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Barriers and facilitators for the adoption of telehealth in older adults: A scoping review

Barreras y facilitadores para la adopción de la telesalud en adultos mayores: una revisión exploratoria

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Abstract

Population aging and the increasing prevalence of chronic diseases have promoted the adoption of telehealth as an alternative to improve healthcare access and continuity of care for older adults. The objective of this scoping review was to analyze the available evidence on the barriers, facilitators, and strategies associated with the adoption and use of telehealth, as well as their implications for digital health equity. An exploratory search was conducted in PubMed/MEDLINE and complemented by a manual review of reference lists. A total of 17 publications published between 2023 and 2026 were included. The main barriers identified were low digital literacy, limited access to internet services and digital devices, economic constraints, and age-related functional limitations. Key facilitators included digital skills training, support from family members and caregivers, technical assistance, cultural and linguistic adaptations, and hybrid models of care. The findings suggest that telehealth can contribute to improving access to healthcare services; however, strategies aimed at reducing digital inequalities and promoting more equitable participation of older adults are needed.

Palabras clave: Telehealth; Older Adults; Digital Health; Digital Health Equity; Digital Literacy.

Introduction

Population aging is one of the major challenges facing contemporary healthcare systems. The World Health Organization (WHO) estimates that the global population aged 60 years and older will reach 1.4 billion by 2030 and will have doubled by 2050 (WHO, 2025). This demographic shift is expected to increase the demand for healthcare services aimed at managing chronic diseases, multimorbidity, and functional dependence. In this context, ensuring timely and continuous access to healthcare has become a priority for health systems worldwide.

Telehealth has emerged as an alternative approach to expand healthcare coverage and improve access to care for older adults through remote consultations, remote monitoring, and other digital health tools. Available evidence suggests that these strategies can enhance access to healthcare services, reduce the need for travel, and support continuity of care, particularly among individuals living with chronic conditions, mobility limitations, or those residing in rural and underserved areas (Beltrán et al., 2026; Masterson Creber et al., 2023; Rodrigues et al., 2025).

However, the potential benefits of telehealth are not distributed equally across populations. Several studies have shown that limited digital literacy, economic constraints, lack of access to internet connectivity and digital devices, as well as factors related to educational attainment, rural residence, and functional limitations, influence the adoption and use of digital health services (Jaana et al., 2025; Wang et al., 2025; Wu et al., 2026). These inequalities may widen existing gaps in healthcare access, particularly among the most vulnerable groups.

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In addition, cultural and linguistic barriers continue to challenge the implementation of inclusive telehealth programs. Cultural adaptation of interventions, family and caregiver involvement, technical support, and user-centered design have been identified as key strategies to promote the acceptance and sustained use of digital health tools among older adults (Allana et al., 2026; Gallegos-Rejas et al., 2025; Holliday et al., 2025). Therefore, the aim of this scoping review was to analyze the available evidence on barriers, facilitators, cultural adaptation strategies, and factors associated with the adoption, acceptance, and use of telehealth and digital health services among older adults, as well as their implications for digital health equity.

Methods

A scoping review was conducted to identify and synthesize recent evidence related to digital health equity, barriers, facilitators, and factors associated with the adoption of telehealth among older adults. The scope of the review was defined using the Population–Concept–Context (PCC) framework (Table 1).

Tabla 1. *PCC Framework*

Element	Definition
Population	Older adults aged 60 years and over.
Concept	Telehealth, telemedicine, digital health, and digital healthcare interventions.
Context	Healthcare delivery across any level of care and within any social or cultural setting.

The literature search was carried out between June and July 2026 through PubMed/MEDLINE and was complemented by a manual review of the reference lists of relevant articles. Publications written in English or Spanish and published between 2023 and 2026 were considered. Eligible studies addressed telehealth, digital health, digital literacy, cultural adaptation, or digital health equity in older adult populations.

Studies were selected based on their relevance to the review objective. Articles examining the use of digital health technologies among older adults and reporting information on access barriers, facilitating factors, adoption, user satisfaction, digital literacy, or cultural adaptation were included. Given the exploratory nature of the study, different types of evidence were considered, including systematic reviews, scoping reviews, observational studies, methodological studies, and feasibility studies.

A total of 15 publications were included in the final analysis. Extracted information was organized into thematic categories related to intervention types, barriers to access, facilitating factors, user satisfaction, and digital health equity. Because the purpose of the review was to describe and map the available evidence, no formal risk-of-bias assessment was conducted and no review protocol was registered. The findings were subsequently grouped according to recurring themes identified across the studies, allowing comparison of barriers, facilitators, and issues related to digital health equity.

Results

A total of 17 publications published between 2023 and 2026 were included. These consisted of systematic reviews, scoping reviews, observational studies, methodological studies, feasibility studies, and scientific statements, as summarized in Table 2.

***Table 2**. 17 publications summarized.*

Author and Year	Study design	Barriers	Facilitators
Allana S, et al. (2026)	Scoping review conducted in accordance with the PRISMA-ScR guidelines.	Low digital and health literacy limited educational attainment, financial hardship, restricted access to the internet and digital devices, language barriers, geographic isolation, belonging to vulnerable populations, older age, and organizational limitations within the healthcare system.	Technology training, family support, cultural adaptation, use of the patient's preferred language, user-friendly platforms, personalized care, initial face-to-face contact, and multidisciplinary teamwork.
Beltrán V, et al. (2026)	Systematic review conducted in accordance with the PRISMA methodology.	Lack of internet access, low digital literacy, limited educational attainment, financial constraints, older age, functional impairment, inadequate technological infrastructure, and implementation challenges in rural areas.	Technology training, family support, technical assistance, user-friendly platforms, personalized follow-up, hybrid care models, and the involvement of multidisciplinary teams.
Chandak A, et al. (2025)	Systematic review conducted in accordance with the PRISMA 2020 Statement.	Low digital literacy, older age, age-related functional limitations, lack of access to the internet and digital devices, platform usability issues, and organizational barriers to telehealth implementation.	User-friendly platforms, technology training, technical support, assistance from family members or caregivers, home-based care, reduced travel requirements, and user-centered design tailored to the needs of older adults.
Gallegos V, et al. (2025)	Systematic review conducted in accordance with the PRISMA Statement.	Language barriers, low digital and health literacy, limited educational attainment, lack of internet access or digital devices, low trust in the healthcare system, cultural differences in communication, and organizational limitations in delivering culturally adapted services.	Professional interpreters, community health workers, technology training, technical support, user-friendly platforms, family involvement, culturally adapted educational materials, and collaboration with local communities.
Holliday A, et al. (2025)	Official Position Statement developed by experts from the American Geriatrics Society.	Digital divide, low digital literacy, functional impairment, lack of internet access and digital devices, regulatory challenges, reimbursement limitations, and socioeconomic and cultural disparities.	Technology training, caregiver support, user-friendly platforms, technical support, access to the internet and digital devices, reimbursement policies, hybrid care models, and implementation of the 4Ms framework (What Matters, Medication, Mentation, and Mobility).
Jaana M, et al. (2025)	Cross-sectional observational study.	Poverty, rural residence, limited access to digital devices, low digital literacy, reduced engagement with the healthcare system, and social inequalities that hinder telehealth use.	Internet access, availability of digital devices, higher levels of digital literacy, better socioeconomic conditions, and greater engagement with the healthcare system.
Lina Safarina, et al. (2026)	Scoping review conducted in accordance with the PRISMA-ScR guidelines.	Low digital literacy, lack of internet access and digital devices, age-related functional limitations, limited technological experience, and differences in technological infrastructure across countries.	Technology training, technical support, family involvement, user-friendly platforms, personalized feedback, continuous follow-up, and cultural adaptation.

Liu Q, et al. (2026)	Methodological study involving the development and psychometric validation of the Digital Health Equity Assessment Questionnaire for Rural Elderly.	Low digital literacy, limited educational attainment, poor internet connectivity, functional limitations, insufficient family or institutional support, and disparities between rural and urban areas.	Technology training, family and community support, age-friendly healthcare centers, older adult–friendly digital devices, government subsidies, and digital equity policies.
Masterson C, et al. (2023)	Scientific Statement from the American Heart Association.	Broadband inequities, low digital literacy, structural barriers, language barriers, visual, hearing, and cognitive impairments, and lack of access to digital devices.	Digital navigators, caregiver support, broadband connectivity policies, equitable reimbursement, hybrid care models, and technology design centered on the needs of diverse populations.
Meddings J, et al. (2025)	Research letter based on a cross-sectional survey.	Discomfort with video-based visits, need for assistance with device setup or logging into telehealth platforms, lack of high-speed internet access, and limited access to technology among vulnerable populations.	Availability of digital devices, broadband internet access, digital literacy education, support from family members or caregivers, and flexibility to choose between telephone- and video-based telehealth visits.
Morimoto Y, et al. (2025)	Mixed-methods study involving translation, cultural adaptation, and psychometric validation	Limited understanding of individuals' digital health literacy levels, services designed primarily for frequent technology users, and the potential exclusion of people with low digital health literacy.	A validated instrument for assessing digital health literacy, rigorous cultural adaptation, and comprehensive evaluation of access, security, motivation, and the appropriateness of digital health services.
Murdock P, et al. (2026)	Scoping review.	Fragmented evidence, limited user involvement in the design process, interventions focused on a single behavior, low digital literacy, cognitive and sensory limitations, and limited clinical evaluation.	Co-design approaches, caregiver involvement, accessible design, integration of multiple self-care behaviors, and the use of objective outcome measures.
Myrberg K, et al. (2026)	Qualitative descriptive study using structured and semi-structured interviews.	Technical difficulties, poor internet connectivity, unclear instructions, challenges with camera and audio use, reduced human interaction, diminished patient–provider rapport, and limitations in performing physical examinations.	Clear instructions, personalized support, technical assistance, more intuitive applications, family involvement, hybrid care models, and training in digital empathy.
Rodrígues W, et al. (2025)	Retrospective observational study.	echnological difficulties, limitations in performing physical examinations, dependence on caregivers or accompanying persons, and the need for professional training	Remote access to care, time savings, reduced need for travel, and faster access to test results and appointments.
Wang Z, et al. (2025)	Cross-sectional study.	Distrust of online healthcare services, difficulty describing symptoms remotely, long waiting times, challenging platform navigation, privacy concerns, non-standardized billing practices, and lack of continuity of care.	Higher income, urban residence, chronic disease, reduced mobility, positive attitudes toward telehealth, greater digital literacy, and educational outreach campaigns.
Wu S, et al. (2026)	Cross-sectional study using AWAG matrix analysis and structural equation modeling.	Gap between awareness, willingness, and adoption; low eHealth literacy; poor perceived ease of use; older age; lower educational attainment; rural residence; and difficulties managing health online.	Improved digital health literacy, user-friendly interfaces, greater perceived usefulness, enhanced ease of use, motivational support, and accessible design.
Zhang X, et al (2026)	Quasi-experimental feasibility study involving the development of an intervention.	Sedentary behavior, low motivation, need for social support, potentially low digital literacy, and challenges in sustaining behavioral change.	An eHealth educational manual, an animation library, SMS reminders, a WeChat question-and-answer group, incentives, health education, social support, and a theory-based intervention.

Telehealth Interventions in Older Adults

The interventions identified included teleconsultations delivered via video or telephone, remote monitoring programs, mobile applications, digital platforms for health education, and monitoring devices. These approaches were primarily used for chronic disease management, fall prevention, rehabilitation, and self-care promotion. Several studies also incorporated digital literacy training, technical support, caregiver involvement, and hybrid models of care to facilitate technology use among older adults (Beltrán et al., 2026; Murdock et al., 2026; Safarina et al., 2026). A growing trend toward hybrid models combining in-person and remote care was also observed, aiming to improve accessibility and increase acceptance of digital health tools among older adults (Allana et al., 2026; Gallegos-Rejas et al., 2025; Holliday et al., 2025; Zhang et al., 2026).

Barriers to Access and Use

Low digital literacy was one of the most frequently reported barriers. Individuals with lower educational attainment, limited technological experience, and reduced digital skills experienced greater difficulties using online health services. Additional challenges included poor connectivity, limited access to digital devices, financial constraints, visual, auditory, or cognitive impairments, and residence in rural areas or regions with insufficient digital infrastructure. Collectively, these factors may limit the potential benefits of telehealth, even when technological resources are available (Beltrán et al., 2026; Jaana et al., 2025; Wang et al., 2025; Wu et al., 2026).

Factors Supporting Adoption

The adoption of digital health services was associated with factors such as digital literacy, familiarity with technology, access to electronic devices, and internet connectivity. In addition, perceived usefulness, ease of use, and trust in digital platforms were linked to a greater willingness to use these tools for healthcare purposes. The findings also showed higher participation among individuals with more favorable socioeconomic conditions and those living in urban settings, highlighting the influence of social determinants on access to digital healthcare (Jaana et al., 2025; Morimoto et al., 2025; Wu et al., 2026). Among culturally and linguistically diverse populations, the use of adapted materials, community support, and bilingual services contributed to improved accessibility and user engagement (Gallegos-Rejas et al., 2025).

Digital Health Equity and Satisfaction

Studies conducted in Canada and the United States consistently indicated that socioeconomic, educational, and geographic disparities continue to influence access to and use of telehealth among older adults. Older individuals with lower income, lower educational attainment, rural residence, or functional limitations were found to be at greater risk of digital exclusion, which may restrict timely access to healthcare services and exacerbate pre-existing inequalities (Holliday et al., 2025; Jaana et al., 2025; Masterson Creber et al., 2023).

Despite these challenges, most studies reported favorable levels of satisfaction with telehealth services. Frequently cited benefits included reduced travel requirements, savings in time and costs, and the convenience of receiving care from home. Nonetheless, some participants reported technical difficulties, the need for assistance when using digital platforms, and concerns about reduced face-to-face interaction with healthcare professionals. These findings suggest that sustained acceptance and use of telehealth depend not only on technological accessibility but also on the overall care experience perceived by users (Chandak et al., 2025; Myrberg et al., 2026; Rodrigues et al., 2025).

Discussion

The findings of this review indicate that telehealth can improve access to healthcare and support continuity of care among older adults, particularly those living with chronic conditions, mobility limitations, or difficulties attending in-person appointments. However, the benefits of these technologies are not distributed equally across all population groups. The studies included consistently showed that advanced age, low income, rural residence, institutionalization, and functional limitations are associated with lower participation in digital health services (Holliday et al., 2025; Jaana et al., 2025; Masterson Creber et al., 2023). From this perspective, digital health equity extends beyond the availability of devices and internet connectivity and encompasses the ability of individuals to access, understand, and effectively use digital health technologies within their social and economic contexts.

Another important finding was the role of digital literacy in the adoption and use of telehealth. The evidence reviewed suggests that access to the internet or digital devices alone does not ensure effective engagement with digital health services. Wu et al. (2026) described a significant gap between awareness of digital health tools, the intention to use them, and their actual adoption. Similarly, Wang et al. (2025) identified barriers related to trust in technology and difficulties navigating digital platforms, whereas Morimoto et al. (2025) reported higher levels of engagement among individuals with greater experience using digital health services. Taken together, these findings highlight the importance of strengthening digital competencies among older adults and developing technologies that are more accessible, intuitive, and responsive to their needs.

The review also underscores the importance of cultural adaptation in promoting more inclusive telehealth services. Gallegos-Rejas et al. (2025) reported that translated materials, bilingual healthcare professionals, technological support, and culturally responsive strategies can improve access among culturally and linguistically diverse communities. Likewise, Allana et al. (2026) found that interventions tailored to users' social and cultural contexts were associated with higher levels of acceptance and adherence. Nevertheless, Beltrán et al. (2026) noted that many digital health interventions continue to be implemented without explicit cultural adaptations. This finding points to an opportunity to design telehealth programs that are more responsive to the social, cultural, and linguistic characteristics of the populations they serve.

Overall, the studies reviewed suggest that reducing digital inequalities requires efforts that extend beyond the introduction of new technologies. Several authors emphasize the need to strengthen digital infrastructure, expand access to internet services and devices, promote digital literacy, and develop care models tailored to the needs of older adults (Holliday et al., 2025; Masterson Creber et al., 2023). Therefore, telehealth implementation strategies should be accompanied by initiatives aimed at improving accessibility, providing ongoing support, and fostering the inclusion of vulnerable populations in order to achieve more equitable participation in digital healthcare services.

Discussion

Despite the growing interest in telehealth for older adults, several important research gaps remain. The available literature is characterized by considerable methodological heterogeneity, limited economic evaluation, and a scarce incorporation of indicators related to digital health equity. In addition, the representation of ethnic, linguistic, and socio-culturally diverse populations remains limited. Several authors have highlighted the need to incorporate equity-focused analytical frameworks, develop culturally adapted interventions, and generate evidence regarding the sustainability and cost-effectiveness of these strategies across different healthcare settings (Beltrán et al., 2026; Holliday et al., 2025).

Conclusions

The findings of this review show that telehealth has expanded opportunities for healthcare delivery among older adults, particularly in situations where mobility limitations, geographic distance, or chronic health conditions hinder access to in-person services. Nevertheless, the studies analyzed indicate that access to these modalities depends on more than the availability of technology alone. Factors such as digital literacy, socioeconomic conditions, internet access, and users' cultural characteristics continue to influence the use of digital health services.

Consistently across the studies reviewed, digital skills training, support from family members and caregivers, technical assistance, and interventions tailored to the sociocultural context of users were identified as factors that promote greater acceptance and engagement among older adults. These elements appear to be particularly important for groups that have historically faced greater barriers to accessing healthcare services.

Although telehealth offers valuable opportunities to improve healthcare access and continuity of care, the findings suggest that its implementation should be accompanied by strategies aimed at reducing existing digital inequalities. Future research should generate evidence on the effectiveness, sustainability, and economic feasibility of these interventions across different settings, particularly among vulnerable and culturally diverse populations.

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