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Analytical performance of administrations in charge of ageing program in Iran

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Abstract: Population aging in most of developed countries should be subjective to more attention regarding health issues of aging group. First proceeding aiming to improve elderly life quality in Iran goes back to 1985 by initiating Shahid Rajai Program. By then different organizations and institutes have launched several programs related to elderly center. This paper compares performance of different programmes of active organizations in the field of elderly care in Iran.

Keywords: Ageing Program, Elderly, Iran

1. Introduction

Globally, the senior's population has exponentially expanded within the last fifty years [1]. According to United Nations definition, countries are divided into three categories of young, middle-aged and elderly in terms of population structure. Elderly countries are those in which the ratio of population over 65years is more than 7% [2]. The success of family planning and population control, increased life expectancy and improved living conditions has changed the population pyramid in Iran [3]. Iran is considered among countries with elderly population since 2006. According to censuses 2006 and 2011, approximately 7.3% and 8% of the population were elderly, respectively [3]. Statistical estimates indicate that over the next two decades, aging in our country would be a serious concern.

The growing trend of the elderly population is not solely important, but subsequent implications and consequences are of great importance. Increased elderly population will affect social, economic, and particularly healthcare aspects. Thus, policy-making and planning to develop a comprehensive health care system for elderly population is essential [4, 5].

In the late 1980's (early 1990's), special needs of children and adolescents (nutrition, immunization, health, education, etc.) dominated macroeconomic planning in Iran. In 2000's, the same place was dedicated to the specific needs of young people (marriage, housing, employment and etc.). Now, given the population structure of the Iranian community, planning for the next two decades should be focused on the special needs of the elderly population [6]. Thus, the objective of the present study is to portray the challenges in ageing plans and services in Iran through introducing the services provided for elderly population.

There are various classifications of ageing services [7-9]. However, these services can be divided into three groups including infrastructure, social services, and health care and preventive services according to concept, level and type of services.

2. Ageing Plan and Health Care Services

2.1. The infrastructure of ageing plans and health care services includes all facilities provided by policies and laws enacted in the field of ageing, ageing insurance, retirement plans and so forth. Capacities and infrastructure are needed to provide ageing services. While providing information and data needs, such infrastructure should provide a good mechanism for information management in this section of health care system. Prolonged health care process due to the specific nature and characteristics of the target population (elderly) requires different measures for continuity and integrity of information flow.

Several organizations are responsible for providing insurance services to elderly population including Imam Khomeini Relief Committee, Welfare Organization, Social Security Organization and Retirement Organization. Accordingly, Imam Khomeini Relief Committee, Welfare Organization and Social Security and Retirement Organizations approximately cover 1500000, 150000 and 1600000 elderly people, respectively. 80% of elderly people are covered by health insurance. Of the elderly covered by basic insurance, 16.9% are covered by supplemental insurance. According to the Technology Office of State Welfare Organization, 153,673 elderly people are covered by rehabilitation, social and preventive services of Welfare Organization [6].

2.2. Social services provided to elderly people include support services, basic services and services to enhance quality of life. Supportive services include assistance with personal care of elderly people which could include legal services as well as social and emotional supports [10]. Basic services include providing food, clothing, shelter, transportation and financial management [11]. Services to increase quality of life include training courses for elderly, establishment of support groups and providing facilities to enhance the quality of life of the elderly population [12].

Shahid Rajaei Plan is one of physical and welfare assistance programs for elderly people which was started in 1982 after its final ratification. This Plan has been proposed to support needy rural and tribal elders. According to this plan, a monthly fee is paid to support family. In addition, other supporting services such as housing, educational and cultural services, employment and self-sufficiency loan and healthcare insurance were then included. Later, many of needy elderly people who live in urban areas, in addition to villagers and nomads, are covered by Shahid Rajaei Plan [13].

Given their facilities and authorities, municipalities may take effective measures for providing social services including establishment of special welfare and cultural centers, sport and recreational services and facilities for aged people, and aging communities. Besides these items, municipalities may take following measures: tailoring urban areas such as streets and public places as urban furniture body, tailoring public transportation vehicles and providing standard exclusive sites for elderly people to improve their quality of life. All these measures are followed as "Age Friendly City" plan in municipalities . “Age Friendly City” enhances life quality of elderly people through providing opportunities for health, participation and safety [14].

2.3. Healthcare and preventive services include medicine, nursing, rehabilitation, screening and prevention services as well as education of caregivers. In this regard, Welfare Organization and Ministry of Health and Medical Education are responsible for providing this service. Welfare Organization facilitates establishment of long-term and short-term centers through licensing and subsidies. It also monitors the performance of these centers. The Health Deputy of Ministry of Health and Medical Education provides services through a public education plan called "healthy lifestyle". This plan has been developed to control problems due to ageing and preserving health in this age group. According to “healthy lifestyle” plan, the health centers inform and call elderly people aged 60-65 years to train them regarding problems associated with aging [15, 16]. The target population of this plan consisted of all elderly people with medical problems who are able to apply these recommendations in their daily lives [17].

Daily, long term and Homecare centers offer services to elderly people under control and accreditation of Welfare Organization. These organizations provide healthcare services to elderly people in Tehran through referring homes and concluding contracts. However, only elderly people who are able to pay costs determined by these organizations can take advantage of such services [16]. Kahrizak Charity Centers offer home care services as well as daily and long term care services using public assistance and subsidies from the State Welfare Organization. In these centers, a health care team consisting of a physician, a nurse, a physiotherapist, an occupational therapist and a social worker refer to needy elderly people. While evaluating their needs, they perform initial examinations at home. Then, the next service plan is developed based on initial observations and analysis [16].

3. Discussion

Nowadays, all countries consider aging as an important social phenomenon. Thus, they do continue efforts to support social programs to meet natural needs of elderly people [18]. Creating supportive environments for health improvement in communities requires action on many levels. It may include political efforts for the development and implementation of supportive laws and policies, sustainable economic development and a variety of social measures [19]. The major difference between developed countries and developing countries such as Iran is that the government and people in developed countries are quite ready to face the challenges resulting from increasing number of elderly people. However, most developing countries are not even aware of this phenomenon and associated social, economic and health problems [20]. Planning for providing aging services and nursing cares was started since 1982, but it has not been optimally organized. In many cases, the proposed plans are incomplete and do not cover an important part of elderly's needs such as home care, maintenance (sanitation, daily care, acute care) and rehabilitation services (occupational therapy, audiometry, orthopedic and rehabilitation aids).

It is essential to legislate supportive laws for elderly people by welfare organizations such as Welfare and Social Security and competent organizations. These laws and guidelines should be based on plans and field research in the field of aging. Thus, it is essential to perform extensive national research to assess elderly people and their families’ needs. The planning should be based on the results of

research to provide supportive, healthcare and medical services with the approach of independence and improvement of living conditions, announcement and public education to maintain healthy aging and involvement of elderly people in their relevant plans.

While in developed countries such as Canada, America and Japan, elderly population are supported by aging insurance including Medicare and long term care insurance (LTCI) and these countries assertively are trying to socialize care for disabled elderly people [21-24], health and social insurance coverage in Iran is mainly a function of occupational status. In the case of supportive and semi-supportive insurance, certain sectors of society are covered. Accordingly, elderly people as 'elderly' are not covered by none of insurance organizations, unless are insured as employee, retiree, needy, disabled, villagers and so forth. For example, all pensioners and disabled people covered by pension funds (majority of them are elderly and their spouses) are taking advantage of pension and health insurance. It is noteworthy that all the villagers and nomads take advantage of free health insurance. This privilege includes rural elderly people. Nevertheless, there is no accurate statistics of the number of elderly people covered by insurance and supporting systems. There is a high probability of overlap between them. Of the elderly covered by basic insurance, only 16.2% are covered by supplemental insurance and 17% are not covered by any insurance [6].

Demographic and economic outlook in the coming two decades and limited state resources, clarify the importance and necessity of strengthening and developing insurance plans. Although institutions active in this field provide valuable and significant services, they are inconsistent and sometimes inadequate in terms of a comprehensive system of welfare and social security. For this reason and due the lack of a proper and comprehensive structure as well as the improper effective management of resources and poor coordination between organizations, the design of a comprehensive system of social welfare to organize scattered collections in the realm of social security services is a national necessity to provide a developmental structure and performance.

Along with physical and mental disorders that many elderly people facing in aging and disability period, inappropriate environmental conditions and urban spaces will affect individual and social life quality of elderly people. Failure to implement the comprehensive plan of “Age Friendly City”, lack of observing physical standards of spaces, places, houses and ageing care centers cause serious problems for Aging care services. This will reduce possible ageing services and social participation of elderly people and cause serious problems for their caregivers. Despite the “Age Friendly City “bill and its implementation by the municipality, “Age Friendly City” plan in most cities has been limited to the establishment of cultural and ageing centers, incomplete or improper repair of roads and streets, dignity cards to use cinemas, parks and transportation. It does not fully cover “Elderly Friendly City” standards including transportation, housing, social participation, respect and social inclusion, participation, communication and information, community and health services.

Give that ageing services and care have a significant role in preventing re-admissions of elder people to hospital and enhance quality of life and help to maintain their independence, it seems that it is necessary to provide such care services and facilities with development and improvement of urban transportation, providing food at homes, disease prevention and health promotion services to improve the health status of elderly population. Since Welfare Organization is responsible for providing subsidy for private and home care centers, neglecting calculation basis of care service costs and defining payment of such care services costs not only help to development of care centers, but it also leads to a sharp drop in quality of provided services. Thus, Welfare Organization will face enormous challenges in this field in near future. On the other hand, due to the role of social interaction in physical and mental health of elderly people, daily care service centers should be more developed. Screening and health promotion programs are carried out in all developed countries [25], but it is limited to training courses for elderly people called by Ministry of Health and Medical Education. In this regard, it is necessary to determine educational priorities based on the needs of elderly considering education, culture, beliefs, motives, economic, social and environmental factors as well as consistency of educational goals with training needs and accessible, measurable and actual behavioral criteria.

4. Conclusion

If the developing countries, including Iran do not adopt appropriate policies for providing care and supportive services to elderly people, they will face a social, economic, and health crisis in the very near future. Developed countries explained objectives, requirements, priorities, thereby developed a plan focused on the needs of elderly people. In Iran, agencies and institutions relevant to elderly take measures to support elderly people given their current tasks and allocated budget. But these measures do not seem adequate, because solving aging problem- as a problem with evident influences which its impacts will be intensified in future-requires responsibility and cooperation of more agencies and public institutions. Merging and integrating services are a vital part of providing health care. Informing on available services should be made more comprehensive. Service availability will be useless, if elderly people or caregivers are not aware of it.

Establishing a formal consistent organization to plan and conduct activities associated with elderly population has been a strategic measure in all developed countries. It could be a solution to enhance elderly people support. Planning in the form of a Network (Home Health) for providing primary health care services to solve problems of elderly people should be done in the primary stages. All organizations should offer provincial and national plans to train enhanced

healthy living and active aging. The organizations responsible for the care of elderly people through ageing care centers should take more extensive measures to standardize ageing care services. One of the weaknesses in the system is unequal distribution of services and multiple, scattered and inconsistent data. To do this important task, it is necessary to develop a variety of ageing services based on assessment of elderly people needs according to international standard protocols. This will in turn reduce the problems for elderly people and their caregivers given the level of demand and supplying service and ageing care market.

After standardization of services based on international standards, development of new services, as a necessity, will be provided. Furthermore, to optimize the shape and comparability of data in long-term care and home care, the use of minimum data set (MDS) is essential. Given that there is no systematic information system for elderly people in Iran, it is necessary to take infrastructure measures to establish a health information system for elderly people. This needs taking advantage of specialized knowledge gained in other countries, participation of various professional groups involved in ageing care with health information managers. Services such as providing housing for needy elderly people as well as housing repair and reconstruction with the help of Ministry of Housing and Urban Development, food security of elderly people with the help of Ministries of Agriculture, Commerce, Health and Medical Education and Management and Planning Organization will be a common necessity.

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