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**Letter to the Editor** 



# Limited Access of Older Adults to Healthcare Services: Barriers and Enablers

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#### Dear Editor,

Population aging, recognized as one of the most significant global demographic trends, has sparked extensive discussions at the international level. These discussions aim to develop solutions that can ensure healthy living and well-being of people of all ages (1). Demographic projections indicate that the global elderly population will increasingly rise, providing opportunities while causing challenges. According to United Nations estimates, the global elderly population (individuals aged 65 and older) will increase from approximately 703 million in 2019 to 1.5 billion by 2050. This approximately 120% increase will occur in merely 30 years. Geographical analyses demonstrate that by 2050, two-thirds of these elderly individuals will be living in low- and middle-income countries. This situation will raise concerns due to the financial and political pressures it places on healthcare, retirement, and social systems (1).

According to available statistics, the elderly population in Iran is increasing at a rate faster than the global average. International organizations' projections indicate that the share of the elderly in Iran's population will reach 14.8% and 29.4% by 2030 and 2050, respectively (2). In addition to demographic concerns, population aging can have significant social and economic consequences, especially if these years are accompanied by increased disabilities and dependencies. For sustainable development, it is essential to ensure that the aging process occurs healthily and without serious health issues. However, analyses of life expectancy and the number of years individuals are expected to live in full health have shown concerning data (3).

Indicators regarding patterns and trends in healthy life

years have demonstrated that the rapid increase in life expectancy in populations has not led to an equally rapid increase in healthy life expectancy (4), implying that the increase in life expectancy has led to the spread of diseases. This situation raises the hypothesis that the demand for health services will increase due to the aging of the population, and health systems will need to restructure and strengthen care to increase the supply of services (5). According to analyses, the elderly use more health services and have more frequent hospitalizations compared to other population groups. In addition, due to having several diseases at the same time, they have more care needs. This situation emphasizes the importance of ensuring access to health services in order to maintain continuous and permanent monitoring of health conditions and to be able to face the challenges of aging (6,7).

Considering the care needs of the elderly, it is necessary for health systems to identify factors affecting access to health services. Access to these services is understood as a multidimensional and complex phenomenon and is proposed as an analytical category in health systems. This concept refers to the opportunities and facilities that individuals have to enter the system and continue receiving the care they need. Access to health services is recognized as an important feature in the utilization of these services. Analyzing this access can reveal factors that cause resistance or difficulty in utilizing services. This information is essential for organizing, financing, and providing healthcare services to the aging population. By identifying factors affecting the access of the elderly to health services, it is possible to increase the use of these services among the elderly. Additionally, this identification



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helps examine barriers and inequalities in access to health services (8).

According to studies, there are multiple barriers to the elderly's access to health services that can be examined at different levels. For example, at the individual level, physical disabilities and mobility limitations, poverty, and financial constraints are among the main barriers. At the interpersonal level, lack of family support and poor communication between the elderly and healthcare providers create problems. At the organizational level, the lack of healthcare professionals, the lack of trained doctors to provide special services to the elderly, the inappropriate design of physical buildings to provide services to the elderly, and the lack of dedicated funds for elderly care services are among the important barriers. At the social level, long distances to service centers, high transportation costs, transportation issues, and cultural barriers are influential. Finally, at the policy level, the lack of adequate insurance can limit access to health services. Identifying and addressing these barriers at various levels can help improve the elderly's access to healthcare services (9).

To improve the access of the elderly to health services, identifying and implementing facilitating factors play important roles. For example, the government and policymakers can noticeably contribute to providing appropriate insurance and financial support to reduce medical costs, formulating and implementing health policies according to the specific needs of the elderly, and allocating dedicated funds for elderly care services. Healthcare organizations can also play a supportive role by training and educating healthcare specialists with a focus on the specific needs of the elderly, creating effective communication systems between the elderly and healthcare providers such as telephone and online consultations, and improving the physical infrastructure of healthcare centers for better access for the elderly. Social and support institutions can play an effective role by strengthening social and family support networks for the elderly, providing suitable and accessible transportation, and organizing educational programs for the elderly and their families about the importance and use of healthcare services. At the interpersonal level, communities and families can also help improve access by increasing the health awareness and knowledge of the elderly and their families, strengthening social and family support for the elderly, and encouraging the use of health services. The private sector and employers can also have an important role at the individual level by providing suitable health insurance for the elderly and financial support and creating support programs for elderly employees (10).

Finally, it should be noted that improving the elderly's access to healthcare services requires serious attention and practical actions. Identifying and implementing facilitating factors can essentially assist in reducing barriers and inequalities, allowing the elderly to benefit from

appropriate and continuous healthcare. Considering the increase in the elderly population and their special needs, policymakers and health service providers should pay special attention to this issue and develop and implement comprehensive and efficient programs to improve the access of the elderly to health services. These programs can include organizing workshops and educational sessions to raise health awareness and encourage the use of health services, improving and developing the physical infrastructure of healthcare centers for better access for the elderly, such as installing elevators and appropriate ramps, and providing healthcare services to peripheral and remote areas by establishing mobile health units. Further, establishing and promoting regular prevention and screening programs for common diseases in the elderly, such as diabetes, hypertension, and heart diseases, with proper information dissemination to the elderly and their families and continuous follow-up in this regard, are essential actions. Additionally, supporting families and informal caregivers who play a crucial role in elderly care, including financial support and free training, is also highly important. It is hoped that implementing these measures will help improve the quality of life of the elderly and overcome the challenges related to the aging of the population effectively.

#### **Authors' Contribution**

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### **Competing Interests**

None declared.

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Not applicable.

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