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Review Article

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Comparative Analysis of Elderly Social Health Policies in Iran and Developed Countries

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Abstract
With the increase in the elderly population globally, providing effective policies for this demographic is crucial. Developed countries have successfully addressed the needs of the elderly through institutional economic policies, comprehensive health services, and social empowerment. In contrast, developing countries face challenges such as an imbalanced workforce, inadequate environmental conditions, and high healthcare costs. This paper uses the theoretical frameworks of health systems theories, social justice, demographic and epidemiological transitions, and community-based care to qualitatively compare elderly social health policies in Iran and developed countries. The paper suggests improving insurance coverage, strengthening home care programs, providing more facilities in residential and day centers, and increasing financial and pension support to improve the social health status of the elderly in Iran. The comparison indicates that Iran needs improvements in financial management and the expansion of health insurance to enhance elderly access to healthcare services. Additionally, experiences from developed countries can be utilized to improve elderly health programs and services in Iran. This paper critiques existing policies and offers suggestions for improving the social health status of the elderly in Iran, assisting policymakers and decision-makers in the health sector to implement more effective support programs for the elderly.

Keywords: Elderly, Social Health, Social Policies, Comparative Analysis, Iran, Developed Countries

1. Introduction

In recent decades, aging has become a major challenge for global societies, necessitating more social health policies as the elderly population grows. Developed countries, through specific policies and institutional economics, have met the needs of the elderly. This article compares the social health policies for the elderly in Iran and developed countries to examine the strengths and weaknesses of each country.

Elderly social health is a critical issue as the aging population increases in many countries, becoming a primary concern. The elderly, as a vulnerable group, require special policies and programs to meet their specific needs [1]. Developed countries, leveraging their experiences and financial and human resources, have formulated and implemented more comprehensive policies to support their elderly [2]. Previous research indicates that elderly social health policies in developed countries are typically based on integrated systems offering a range of services, including healthcare, medical care, and social and cultural support [3]. Although efforts have been made to improve the status of the elderly in Iran, there are still deficiencies in coordination between various service sectors and macro-level policymaking [4]. Social health research examines factors affecting the health of individuals and communities and how health and welfare services are provided. Comparative analysis of elderly social health policies, while identifying the strengths and weaknesses of different systems, can offer solutions to improve existing policies and programs in Iran. Social systems aim to maintain balance and use feedback mechanisms to preserve and restore this balance. In elderly social health, feedback mechanisms and their impact on system balance can be assessed [5].

This article aims to answer the following questions:
1. What are the social health policies for the elderly in Iran and developed countries?
2. What are the main differences and similarities between these policies?
3. What lessons can be learned from the experiences of developed

countries to improve Iran's policies?

2. Literature Review

Research shows that developed countries generally have more comprehensive and coordinated systems for providing services to the elderly. For example, Smith (2020) examined elderly social policies in several European countries, demonstrating that these countries benefit from comprehensive health, support, and welfare systems for their elderly [6]. Conversely, Gong (2022) in a similar study in Chin pointed to a lack of coordination and coherence among various service sectors.

3. Theoretical Framework

The theoretical frameworks for analyzing social policies include:

3.1 Social Systems Theory: This theory studies the organized and complex systems of society and the interrelationships between their various components. It aids in better understanding how social systems function and the mutual impacts of their different sectors. By providing a comprehensive and holistic framework, social systems theory helps analyze and improve elderly social health policies. Identifying system components, analyzing mutual interactions, evaluating feedback mechanisms, and formulating comprehensive and coordinated policies can enhance the quality of life and social health of the elderly [7].

3.2 Health Systems Theory: This theory posits that the health system is a complex set of organizations, institutions, and resources aimed at improving community health. Key elements include:

• Policy and Leadership: The role of governments and policy institutions in formulating and implementing health policies.
• Financing: Methods of financing health systems and resource allocation.
• Service Delivery: How health and medical services are provided and accessed.
• Human Resources: Training and empowerment of health sector personnel.
• Health Information: Collecting, analyzing, and using health data for decision-making and system performance improvement [8].

3.3 Social Justice Theory: Emphasizes the fair distribution of resources and opportunities in society. Health policies should ensure equal access to health and welfare services for all individuals, particularly vulnerable groups like the elderly.

• Equal Access to Services: Ensuring universal access to quality health and medical services.
• Fair Resource Distribution: Allocating health and medical resources based on population needs.
• Supporting Vulnerable Groups: Creating special support programs for the elderly and other needy groups [9].

3.4 Demographic and Epidemiological Transition Theory: Addresses changes in population structure and disease patterns in different societies, aiding in a better understanding of elderly health needs and developing appropriate policies.

• Demographic Transition: Changes in population age structure and the increase in the elderly population.
• Epidemiological Transition: Changes in disease patterns and the rise of chronic and non-communicable diseases in the elderly [10].

3.5 Community-Based Care Theory: Emphasizes providing health and medical services at the community level and in individuals' living environments.

• Home Care: Providing health and care services at home for the elderly.
• Community Participation: Active community involvement in health and welfare programs.
• Prevention and Health Promotion: Programs for disease prevention and health promotion at the community level [11].

4. Research Methodology

This research employs qualitative and quantitative methods for data collection and analysis. Data on elderly social health policies in Iran and several developed countries were gathered through government documents, international organization reports, and scientific articles. Qualitative content analysis was used for data analysis.

5. Findings

The research findings present a comparison of elderly social health policies in Iran and developed countries, based on data analysis, case studies, and comparisons of different social health systems in selected countries. The key findings are discussed in the following areas:

5.1 Health Insurance and Medical Care: The study shows that developed countries generally have comprehensive health insurance systems that cover all or nearly all medical costs for the elderly. For instance, Sweden's health insurance system is among the most comprehensive globally, providing extensive medical and care services to the elderly [12]. The public health system in Sweden is largely funded by taxes, and all citizens and permanent residents have access to medical services, including primary care, specialized care, hospital care, and pharmaceuticals [13]. Canada's public health system, known as "Medicare," covers all citizens and permanent residents' medical and hospital costs and some rehabilitation services (Government of Canada) [14]. In contrast, despite recent efforts to expand health insurance coverage, many elderly in Iran still face challenges in accessing healthcare services. Existing health insurance in Iran does not adequately cover all medical care costs for the elderly, increasing the financial burden on the elderly and their families [15]. Access to healthcare is better in urban areas, but limited in rural and underserved areas.

5.2 Home Care Services: In developed countries, home care services are a popular and effective option for elderly care. These services include daily assistance with personal tasks, providing medical and health services at home, and psychological and social support [16]. For example, Germany's home care system is designed to allow the elderly to stay in their homes as long as

possible while receiving professional care services. This system includes financial support to cover home care costs [17]. Denmark emphasizes home care services, including daily assistance, in-home medical care, physiotherapy, and nursing services, aiming to enable the elderly to live in their homes [18]. Japan is known for its use of modern technology in elderly care, including care robots, smart health monitoring systems, and mobility aids [19]. Germany introduced the long-term care insurance system in 1995, covering various services, including home care, day centers, and residential centers, funded by worker and employer contributions [20]. In Iran, while there are programs for home care services, they are not fully developed and lack adequate coverage nationwide. Many elderly do not have access to professional care services, placing the burden of care on families [21].

5.3 Residential and Day Centers for the Elderly: Residential and day centers for the elderly in developed countries provide comprehensive and multifaceted services. These centers offer not only healthcare and medical services but also social and recreational programs to enhance the quality of life for the elderly [22]. For example, Japan's day centers are designed for daily visits, offering a range of services, including social activities, rehabilitation, and healthcare, significantly reducing loneliness and improving the elderly's quality of life [23]. Japan's long-term care insurance, introduced in 2000, provides services to all individuals over 65, including home care, day centers, and residential centers, with premiums paid by those over 40 [24]. In Iran, the number of residential and day centers for the elderly is limited and often faces challenges such as inadequate facilities and personnel, resulting in many elderly not receiving suitable and sufficient services and relying on home care [4].

5.4 Financial and Retirement Support: Developed countries have comprehensive retirement and financial support systems ensuring the financial security of the elderly. These systems include pension payments, financial assistance, and tax breaks. For example, Canada's retirement system includes the Canada Pension Plan (CPP), Old Age Security (OAS), and the Guaranteed Income Supplement (GIS), ensuring adequate financial support for the elderly [24]. Denmark's retirement system includes a basic pension and supplementary pensions funded by professional retirement funds, helping the elderly maintain a dignified life in retirement [26]. In Iran, despite existing retirement and financial support systems, many elderly face financial difficulties. Pensions are often insufficient, and many elderly need additional income to meet their needs [27].

5.5 Housing and Accommodation: In developed countries, high-quality residential centers for the elderly are widely available, offering various welfare and medical services. There are also special housing programs for the elderly, providing suitable housing and support services. For example, Sweden has high-quality residential centers offering various services, including medical care, physiotherapy, psychological counseling, and social activities, widely available throughout the country to meet the elderly's diverse needs [28]. In Iran, elderly care centers are limited and mainly run by the private sector or NGOs, with many elderly living with and depending on their families [29].

5.6 Preventive Policies and Quality of Life Improvement: Developed countries have comprehensive and well-organized programs for preventing chronic diseases, promoting healthy lifestyles, and periodic care. Extensive programs encourage elderly participation in cultural, sports, and social activities [30]. For example, Denmark has diverse programs for preventing chronic diseases like diabetes and heart disease, including regular screenings, healthy lifestyle education, and rehabilitation programs [31]. In Iran, preventive programs are limited and often confined to awareness campaigns, with cultural and sports activities for the elderly being more restricted and needing more development.

5.7 Social and Cultural Programs: In developed countries, such as Sweden, diverse programs encourage elderly participation in social, cultural, and sports activities, including educational classes, sports activities, cultural tours, and local festivals [32]. Germany's social projects include programs for social participation, lifelong learning, and cultural activities, helping reduce social isolation among the elderly and giving them opportunities to engage in the community [33]. In Iran, elderly social and cultural programs are limited and need further development [4].

These details illustrate how developed countries, using diverse policies and programs, have improved their elderly social health, serving as models for developing countries. In Iran, elderly social health policies and programs are implemented through various government and NGO initiatives. Examples include:

- **Welfare Organization of Iran:** Provides various services, including home care, day centers, and residential centers, with programs for psychological, social, and rehabilitation support (Welfare Organization of Iran).
- **Ministry of Health and Medical Education:** Implements several programs to improve elderly health, including primary healthcare, chronic disease prevention, and rehabilitation programs. The "Elderly Health Program" aims to improve the quality of life for the elderly through comprehensive health and medical services (Ministry of Health and Medical Education).
- **Financial Support Programs:** The Iranian government has various financial support programs for the elderly, including pension payments and financial assistance for needy elderly, with key roles played by the Social Security Organization and pension funds (Social Security Organization and Pension Fund).
- **NGOs and Charities:** Various NGOs and charities in Iran support the elderly, offering care services, social and cultural activities, and psychological and social support (Iran Alzheimer's Association, Kahrizak Charity Foundation, and Elderly Rights Support Association).
- **National Initiatives:** The "Health Transformation Plan" aims to improve access to healthcare and reduce out-of-pocket costs, with

a focus on vulnerable groups, including the elderly. While positive aspects include increased access to primary and specialized healthcare and reduced out-of-pocket costs, criticisms include limited insurance coverage, unstable financial resources, and lack of comprehensive specialized services (Ministry of Health and Medical Education).

These policies and programs reflect various efforts in Iran to improve elderly social health, but there is still a need to develop and enhance these programs to meet the growing needs of the elderly population.

6. Discussion and Analysis

The analysis indicates that one of the primary challenges facing Iranian policymakers is the lack of coordination between different service sectors. Unlike developed countries with comprehensive policies supporting the elderly, Iran needs to formulate and implement more integrated and coordinated policies. Additionally, the positive impacts of comprehensive policies in developed countries on the elderly's physical and mental health are evident, leading to improved quality of life. In Iran, the lack of comprehensive and coordinated policies has led to issues such as depression, social isolation, and physical problems for the elderly. It is suggested that Iran draw from the successful experiences of developed countries and adapt its policies to local needs. These reforms could include formulating comprehensive and coordinated policies, increasing financial support, developing social and cultural programs, and enhancing coordination between various service sectors.

7. Conclusion

Based on the comparative analysis, developed countries have more comprehensive and efficient systems for supporting the elderly. Iran can improve its policies and programs by learning from these countries, providing better services to the elderly. Expanding medical insurance, developing residential and rehabilitation centers, increasing preventive programs, and promoting social and cultural activities for the elderly are steps that can help improve the elderly's situation in Iran. This research shows that elderly social health policies in developed countries are more comprehensive and coordinated than in Iran, successfully enhancing the physical and mental health of the elderly through integrated and coordinated policies. The findings emphasize the importance of formulating integrated and comprehensive policies to improve the elderly's situation in Iran, helping Iranian policymakers learn from developed countries' experiences and implement more effective support programs for the elderly.

8. Recommendations for Future Research

Future research should examine the impacts of new policy implementations in Iran and develop local models for elderly support. Additionally, exploring the social and cultural impacts of elderly social health policies in various countries can aid in improving policymaking.

Supplementary Information

There is no supplementary information to provide for this study.

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Competing interests

The author declare no competing interests.

References

1. Phillips, D. R., Feng, Z. (2017). Global ageing. Geographical gerontology: *Routledge*, 93-109.
2. Nagarajan, N. R., & Sixsmith, A. (2023). Policy initiatives to address the challenges of an older population in the workforce. *Ageing International, 48*(1), 41-77.
3. Araujo de Carvalho, I., Epping-Jordan, J., Pot, A. M., Kelley, E., Toro, N., Thiyagarajan, J. A., & Beard, J. R. (2017). Organizing integrated health-care services to meet older people's needs. *Bulletin of the World Health Organization, 95*(11), 756-763.
4. Goharinezhad, S., Maleki, M., Baradaran, H. R., & Ravaghi, H. (2016). A qualitative study of the current situation of elderly care in Iran: what can we do for the future?. *Global health action, 9*(1), 32156.
5. PE, P. (2001). The challenge of complexity in health care. *British Medical Journal, 323*, 625-628.
6. Smith, J. A., Griffith, D. M., White, A., Baker, P., Watkins, D. C., Drummond, M., & Semlow, A. (2020). COVID-19, equity and men's health: Using evidence to inform future public health policy, practice and research responses in pandemics. *International Journal of Men's Social and Community Health, 3*(1), e48-e64.
7. Map, S. W. L. (2017). Theoretical Approaches: Social Work Systems Theory. *Retrieved May, 31*, 2018.
8. Hughes, R. G. (2008). Tools and strategies for quality improvement and patient safety. *Patient safety and quality: An evidence-based handbook for nurses*.
9. Rawls, J. (1972). A Theory of Justice (Cambridge, Mass., 1971). *RawlsA Theory of Justice1971*.
10. McKeown, R. E. (2009). The epidemiologic transition: changing patterns of mortality and population dynamics. *American journal of lifestyle medicine, 3*(1_suppl), 19S-26S.
11. Wysocki, A., Butler, M., Kane, R. L., Kane, R. A., Shippee, T., & Sainfort, F. (2015). Long-term services and supports for older adults: A review of home and community-based services versus institutional care. *Journal of Aging & Social Policy, 27*(3), 255-279.
12. Dave, U., Lewis, E. G., Patel, J. H., & Godbole, N. (2024).

Private health insurance in the United States and Sweden: A comparative review. *Health Science Reports, 7*(3), e1979.

13. Glenngard, A. (2020). International Health Care System Profiles-Sweden. Tikkanen, Roosa, Robin Osborn, Elias Mossialos, Ana Djordjevic, and George Wharton, eds.
14. Martin, D., Miller, A. P., Quesnel-Vallée, A., Caron, N. R., Vissandjée, B., & Marchildon, G. P. (2018). Canada's universal health-care system: achieving its potential. *The Lancet, 391*(10131), 1718-1735.
15. Hazrati, E., Meshkani, Z., Barghazan, S. H., Jame, S. Z. B., & Markazi-Moghaddam, N. (2020). Determinants of hospital inpatient costs in the Iranian elderly: A micro-costing analysis. *Journal of Preventive Medicine and Public Health, 53*(3), 205-210.
16. Witsø, A. E., Ytterhus, B., & Vik, K. (2015). Taking home-based services into everyday life; older adults' participation with service providers in the context of receiving home-based services. *Scandinavian Journal of Disability Research, 17*(1), 46-61.
17. Mossialos, E., Wenzl, M., Osborn, R., & Sarnak, D. (2016). *2015 international profiles of health care systems.* Ottawa, ON, Canada: Canadian Agency for Drugs and Technologies in Health.
18. Raffel, N. K., & Raffel, M. W. (1987). Elderly care: similarities and solutions in Denmark and the United States. *Public Health Reports, 102*(5), 494.
19. Wright, J. (2023). Inside Japan's long experiment in automating elder care. *Technology Review*.
20. Campbell, J. C., Ikegami, N., & Gibson, M. J. (2010). Lessons from public long-term care insurance in Germany and Japan. *Health affairs, 29*(1), 87-95.
21. Heydari, H., Shahsavari, H., Hazini, A., & Nasrabadi, A. N. (2016). Exploring the barriers of home care services in Iran: A qualitative study. *Scientifica, 2016*(1), 2056470.
22. Eng, C., Pedulla, J., Eleazer, G. P., McCann, R., & Fox, N. (1997). Program of All-inclusive Care for the Elderly (PACE): an innovative model of integrated geriatric care and financing. *Journal of the American Geriatrics Society, 45*(2), 223-232.
23. Orellana, K., Manthorpe, J., & Tinker, A. (2020). Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived. *Ageing & Society, 40*(1), 73-104.
24. Yamada, M., & Arai, H. (2020). Long-term care system in Japan. *Annals of geriatric medicine and research, 24*(3), 174.
25. Kaplan, A. N., Frazer, M. (2006). Pension Law: Irwin Law Toronto.
26. Andersen, J. G. (2016). The danish pension system.
27. Parvaei, S., Taj Mazinani, A. A., & Zanjari, N. (2023). Poverty and Social Policy of Aging: Investigating the Determinants of Income Poverty Among Older Adults in the Organization for Economic Co-operation and Development Countries. *Iranian Rehabilitation Journal, 21*(2), 355-364.
28. Lagergren, M. (2002). The systems of care for frail elderly persons: the case of Sweden. *Aging Clinical and Experimental Research, 14*, 252-257.
29. Sheykhi, M. T. (2004). A study of the elderly people living in nursing homes in Iran with a specific focus on Tehran. *African and Asian Studies, 3*(2), 103-118.
30. Noto, S. (2023, July). Perspectives on Aging and Quality of Life. In *Healthcare* (Vol. 11, No. 15, p. 2131). MDPI.
31. Nolte, E., Knai, C., & World Health Organization. (2015). *Assessing chronic disease management in European health systems: country reports.* World Health Organization. Regional Office for Europe.
32. Ericson, H., & Geidne, S. (2023). The characteristics of organized sport and physical activity initiatives for older adults in Sweden. *Frontiers in Sports and Active Living, 5,* 1168312.
33. Sutrisno, A., & Handel, O. (2011). Dynamic Aging Population in Germany: A case study about demographic change. *University of Bergen.*

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