

A Profile on Health-Care Services for Old in Baghdad

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Abstract

Background: The world is aging with people living longer and fewer children being born; the number of old people is increasing, and thus the aging of populations demands a comprehensive public health response. **Objective:** The objective of this study was to shed light on the health-care services for old people in age-friendly primary health-care centers (PHCCs) in Baghdad city in respect with its availability, accessibility, and utilization. **Methods:** This is a descriptive cross-sectional study that was conducted in 22 age-friendly PHCCs in Baghdad. The evaluation was based on the WHO age-friendly PHCCs toolkit. The checklist comprises a list of questions related to clinical services. **Results:** Wheelchairs were present in 100% of the centers, 85.7% of centers in Al-Karkh and 62.5% of centers in Al-Russafa have clear emergency exits, and all the centers have essential equipment and investigations. Free services for the elderly were not present in any of the centers; the referral system was weak with no feedback. Computerized health information system was present in only quarter of the centers. **Conclusion:** All the age-friendly PHCCs lack a special unit for the elderly. Most of the centers do not have a suitable source of drinking water. There are some criteria that comply with the WHO instructions, but there are other essential services that should be available to improve the health services and utilization of these services.

Keywords: Baghdad, health services, old people

INTRODUCTION

Worldwide, there are some 600 million persons aged 60 and over, this is expected to be doubled by 2025 and will reach about two billion by 2050. The vast majority will be living in developing countries which are often least prepared to meet the challenges of rapidly aging societies.^[1,2]

In low-income countries or in resource-poor settings around the world, access to health services is often limited. Health workers may have little training in dealing with issues common in old people, and opportunities for early diagnosis and management of conditions may be missed.^[3]

A comprehensive, global public health response to population aging will therefore need to transform systems that are fundamentally misaligned with the populations they increasingly serve. Achieving such alignment will require a clear understanding of health in older age and a focused conceptualization of what can be done to improve it.^[4]

Marked health inequities are apparent in the health status of old people, and the current health systems are poorly aligned to the care that older populations require even in high-income countries.^[5] Long-term care models are both inadequate

and unsustainable, with physical and social environments present multiple barriers and disincentives to both health and participation.^[6-8]

The WHO has recognized the critical role primary health-care centers (PHCCs) play in the health of old people worldwide and the need for these centers to be accessible and adapted to the needs of older populations. Most preventive health-care screening for early disease detection and management takes place in PHC settings at the community level.^[1]

Between 2007 and 2011, Iraqi Ministry of Health has implemented a series of training courses about old persons' services to promote the capability of health workers in Baghdad and the governorates including training old health unit managers who run aged clinics and preparing a training team in every health center to perform site training for the associated staff of current friendly centers and for future planned ones. Those centers provide PHC services for all age groups, giving priority to the old. The services aim not

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Access this article online

Quick Response Code:



Website:
<http://www.mmjonweb.org>

DOI:
10.4103/MJ.MJ_13_18

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How to cite this article: Tariq E, Lafta R. A profile on health-care services for old in Baghdad. *Mustansiriya Med J* 2018;17:52-6.

only to make people live for longer years, but also to achieve a qualitative life.^[9] There are now 57 age-friendly centers in Iraq and 31 in Baghdad, of those, 21 are in AL-Karkh and 10 in AL-Russafa.

We set this study to shed some light on the health-care services affordable for old people in age-friendly PHCCs in Baghdad city in respect with its availability, accessibility, and utilization.

METHODS

This cross-sectional study was conducted during a 4-month period (March to June 2017) in 22 age-friendly PHCCs (14 from Al-Karkh and 8 from Al-Russafa) out of the 31 age-friendly PHCCs found in Baghdad via a simple random sampling technique. Data were collected using a questionnaire developed by the researcher and revised by the scientific committee at the Department of Family and Community Medicine/College of Medicine/AL-Mustansiriya University. The questionnaire was designed to cover the following topics: data about the center: building, availability of services, accessibility, and utilization statistics.

Each selected age-friendly PHCC was visited twice weekly and the services provided for the old were evaluated. The evaluation included environmental suitability of these centers for the old and the extent to which these centers are physically and architecturally age friendly. The evaluation focused on basic indicators of clinical services based on the age-friendly PHCCs toolkit by the WHO^[10] that are related to the offered clinical services.

RESULTS

Table 1 shows that 71.4% of age-friendly PHCCs in Al-Karkh and 50% of the centers in AL-Russafa had landmarks guiding to the center and 100% of the centers in Russafa had public transport passes nearby the center.

Results also revealed that the wheelchairs are crossing easily inside all the centers; 57.2% of the centers in AL-Karkh have a ramp with railing and 21.4% have a ramp without railing, while 50% of the centers in Al-Russafa have a ramp with railing and 92.9% of centers in AL-Karkh and 87.5% of centers in AL-Russafa have doors suitable to pass wheelchairs [Table 2].

Table 3 shows that 85.7% of centers in AL-Karkh and 75% of centers in AL-Russafa had enough waiting seats for the old, 78.5% of the centers in AL-Karkh and 75% of centers in AL-Russafa do not have a suitable source of drinking water, and 85.7% of the centers in Al-Karkh and 62.5% of the centers in Al-Russafa had clear emergency exit. The results also revealed that 85.7% of doctors in AL-Karkh centers, 62.5% of doctors in AL-Russafa centers, 71.4% of health staff in Al-Karkh, and 50% of health staff in Al-Russafa were trained for elderly services as shown in Table 4. Almost all the centers in both Al-Karkh and Al-Russafa had the essential equipment needed for examination in addition to sufficient investigations and medicines for chronic diseases [Table 5].

Table 1: Distribution of age-friendly centers (n=14 Karkh, 8 Russafa) according to the presence of landmarks and public transportation

	n (%)
Presence of landmarks and label	
Karkh	10 (71.4)
Russafa	4 (50.0)
Public transport passes near the center	
Karkh	12 (85.7)
Russafa	8 (100)

Table 2: Distribution of age-friendly centers (n=14 Karkh, 8 Russafa) according to the presence of wheelchairs and suitable doors

	n (%)
Presence of wheelchair	
Karkh	14 (100.0)
Russafa	8 (100.0)
Wheelchair cross easily	
Karkh	14 (100)
Russafa	8 (100)
Presence of a ramp	
Karkh	
With railing or grab bars	8 (57.2)
Without railing or grab bars	3 (21.4)
No	3 (21.4)
Russafa	
With railing or grab bars	4 (50.0)
Without railing or grab bars	1 (12.5)
No	3 (37.5)
Doors suitable for wheelchair	
Karkh	13 (92.9)
Russafa	7 (87.5)

Table 3: Distribution of age-friendly centers (n=14 Karkh, 8 Russafa) according to the availability of waiting seats, drinking water, and emergency exit

	n (%)
Enough waiting seats	
Karkh	12 (85.7)
Russafa	6 (75.0)
Drinking water	
Karkh	3 (21.4)
Russafa	2 (25)
Clear emergency exit	
Karkh	12 (85.7)
Russafa	5 (62.5)

Results also showed that the referral system has some defects (regarding transportation and feedback); feedback was present in only 7.1% of the centers in Al-Karkh and not present at all in any of the centers of Al-Russafa [Table 6]. The table also shows the weak availability of electronic health information systems.

The results indicated that the services were not for free in any of the centers, and the attendance rate was 32 old people per month which means about one old person per day (not tabulated).

DISCUSSION

Results of the current study showed that the presence of landmarks and labels guiding to the center was present in 71.4% of the centers in AL-Karkh and 50% of centers in AL-Russafa, availability of landmarks makes the center reachable, especially in emergencies, as PHCCs are the first line of intervention. A research study that was done in Albania in 2014 showed that signs indicating the presence of health

center were found in 20.8%.^[11] This might be related to the difference in sample size included in the two studies.

The results revealed that the presence of public transportation passing near the centers was present in all the centers of AL-Russafa and most of the centers of AL-Karkh; this might be explained by that most of the centers are built near public transportation stations or near the main streets. This is important as most of the olds suffer from chronic diseases (arthritis, heart diseases, or cerebrovascular accident). This is in line with the results of a study done in Malaysia in 2016 which revealed that the presence of public transportation close to the PHCC was seen in 70%.^[12] A research study done in Hong Kong showed that public transportation was the most common mode of transportation available for the elderly groups from old-age centers.^[13] The greatest barrier appears to arise from the cost of the health-care visit and transportation, that is why more than 60% of old people in low-income countries do not utilize health-care services because of the cost of visits, they do not have private cars, or they cannot pay for transportation.^[14]

In a study conducted in Brazil in 2017, the patients reported easier accessibility to PHCCs when they are better structured.^[15] A study from Iran showed a high client satisfaction with access to PHCCs among a high proportion of patients.^[16] Easy accessibility was also revealed from a study that was done in Riyadh in 2016.^[17]

Results demonstrated that all centers in both districts have entrances wider than 90 cm with the presence of a ramp in the entrance that makes the wheelchairs pass easily inside the centers. Old people face many physical barriers to move inside the health centers, so most of them need to use wheelchairs. According to the WHO safety measures for old persons, the width of entrance for the examination rooms and the laboratories should be equal to or wider than 90 cm to allow the wheelchairs cross the entrance easily without causing injuries.^[18] This result agrees with the results of a study that was conducted in the KSA and showed that 100% of the centers have entrances wider than 90 cm, 93.3% of the centers'

Table 4: Distribution of age-friendly centers according to trained doctors and health workers

	<i>n</i> (%)
Trained doctors	
Karkh	12 (85.7)
Russafa	5 (62.5)
Training of health workers	
Karkh	10 (71.4)
Russafa	4 (50.0)

Table 5: Distribution of age-friendly centers (*n*=14 Karkh, 8 Russafa) according to the presence of equipment, investigations, and medicines needed for old persons

	<i>n</i> (%)
Presence of equipment	
Karkh	14 (100.0)
Russafa	8 (100.0)
Availability of investigations	
Karkh	13 (92.9)
Russafa	8 (100.0)
Availability of essential medicines	
Karkh	14 (100.0)
Russafa	8 (100.0)

Table 6: Distribution of age-friendly centers (*n*=14 Karkh, 8 Russafa) according to presence of active referral, ambulance, feedback and electronic health information system

Referral system	Referral sheet, <i>n</i> (%)	Ambulance, <i>n</i> (%)	Feedback, <i>n</i> (%)
Karkh			
Yes	14 (100.0)	9 (64.3)	1 (7.1)
No	0	5 (35.7)	13 (92.9)
Total	14 (100.0)	14 (100.0)	14 (100.0)
Russafa			
Yes	8 (100.0)	5 (62.5)	0
No	0	3 (37.5)	0
Total	8 (100.0)	8 (100.0)	0
Electronic health information system		<i>n</i> (%)	
Karkh		4 (28.5)	
Russafa		2 (25.0)	

entrances were suitable to the wheelchairs, and 86.7% of the centers had a ramp in the entrance.^[19]

Old people need enough and comfortable waiting seats to protect them from getting tired and injured. The results revealed that enough and comfortable waiting seats were present in 85.7% of the centers in AL-Karkh and 75% of centers in AL-Russafa, respectively. A research study that was done in Dubai (2017) revealed that comfortable seats were present in 100% of centers.^[20]

One of the most important barriers to health care is the lack of trained health-care providers, training is linked to attitude and skills, which directly correlates with the quality of care provided and therefore to the outcome of care. The results revealed that most of the doctors and more than half of the health staff had training in geriatric health services. A study in Lebanon (2013) showed that staff training, education, and development was observed in 45%.^[21] Improving knowledge and skills for geriatric care personnel is crucial for all health professionals. This requires overcoming a lack of recognition of the importance of geriatric training.^[22]

Olds need a suitable source of drinking water as most of them suffer from chronic diseases and cannot stand the very hot weather in Baghdad during the summer. Surprisingly, the results showed that less than quarter of the centers in AL-Karkh and AL-Russafa has suitable sources of drinking water.

The results also showed that in spite of the presence of referral forms in all the centers and ambulances in two-thirds of the centers, there was no feedback in any of the centers of AL-Russafa and in only one center in AL-Karkh. This is a major defect that breaks the chain of referral system, making it of low clinical value. According to a study that was done by the WHO for assessing PHC system in Iraq in 2012, the referral system to secondary care was shown to be weak or inefficient, and feedback was approximated to 0.^[23] A research study done in Brazil to evaluate the health system revealed some obstacles in the referral system.^[24]

The results showed that the application of computerized health information system was functional in only quarter of the centers. Computerization paves a more advanced way for recording, analyzing, and understanding the patient situation in addition to saving valuable information that is important for surveillance. A study done in Brazil in 2007 showed that most of the PHCCs lack computerized information systems.^[25] Although there has been progress, the existing system in Iraq is still not tuned to reflect the values of timeliness and completeness of reporting, and there are difficulties in providing comprehensive information for evidence-based management. The lack of computerization makes data analysis and information flow relatively slow.^[26]

The results showed that the attending rate of old to age-friendly PHCCs was about one per day, although the number of olds in our community is relatively low, attributed to the low life expectancy (due to sustainable wars and violence); yet, this

attendance rate is considered lower than the target which points to a weakness in the utilization of services that should be thoroughly studied and treated.

CONCLUSION

It can be concluded from this study that although there are relatively enough equipment and medicines, the health services for the olds are still way beyond our ambition; all the age-friendly PHCCs lack a special unit for the olds with a defected referral system, most of the centers have no suitable source of drinking water, and most of the health workers reported that they lack training for geriatric services.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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