



Enhancing Preventive Healthcare Utilization among Middle-Aged Populations: Reflections on a Scoping Review

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I have read with great interest the paper by Yarifard et al., titled "Factors Affecting the Utilization of Preventive Health Services by Middle-Aged Population: A Scoping Review." This study provides a comprehensive overview of the varied factors that influence the use of preventive healthcare services in middle-aged adults. Given the increasing prevalence of non-communicable diseases and the critical value of prevention to lower the risk of disease, this research is of extremely high policy relevance to policymakers, clinicians, and public health professionals (1).

The most significant result of the research is that socioeconomic status plays a strong determining role in healthcare use. As the authors note, lower-income group members are limited by economic constraints, absence of health insurance, and restricted access to healthcare facilities, which restrict their utilization of preventive services (1). The observation underlines the necessity of health policies promoting universal coverage for healthcare and financial support to vulnerable populations. Governments and health facilities should consider implementing targeted subsidies, free screening programs, and community interventions to bridge the gap of access to preventive care (2).

Educational level is another significant aspect discovered in the study. The findings show that

more educated individuals are likely to use preventive health services and adopt healthier habits (1). This puts unique focus on creating health literacy campaigns, which are capable of making individuals educated and empowered to make decisions for themselves. Public health campaigns for periodic checks, vaccination programs, and lifestyle modifications have to be an integral part of community outreach processes so as to generate overall interest and awareness (3).

Gender differences in the use of healthcare, as documented in the paper, must also be emphasized. The study identifies that women are more health-aware in the use of preventive healthcare compared to men (1). The trend can be accounted for due to greater health consciousness among women, increased contacts with healthcare providers (e.g., pregnancy and reproductive health check-ups), and cultural expectations of self-care. Nevertheless, diminished use of preventive services among men is a cause for concern because it may play a role in delayed diagnosis of long-term illnesses. Certain interventions, such as work-site health screening, culturally specific awareness-raising campaigns tailored to men, and incentives for preventive visits, can be used to fill this gap and encourage men to seek health care.

Besides, the study recognizes the role of religious and cultural beliefs in the consumption of pre-



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ventive healthcare (1). Cultural beliefs and myths regarding medical interventions by certain communities lead to resistance against preventive measures such as vaccinations or cancer screening. Cultural barriers must be identified and addressed to improve health outcomes. Health promotion interventions that are sensitive to culture, community outreach activities, and collaboration with religious and local leaders can play an important role in eliminating myths and increasing confidence in health services.

Aside from the factors mentioned in this study, it is also crucial to observe the influence of healthcare system infrastructure and patient-provider communication (4). Having good primary care facilities equipped, having good healthcare professionals available, and having good doctor-patient interactions are all positively related to people's willingness and capacity to seek preventive care. Enhancing primary care systems and providing health promotion and motivational interviewing proper training to healthcare providers can further increase preventive service use. Yarifard et al.'s work is significant to literature because it integrates existing evidence, identifies key barriers and facilitators to preventive healthcare use in middle-aged individuals (1). Their findings are very important in planning health policy to ensure greater access, narrow disparity gaps, and overall health of individuals of this age group. The research is extendable into future studies with the performance of longitudinal studies which aim to test the dynamics in how these determinants evolve in the long run and the implementation of effective intervention meth-

ods with experience in facilitating better preventive healthcare consumption.

Thank you for releasing this thoughtful review, which brings to light an important public health area. I am excited to see more studies and debate on how we can apply these results into effective strategies to enhance preventive healthcare access and use across the world.

Conflict of interest

The authors declare that there is no conflict of interests.

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