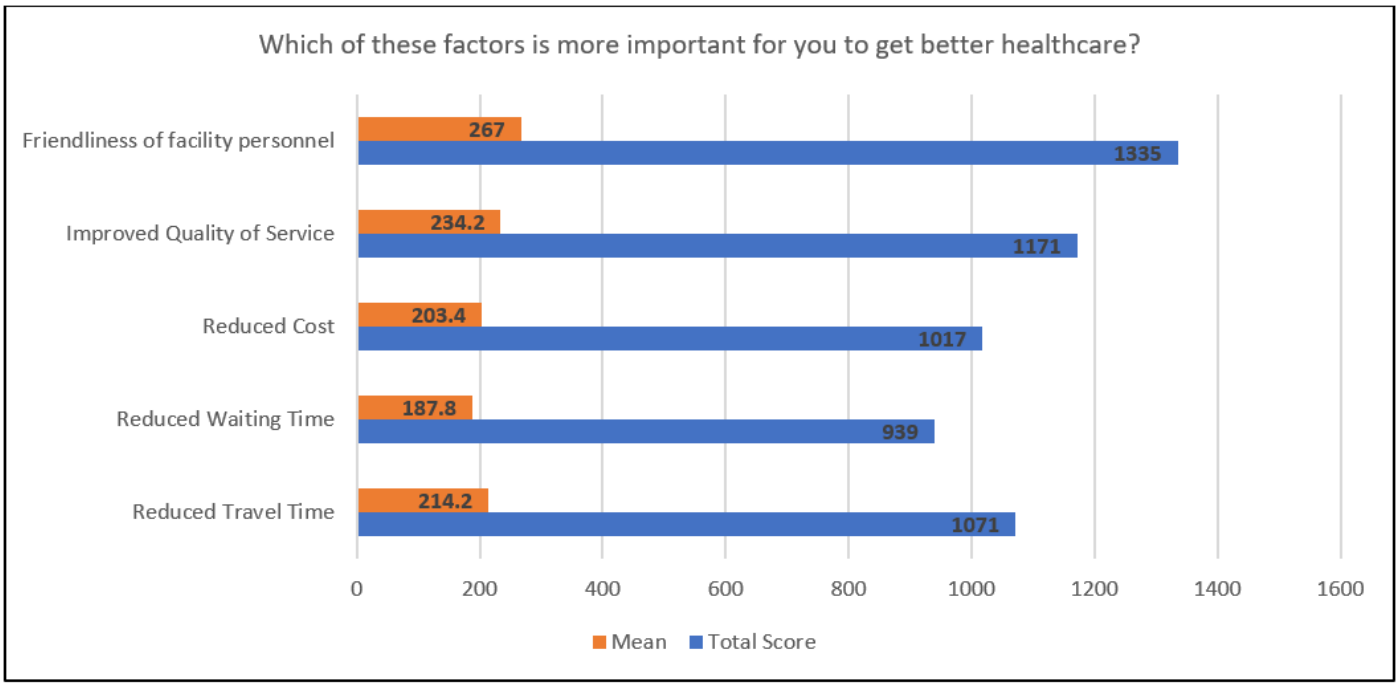

Fig 13 Response to the factor that is more important to the participant for them to get better healthcare.

In times of COVID-19 pandemic, the above-mentioned health services do not charge, not even a single centavo spent by the elderly. Based on the Healthy and Productive Ageing Program, it is an administrative order issued by the Department of Health to promote the well-being of the elderly. With that, it includes the provision of influenza and pneumococcal vaccines, wellness camp for senior citizens and elderly Filipino week. Furthermore, it is supported by RA 9257 (Expanded Senior Citizens Act of 2003) which states that "An act granting additional benefits and privileges to Senior Citizens amending for the purpose Republic Act No. 7432, otherwise known as "An act to maximize the contribution of Senior Citizens to nation building, grant benefits and special privileges and for other purposes" and RA 9994 (Expanded Senior Citizen Act of 2010) under the first paragraph of section five (5) which states, "The DOH, in coordination with local government units (LGUs), NGOs and POs for senior citizens, shall institute a national health program and shall provide an integrated health service for senior citizens. It shall train community-based health workers among senior citizens and health personnel to specialize in the geriatric care and health problems of senior citizens." It is really evident that the community health workers are compassionate and obligated to provide quality health care services and meet the elderly's needs. They are doing their jobs efficiently and practices professionalism amidst the pandemic.

Based on the data gathered, the most common way of delivering the mentioned health services is through house-to-house visits especially when the elderly cannot go to the health center, or they will conduct a medical outreach mission in certain barrios that are too far from the health centers. While doing these, the staff still practice the COVID-19 health protocols such as social distancing, wearing face masks, and using alcohols to prevent the infection and transmission of COVID-19. According to Cabinet Secretary Karlo Nograles, acting presidential spokesperson, said that giving vaccination services at home would be convenient for the vulnerable groups, the elderly, especially those who have trouble going to health center. Furthermore, he acknowledges that the LGUs are already implementing the house-to-house vaccination drives and highlight the need for cooperation of local and national government and the public to do their part to be able to achieve the country's vaccination goals. Maria Rosario Vergeire, Health officer-in-charge of Department of Health stated in "*Laging Handa*" briefing that local government units may proceed with house visits to conduct COVID-19 vaccinations and thinking that it is a good strategy. This simple initiative really helped a lot of elderly, it is convenient for them in such a way it is hassle free because they will not travel for miles away just to receive the health services from health centers, it is like their needs are coming for them. And the chances of an elderly to acquire COVID-19 lessens due to less exposure on the environment.

From the data gathered from the Barangay Health Workers, there were no barangay ordinance that was implemented to serve as a guideline in for the continuous delivery of health services for the elderlies during the COVID-19 pandemic. According to the Barangay Health Workers, they work together through coordination with the barangay officials during the pandemic for the provision of health services in the barangay.

Since the start of the COVID-19 pandemic, considerable decline in health care services use among non-COVID-19 patients that also includes the Elderly. The healthcare system cannot sustain the provision of health services due to the shifting of resources towards the COVID-19 patients. People were also hesitant to visit the health facilities due to the fear of contracting the virus and due to the restrictions implemented by the Government to reduce disease transmission which hinders medical facilities use

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(Park et al., 2022). In general, the elderly encounters more barrier when accessing and utilization of essential health services compared to other age group this is due to several factors which ranges from their physical health to disabilities and mental health (Bastani et al., 2021). To somehow mitigate this situation, according to the Barangay Health Workers, they have contributed their effort to deliver the health services especially to the senior citizens by conducting house-to-house visits for check-ups and to deliver their maintenance medications. They have also initiated scheduling the elderly for their consultation in the health center to maintain the continuous provision of essential health services in the community.

VI. CONCLUSION

The study reveals that, despite the constraints and redirection of resources caused by the COVID-19 pandemic, health centers in Zamboanga City continued to provide essential healthcare services for elderly residents. The findings highlight that a majority of health centers offered free services, including routine check-ups, management of chronic conditions such as hypertension and diabetes, and prioritized COVID-19 vaccination and booster doses for senior citizens. The commitment to maintaining these services aligns with the Healthy and Productive Ageing Program and related legislation, such as the Expanded Senior Citizens Act, ensuring elderly patients' well-being and accessibility to care.

Significantly, barangay health workers and local government units adapted their service delivery by conducting house-to-house visits and outreach programs in remote areas. These efforts reduced travel burdens for elderly individuals, who faced greater exposure risks and mobility challenges. However, the study also indicates gaps, such as the lack of formal barangay ordinances to standardize elderly healthcare services during crises.

This research underscores the resilience of community health services and their essential role in bridging gaps for vulnerable populations during public health emergencies. Moving forward, local health systems could benefit from structured policies and more consistent support from both barangay-level governance and higher-level health authorities to sustain and enhance elderly healthcare, especially in times of crisis.

The result of this study contributes new information to the growing body of research with regards to the accessibility of health care services among the elderly in Zamboanga City amidst the COVID-19 pandemic. The researcher would like to recommend to the Local Government Unit (LGU), specifically the City Health Office with their barangay health centers to consider utilizing telehealth in delivering health care services among the elderly and to formulate standardized protocol to guide the proper implementation of this plan. In a review conducted by Monaghesh and Hajizadeh (2020) about the role of telehealth during COVID-19 pandemic, they concluded that the use of telehealth improves in delivering healthcare. There were 152.4 million mobile connections between January 2020 and January 2021 in the Philippines (GlobalWebIndex, 2021). Initiatives to capitalize the use of mobile phones to improve the delivery of health care services among the elderly during the pandemic should be considered. This initiative will be helpful to ensure the safety of the elderly and the health care workers while assuring the delivery of health care services continues amidst the COVID-19 restrictions.

The accessibility to health care services for the elderly will be determined which can help health care providers evaluate their services for the elder and other stakeholders to improve and formulate new policies focusing on the wellbeing of the elderly. To date, little attention has been given to the area of health care for older adults, as evidenced by the lack of new programs and policies allowing elderly to have equitable access to quality health care. As a result, no amendments to the Expanded Senior Citizens Act of 2010 have been made since July 27, 2009.

The researchers' ultimate goal is to have the results of this study published in an international journal for widest dissemination, thereby contributing data to policy-making agencies and barangay health centers for reference and awareness on the accessibility to health care services among the elderly and the barriers they encounter in accessing such services. These data can foster formulation of enhanced and improved guidelines augmenting the health care system especially for the elderly population.

RECOMMENDATIONS

Considering the limitations of the study, the following recommendations are highly suggested by the researchers for further comprehensive investigation:

- Utilize an alternative or combine methods of data collection in gathering data such as limited face to face interview to increase the probability of getting adequate data that may be a great foundation for the study, as respondents may not be contacted and facilitated smoothly during a phone call interview due to unavoidable circumstances such as poor signal.
- Include the age of the elderly in the tool to correlate life expectancy of Male and Female respondents since the gap is quite big which is contrary to the data of PSA which is almost equal between Male and Female in Zamboanga City.
- Integrate in the tool if there is still a source of income or allowance for the elderly to correlate the capability to spend in the travel to the health care facility and pay for the health care services.
- Capture the nearest health facility of the participants in terms of kilometer distance whether or not the health care services are being availed there.

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REFERENCES

[1]. Bahrami, M., Purfarzad, Z., Keshvari, M., & Rafiei, M. (2019). *The components of nursing competence in caring for older people in Iranian hospitals: A qualitative study. Iranian Journal of Nursing and Midwifery Research, 24 (2), 124-130.* https:doi.org/10/4103/ijnmr.IJNMR_83_18.

[2]. Bauer, M., Haesler, E. & Fetherstonhaugh, D. (2016). *Older People's Views on the Recognition of Sexuality and Sexual Health-Care Setting.* Let's Talk About Sex: https://onlinelibrary.wiley.com/doi/full/10.1111/hex.12418

[3]. Britten, N., Tranor, V., Osmond, T., & Cheneoweth, L. (2018). Developing gerontological nursing competencies. *An E-Delphi study. Australian Nursing & Midwifery Journal.*

[4]. Celik, S.S., Kapucu, S., Tuna, Z., & Akkus, Y. (2010). *Views and attitudes of nursing students towards ageing and older patients.* https://www.ajan.com.au/archive/Vol27/27-4_SenoCelick.pdf

[5]. Chitty, K. (2010). *Professional nursing concepts and challenges. 6th edition.* St Louis, Saunders.

[6]. Eliopoulos, C. (2018). *Characteristics of the older adult population. Gerontological Nursing 9th edition. p.48.*

[7]. Eliopoulos, C. (2018). *Views of Older Adults through History. Gerontological Nursing 9th edition. p.46.*

[8]. Hani, A. (2020). *Rapid Development of Telehealth Services in the Philippines.* https://opengovasia.com/rapid-development-of-telehealth-services-in-the-philippines/.

[9]. Macariola, A., Santarin, T.M., Villaflor, F.J. et. al. (2021). *Breaking Barriers Amid the Pandemic.* The Status of Telehealth in Southeast Asia and its Potential as a Mode ofHealthcare Delivery in the Philippines: https://doi.org/10.3389/fphar.2021.754011.

[10]. Mauk, K. (2006). *Gerontological Nursing: Competencies for Care. 122, 181- 189.* Jones and Bartlett Publishers, Inc. .

[11]. Mauk, K. (2006). *The Numbers. Why the Recent Increase in the Number of Older Adults? African Americans. Hispanics. Asian and Pacific Islanders. American Indians and Alaskan Natives. Gerontological Nursing Competencies for Care. p. 29-39.*

[12]. Mohammed, R.F., & Omar, A.A.A. (2019). *Knowledge about Elderly Care and Its Relation to Ageism Attitude among Undergraduate Nursing Students*. http://pubs.sciepub.com/ajnr/7/1/10/index.html

[13]. Munnell, A. H. (2004). *Population aging: It's not just the baby boom. An Issue in Brief: Center for Retirement Research at Boston College, 16, 1–7.*

[14]. Pilotto, A., Cella, A., & Veronese, N. (2017, February). *Three Decades of Comprehensive Geriatric Assessment: Evidence Coming from Different Health Care settings and Specific Conditions.* https://www.sciencedirect.com/science/article/abs/pii/S1525861016305

[15]. Reinders, I., Volkert, D., & De Groot, L. (2018, January). *Effectiveness of Nutritional Interventions in Older Adults at Risk of Malnutrition across Different Health Care Settings.* Retrieved from https://pubmed.ncbi.nlm.nih.gov/30115460/

[16]. Ross, H. (2000). *Growing older: Health issues for minorities: Closing the gap. Newsletter of the Office of Minority Health, Washington, DC: U.S. Department of Health and Human Services.*

[17]. *State of aging and health in America.* (2013). Retrieved from Centers for Disease Control and Prevention.: http://www.cdc.gov/features/agingandhealth

[18]. *Statistics on minority aging in the U.S. .* (2000). Retrieved from Facts and Figures: www.aoa.gov/prof/Statistics/minority_aging/facts_minority_ aging.asp

[19]. Williams, P. (2018). *Basic Geriatric Care. 6th edition. 56, 88, 93-95.* Elsevier Inc.

[20]. Williams, P. (2018). *Demographics. Basic Geriatric Nursing 6th Edition. p. 6 .*

[21]. Williams, P. (2018). *What's in a name: Geriatrics, Gerontology, and Gerontics. Basic Geriatric Nursing 6th Edition. p. 2.*

[22]. *World report on ageing and health. .* (2015). Retrieved from World Health Organization: https://www.who.int/life-course/news/world-report-on-ageing/en/