



Primary Health Care among Old Aged People

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DESCRIPTION

The world is ageing. With people living longer and fewer children being born, the absolute number of older people is increasing. Age-friendly Principles primarily benefit older populations, they also enable people with temporary or permanent functional limitations to access needed care and to maintain health and independence. An Age-friendly Health Care Centre does not favour older people, but instead benefits all patients in line with the slogan of the United Nations International Year of Older Persons "Towards a Society for All Ages". The Age-friendly Principles are designed to serve as a guide for community-based Primary Health Care centres to modify management and clinical services, staff training and environments to better fit the needs of their older patients. 10 million persons aged 60 and over; this total will double by 2025 and will reach virtually two billion by 2050 when there will be more people aged 60 and over than children under the age of 15. The vast majority of older persons will be living in developing countries which are often least prepared to meet the challenges of rapidly ageing societies. Increased longevity is a triumph for public health and the result of social and economic development. Unfortunately however, the rapidity of population ageing is expected to outpace social and economic development in developing countries. In other words, developing countries will become old before they become rich while industrialised countries became rich while they were growing old. With ageing comes an increased risk of developing chronic diseases and disability. Older people with disabilities, such as the grandfather who suffers a stroke from uncontrolled hypertension, will need help just getting through their daily tasks—help that is most often provided by families already stretched for time and resources. In order to prepare for unprecedented population ageing now, it is of utmost importance that health systems in developing countries are prepared to address the consequences of these demographic trends. Hypertension, for example, is a chronic condition that can be controlled and managed. Dealing with the increasing burden of chronic diseases requires opportunities for health promotion and disease prevention in the community as well as disease management within health care services. Many chronic diseases and the associated disabilities that affects the later part of a person's life span along with their economic and human costs can be prevented. But prevention requires reaching the individual before the disease takes hold and that means intervening at earlier stages of life, i.e. taking a life course approach to active and healthy

ageing which the World Health Organization defines as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

Most preventive health care and screening for early disease detection and management takes place in the primary health care setting at the community level. These Primary Health Care (PHC) centres, to which people can self-refer, also provide the bulk of on-going management and care. It is estimated that 80% of front-line health care is provided at the community level where Primary Health Care centres form the backbone of the health care system. Older people already account for a sizeable proportion of Primary Health Care centre patients and as population's age and chronic disease rates climb, that proportion will increase. Primary Health Care centres are on the frontline of health care and are thus familiar to older people and their families. They are ideally positioned to provide the regular and extended contacts and on-going care that older persons need to prevent or delay disabilities resulting from chronic health conditions. Despite the critical role that PHC centres play in older persons' health and well-being, older people encounter many barriers to care. Transport to the centre may be unavailable or too expensive. They may have to reach the centre early in the morning only to wait in long lines in uncomfortable settings just to get a number to be seen by the doctor or health care worker. They may encounter difficulty completing the required forms and overburdened staff may get impatient with them. After waiting for hours, they may get only a few minutes with a health care provider who does not have time to listen to all their concerns, critical warning signs, and does not have the geriatric-related training to make the right diagnosis or prescribe the right treatment. They may not be able to afford the medicines prescribed or may not understand why to take them or what side effects to report. Older patients may become discouraged from seeking or continuing treatment with potentially serious health consequences. The World Health Organization has recognized the critical role Primary Health Care centres play in the health of older people worldwide and the need for these centres to be accessible and adapted to the needs of older populations. By working with a series of national groups, World Health Organization has gone to the source, asking older people and their providers to describe their barriers to care and their suggestions for change. These focus groups results, backed up by background research and a consensus meeting of experts, led to the development of a set of Age-friendly Principles.

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