



## Letter to Editor

# Older Adults' Low Rate of Referral to Comprehensive Health Service Centers to Receive Healthcare Service Packages

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## To Editor,

Population aging, which has happened in Iran, is the result of increased life expectancy and decreased mortality, as well as improved healthcare, which is a sign of an advanced health system that our healthcare system can be proud of. However, this phenomenon entails specific health requirements; if we are not well prepared for it, the peculiar and chronic old-age diseases will impose huge expenses. Statistics indicate that Iran will encounter a crisis of population aging in the next thirty years due to the increased age of its population. Indeed, over one-third of its population will be elderly by 2050 (1). Older people's medical expenses are several times as great as the youth's, so these expenses account for a significant part of the household's expenditure (2,3).

Research has revealed problems in policymaking, access, technical infrastructure, integration of elderly healthcare services, and permanence of service provision (4). Problems in policymaking include the lack of a permanent official in charge of the supply of healthcare services to the elderly by the Ministry of Health and the Ministry of Welfare and the fact that services are treatment-oriented and limited. Access-related problems are economic issues in not covering service costs, the fact that some services are not covered by insurance, and issues in commuting to service centers. In addition, problems in technical infrastructure encompass technical equipment and efficient people required to provide services to the elderly, problems related to the integration of elderly healthcare services include the lack of an efficient referral system at different levels of service provision and the lack of electronic integration in patients' referral at different levels. Finally, the problem with the permanence of service

provision is related to not supplying all services as per the elderly's needs at various levels to solve their health problems (4). After the detection of these issues, the National Document of Older Adults' Health was proposed, according to which specific services were designed and integrated at different levels for older adults, including (i) taking care of patients with diabetes and The other specific services were (ii) assessing and diagnosing high blood pressure, (iii) identifying and diagnosing people suspected of asthma, (iv) falling and losing balance, (v) diagnosing cancer timely, (vi) assessing physical activities, and (vii) screening nutrition in the elderly. The remaining services included (viii) taking supplements of vitamin D and calcium, (ix) supporting high-risk and very high-risk elderly, (x) training on healthy lifestyles, and (xi) raising awareness on household preparedness against risks and mitigation of disease risk factors (5). Service statistics indicate that most elderly people do not refer to comprehensive healthcare service centers to receive elderly healthcare. The use of these services is 50% in Ilam, Sistan and Baluchistan, and Hormozgan provinces and about 51%–60% in Kerman, Kohgiluyeh and Boyer-Ahmad, Hamedan, Kermanshah, Mazandaran, West Azerbaijan, Golestan, and Ardabil provinces. The corresponding rates were about 61–70% in Khuzestan, Lorestan, Qom, Kurdistan, East Azerbaijan, Qazvin, and Razavi Khorasan provinces and around 71%–80% in North Khorasan, Zanjan, Guilan, Isfahan, Chahar Mahal and Bakhtiari, and South Khorasan provinces. Finally, over 80% of the elderly in Tehran, Semnan, Markazi, Yazd, Fars, and Bushehr provinces enjoyed such healthcare services (6).

Therefore, it is imperative to scrutinize factors responsible for older people's lack of referral to the



health service centers in the following axes as a research requirement of Iran's healthcare system in order to prevent the waste of services supplied and detect the likely need for the re-engineering of the services provided to the older adults for the promotion of health. These factors included (i) improper physical conditions of centers for providing elderly services, (ii) the improper access to the centers, (iii) a lack of follow-up by the staff regarding elderly care, (iv) older adults' physical problems and the need for remote care or home visits, and (v) the insufficient number of services required in the centers. The other factors were (vi) older adults and their families' low awareness, attitude, and skills in benefiting from the services available in the health system, (vii) the poor quality of the services provided to the elderly in the centers, (viii) family issues and lack of their support in the commute of the elderly to the centers, and (xi) preference for the private sector (7).

#### Authors' Contribution

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#### Competing Interests

None declared.

#### Ethical Approval

Not applicable.

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