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Policy requirements in promoting older people health care in Iran: A qualitative study

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Abstract:

BACKGROUND: The demographic structure of Iran as a developing country has undergone various changes in recent years. Therefore, the present study sought to analyze policy and upstream documents related to the older people health in Iran in order to identify and analyze the requirements considered by health policymakers to promote the older people health in Iran.

MATERIALS AND METHODS: This is a qualitative study conducted in 2021 through national qualitative document analysis. All upstream documents published and related to older people health were reviewed between February 1979 and October 2021. The Scott's four-step method was used to extract the related documents.

RESULTS: Policy requirements for promoting older people healthcare in Iran were categorized into 4 main themes in the form of a conceptual framework and 15 sub-themes. Thus, in order to ensure the health of the older people in Iran, it is necessary to take into account the four categories of managerial requirements, financing, infrastructures, and providing older people services. In other words, the sustainable financing requirements and the infrastructural requirements should firstly exist together as basic requirements. Then, geriatric health management requirements are needed to provide the older people health services along with the previous requirements and finally ensure the health of the older people in Iran.

CONCLUSION: The results of this study can be helpful in the review of upstream older people health policy documents by policy makers in order to better promote the health of the older people and pave the way for new policies to enter the agenda of policy makers.

Keywords:

Government documents, health services for the aged, Iran, policy analysis

Introduction

Demographic trends in the contemporary society show a sudden increase in the ratio of the older people to the total population.^[1] On the one hand, the world's older people population is projected to increase to 22% of the total population by 2050.^[2] On the other hand, it is estimated that the number of people aged ≥ 80 will triple by 2050 and reach 426 million in the world.^[3] In low- and middle-income countries where >83 million people live,

the aging phenomenon is appearing more rapidly. Therefore, it is necessary to find solutions to maintain and ensure the health of the older people in these countries. In addition, since the fastest population growth occurs in the poorest countries, there is less time for policy-making and planning to meet aging challenges, and this reveals the importance of paying attention to the aging phenomenon and aging policy more than ever.^[4]

The demographic structure of Iran as a developing country^[5] has undergone

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various changes in recent years. According to the World Health Organization (WHO), the life expectancy index in Iran has increased by about 19 years from 1980 to 2015.^[6] The United Nations has warned that Iran's population is rapidly aging.^[7,8] As stated by the WHO, Iran is one of the three countries with the most dramatic population changes, and along with Chile and China, will have more older people than the United States in near future.^[9] The older population of Iran is expected to reach 25% by 2051 and makes this group the fastest-growing population in the country.^[10]

The changes in the epidemiological pattern of diseases at old age and the prevalence and incidence of chronic diseases on the one hand, and the need of the healthy older people for healthcare on the other hand highlight the necessity of appropriate preventive and therapeutic interventions for the older people. Public health services and medical care are interrelated, and access to them along with some other factors lead to increased life expectancy worldwide.^[4] When it comes to older people healthcare, the main goal is to maintain good health, so that these people can live an active life with their families in the environment in which they are, and maximize their physical and mental independence as well as social self-efficacy.^[11]

Aging is definitely an inevitable process; so its progressive health effects can be controlled if necessary by implementing appropriate policies^[12] because the increase in the number of older people is increasingly causing numerous challenges for policy makers, and this has led to the emergence of aging health issue in the macro policies of countries.^[13] As the aging population grows, the importance of responding to their needs becomes more prominent. Therefore, appropriate policy requirements are needed in this regard.^[14] Government officials in Iran are currently concerned about population aging. Iran has had one of the most effective, successful, and comprehensive family planning policies since the early 1990s.^[15] It is several years that Iran's demographic policies have shifted towards population growth. One of the justifications for considering new demographic policies is population aging. The issue of population aging has entered the main stage of policy-making in the country, which has led to the formation of new policies or the abolition of previous ones. In this regard, there is an urgent need for information about the extent and path of Iran's population aging and its consequences in policy- and decision-making.^[10] According to political evidence in Iran, few policies have been made to promote the health of the older people and thus, it is necessary for managers and policy makers in the field of older people health to pay attention to improving the health of this population

group in their policy agenda.^[16] The country must definitely provide new policies to address potential aging health challenges and ensure adequate capacity for geriatrics and gerontology among the country's health workforce. Therefore, due to the increase in the older population in Iran and its inevitable effects on the demand for health care in the coming decades, an immediate revision of current policies and health care in the national health care system of the country, including policy requirements, seems necessary.^[17]

The results of the study by Doshmangir *et al.*^[4] (2021) showed that a number of factors affected the older people health policies in Iran. The factors included stakeholders and actors, the health policy-making process and policy structure, and the cultural factors affecting aging health policies. Goharinezhad *et al.*^[16] (2016) stated that the major challenges in the older people care processes in Iran were related to the challenges of policy-making, access, technical infrastructures, cooperation and integration, and health care-oriented services. In their study, Wood and Wright (2011) considered promoting the participation of the older people in policy-making as one of the policy requirements for this population group and stated that the older people could contribute to making their own world through active participation and cooperation with health care providers.^[18] Jacobsen (2015) conducted a narrative analysis of government documents in Norway to understand government policies. According to the results of his study, some government documents dealing with occupational care for the older people were useful for policy analysis. The analysis of the policy documents showed what values, facts, and realities were most important to geriatric health policy-makers in Norway.^[19]

To the best of our knowledge, no study has synthesized macro-orientations in this field with the approach of comprehensive analysis of upstream documents of the country. Therefore, the present study sought to analyze policy and upstream documents related to the older people health in Iran in order to identify and analyze the requirements considered by health policymakers to promote the older people health in Iran. Identifying these requirements can help policymakers determine the future promotion of the policy agenda in the field of the older people health so that they can consider the most practical and effective policy topics and flows in the forthcoming policies.

Material and Methods

Study design

This qualitative study conducted in 2021 through national qualitative document analysis and with the content analysis approach.

Data collection

The research team first systematically identified upstream documents, regulations, letters, instructions, approvals, and plans and reports in the field of geriatric health promotion by searching the websites of the organizations that played a key role in policy-making in major and specific decisions of the older people health promotion policies, and extracted and retrieved the documents related to the older people health promotion policies published from February 1979 to October 2021. The reason for choosing this period was that since February 1979, the political system of Iran changed to the Islamic Republic. The research team searched the identified documents using relevant words and phrases such as “older people health care,” “older people health,” “older people health promotion,” “prevention, health, and treatment in the older people,” “supportive policies for the older people,” and “older people health policy-making,” and collected the relevant documents. Finally, based on the authority issuing the

document, they classified the collected documentary sources [Table 1].

Having reached an agreement, the researchers reviewed and searched the websites of the following organizations that had some policy, legal, or executive role in the field of the older people health: Ministry of Health and Medical Education [<http://www.behdasht.gov.ir>], Database of the Office for Preservation and Publication of the Leader [<https://farsi.khamenei.ir/>], Secretariat of the National Council for Senior Citizens [<https://snce.ir/>], Research Center of the Islamic Consultative Assembly [<http://www.rc.majlis.ir>], Government Information Database [<https://dolat.ir/>], Iran's Welfare Organization (www.behzisti.ir), Ministry of Welfare, Labor, and Social Affairs (<https://www.mcls.gov.ir/>), State Pension Fund (<https://www.cspf.ir/>), Social Security Fund (<https://www.tamin.ir/>), Imam Khomeini Relief Foundation (<https://portal.emdad.ir/>), and Health Insurance Organization (<https://ihio.gov.ir/>).

Table 1: Classification of final-reviewed documents based on Scott's four-step method criteria

Number	Document classification	Document names	Number of documents
1	Leadership Communication Documents	General family policies General population policies	2
2	Government documents	Executive regulations, Annex VI, Clause A, principle 192 of the law of the third development plan Executive package subject to principle 217 of the Fifth five-year development plan law approved by the cabinet	2
3	Documents of the Islamic Consultative Assembly	Law on the first development plan Law on the second development plan Law on the third development plan Law on the fourth development plan Law on the fifth development plan Law on the sixth development plan Law on the structure of comprehensive system of welfare and social security Law on the establishment of the national council for senior citizens	8
4	Communicated documents of the Ministry of Health	A guide to improving a healthy lifestyle in old age Integrated and comprehensive geriatric care National Program for the Health System Transformation, Welfare and dignity of the Iranian older people based on the Islamic-Iranian Model National Document on Nutrition and Food Security The evolution plan for the health system of the Islamic Republic of Iran based on the Islamic-Iranian progress model Perspective and plans of the Ministry of Health and Medical Education in the Eleventh Government Health Transformation Plan in the Health System Higher education program in the field of health in line with the health system transformation plan in the government of prudence and hope General and quantitative goals of the health sector in the sixth development plan of the country Necessity and importance of dealing with Covid-19 in the older people Nutritional tips for maintaining the health of the older people during the outbreak of Covid-19 Guide for identifying and classifying the risks to the older people	12
5	National document of the country's older people	Documents of the National Council for Senior Citizens	1

Validation method

The Scott's four-step method including authenticity, credibility, representative, and meaningfulness of the data was used to extract the related documents.^[20,21] In the first step, in order to ensure the authenticity of the documents, the sources issuing the documents were examined. Thus, the documents provided by the organizations including the Ministry of Health and Medical Education, Leadership Office, National Council for Senior Citizens, Islamic Consultative Assembly, Government, Welfare Organization, Ministry of Welfare, Labor and Social Affairs, State Pension Fund, Social Security Fund, the Imam Khomeini Relief Foundation, and the Health Insurance Organization were approved as valid documents. In the second stage, to determine the validity of the documents, only the ones that were not misleading, were free of errors and bias, and generally did not have any conflict of personal and organizational interests were approved. Explicitly the third stage meant that the documents in question represented general policies or the keywords identified based on the research objectives. Thus, documents that were not related to the research objective were excluded. They were the documents provided by the Welfare Organization, the Ministry of Welfare, Labor and Social Affairs, the State Pension Fund, the Social Security Fund, Imam Khomeini Relief Foundation, and the Health Insurance Organization. In the fourth and final stage, document meaningfulness referred to the transparency and comprehensiveness of the document, and the identified documents had to have face and content validity. In other words, both the appearance and format, and the content of the documents had to be valid. Therefore, documents that were either ambiguous and incomplete, or had problems in their contents were excluded [Table 1].^[22]

Data analysis

The researchers used deductive and inductive approaches to analyze the content of the documents. In the first stage, they chose a deductive method to categorize the policy requirements for promoting the health of the older people. Using an inductive approach in the second stage, they assigned the related items in the form of themes and sub-themes in a specific conceptual framework. To analyze the themes, the six-step Clarke & Braun approach including familiarity with the data, creating initial codes, searching for themes, forming sub-themes, defining and naming the main themes, and preparing a report was used.^[23] All documents were analyzed using implicit and explicit analysis methods.^[24] All stages of document analysis were performed by two members of the research team who had no conflict of interest with the subject and the selected organizations. In addition, in order to ensure the validity of the analysis and the reflexivity of the results, all stages of the qualitative

analysis were performed by two members of the research team who were experienced in and had full familiarity with qualitative data analysis.

Ethics statement

This study was approved by the Ethics Committee of Shiraz University of Medical Sciences (Code: IR.SUMS.REC.1399.902). There was no participant in the study process and only the published official documents were analyzed. There was no problem in terms of the publication of the results. The confidentiality of the documents was examined and the findings were presented so that there was no concern for recognizing the individuals.

Results

The content analysis of the geriatric health documents provided 4 main themes and 15 sub-themes [Table 2]. In the following, more details about the themes and related sub-themes are provided. In order to clarify the process of the qualitative data analysis, the codes obtained from the examined documents are provided as an attached file [Attached File].

Sustainable financing requirements

Equitable and optimal allocation of financial resources to improve the older people health could be achieved by adjusting their salaries and pensions in the Social Security Organization. In order to reduce out-of-pocket payments for the older people to receive required health services, policies such as developing and increasing the quantity and quality of basic and supplementary insurance services, to support this age group seemed necessary. Providing necessary financial resources for the implementation of geriatric health services required efforts to optimal allocation of resources to promote the health of the older people.

Geriatric health infrastructural requirements

It was necessary to review the relevant laws and regulations in order to strengthen the laws protecting geriatric health and provide necessary arrangements in the existing geriatric health policies. Some required policies were the establishment of geriatric databases, aggregation of the older people information and statistics based on a comprehensive system, and creating databases to be used in the evidence-based decision-making process in line with comprehensive geriatric care at the national level. Training specialized human resources based on the needs of the older people, developing and implementing a specialized training program for geriatrics, and the need for joint planning by health and education deputies of the Ministry of Health for providing the workforce related to aging health seemed necessary.

Table 2: Policy requirements for promoting older people healthcare in Iran

Main Theme	Sub-theme
Sustainable financing requirements	Fair and optimal allocation of financial resources Reducing out-of-pocket payments for the old people to receive health services Providing necessary funding for implementation of geriatric health services
Geriatric health infrastructural requirements	Legal protections Inter-sectoral coordination Evidence-based policy-making and the need for planning Geriatric information and statistics management Technology development in providing services to the older people Education, research, and supply of required human capital
Requirements for providing geriatric health services	Development and strengthening of diagnostic services Development of spiritual health services Development of rehabilitation services Development of medical services
Aging management requirements	Performance monitoring and measurement Needs assessment and analysis of the current situation

Requirements for providing geriatric health services

Measures such as providing periodic and special care for the older people and promoting mental health literacy in the older people were necessary. Measures such as educational services for spiritual health and meaningful life, and integrating indigenous concepts of spiritual health were essential for the development of spiritual health services. In order to develop rehabilitation services, measures such as emphasizing the provision of rehabilitation services at home, and quantitative and qualitative development of rehabilitation service centers could be taken. In order to develop health services, measures such as quantitative and qualitative development of health care centers and preparing a list of essential equipment and facilities for effective access of the older people by the General Directorate of Medical Equipment affiliated to the Ministry of Health were essential.

Aging health management requirements

Measures such as identifying and classifying the country's older people risk and classifying the older people at risk of or suffering from malnutrition based on nutrition pattern evaluation scores were required in accordance with the instructions. measures such as prevention and early diagnosis of diseases in the vulnerable group of the older people and increasing the older people's access to health prevention measures in the older people health documents were mentioned.

In order to create a better understanding of the resulting themes and to explain their relationships, the theme diagram was drawn as follows [Figure 1]. As shown in the theme diagram, in order to ensure the health of the older people in Iran, it is necessary to take into account the four categories of managerial requirements, financing, infrastructures, and providing older people services. In other words, the sustainable financing

requirements and the infrastructural requirements should firstly exist together as basic requirements. Then, geriatric health management requirements are needed provide the older people health services along with the previous requirements and finally ensure the health of the older people in Iran.

Discussion

The findings of the present study showed that regarding the promotion of geriatric health care in Iran, four categories of policy requirements had been mentioned upstream national documents during the last four decades, including sustainable financing, infrastructural, management, and geriatric health service provision requirements.

Sustainable financing requirements

The first policy requirement was the sustainable financing one. In this regard, the results of the results of some studies had indicated that the impact of economic factors, budgets, and financing of health services on geriatric health policies had been ignored. In other words, when formulating the policies, little attention had been paid to the budget and resources available for geriatric health of the older people.^[4,25,26] Given the limited budgets for the older people health and considering the development of idealistic policies and ambitious goals in most existing policies, it is obvious that these factors have not been taken into account in policy development. According to some research, the impact of aging on health care costs is much greater than what was previously thought.^[4,26] The results of the study by Lopreite and Mauro (2017) on the impact of population aging on the health sector expenditures in Italy during 1990–2013 showed that population aging led to increased treatment costs.^[27] Therefore, it seems necessary to provide sustainable financial resources for this population group.

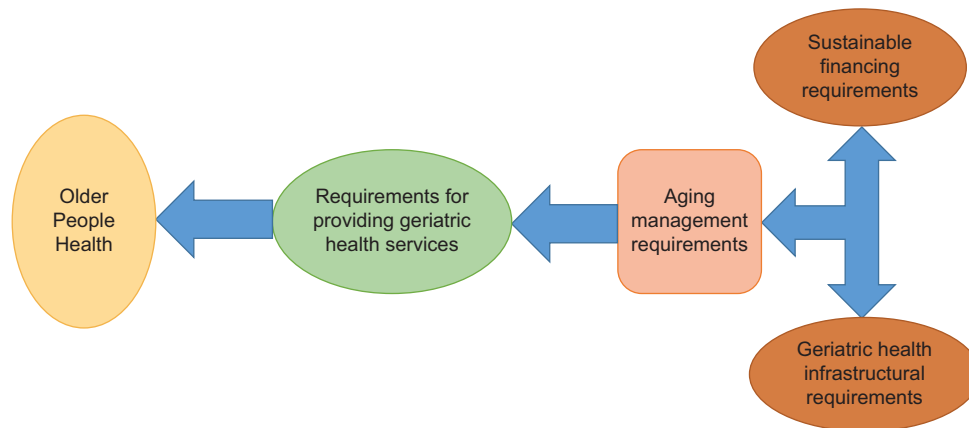


Figure 1: Conceptual framework of older people health promotion documents in Iran

A review of developed countries' policies and programs showed that in most European countries, retirees, who were naturally older people, were fully covered by social protection, health insurance, and health services. According to studies, increased poverty and economic dependence of the older people reduced their economic access to health care and increased their exposure to catastrophic health costs.^[16,28] Other studies suggested that health insurance services for the older people in Iran did not provide adequate coverage for services, especially rehabilitation services, and the policies of these insurances did not aim at financially protecting the older people from catastrophic health costs at all and did not reduce direct out-of-pocket payments for them.^[29,30] The results of a study showed that the lack of financial support, weak financing compensation policies, weak pensions, inefficiency of insurance organizations, and insufficient insurance coverage were among the financing challenges of the health care system for the older people in Iran.^[29] In their study, Arifin *et al.* (2012) showed that economic security of the older people was possible by providing them with living expenses and healthcare. The existence of long-term health insurance and free post-retirement care for the older people was one of the successful policies of the Indonesian government, and although its distribution was not uniform and fair in different states, it seemed logical due to the distribution of older populations in different states.^[31]

Infrastructural requirements

One of the infrastructural requirements in this study was inter-sectoral coordination. The results of a study showed that there was practically no coordination between the existing programs and policy packages in the field of geriatric health in the Ministry of Health. This indicated the weak policy-making capacity of the Ministry of Health. Therefore, it is necessary to consider successful international experiences, policies, recommendations, and paradigms when formulating geriatric health policies at national and local levels.^[4] Strengthening the

referral system and communications between different levels of health care to promote the health of the older people is a key component of inter-sectoral coordination. Weak coordination and interaction between health service providers is one of the challenges in the field of the older people health. Given that the health care needs of the older people have different dimensions and the centers providing geriatric health services are also different, there should be necessary coordination between these centers.^[16]

Legal protection was another infrastructural requirement of geriatric health. In policy-making for the older people health, their specific problems and characteristics had not been properly and carefully considered, and this was not studied well in previous studies.^[4] The lack of cooperation between different levels of power was one of the most important aging issues and of particular importance for meeting some aging challenges.^[32] The results of two studies showed that there was no official support for geriatric health promotion policies in Iran.^[29,33] A review of Iranian laws and regulations showed that only 1% of the approved laws were related to the older people, of which 57% were economic, 77% were social, and 15% associated with welfare and health, and most of the approvals were scattered or in the form of executive regulations of the government and organizations.^[34] Despite the prediction of very rapid growth of the older population in the coming decades in Iran, organizing the older people's affairs does not have sufficient legal support. According to principle 29 of the Constitution of the Islamic Republic of Iran, the government is obliged to provide necessary services and financial support for retirees and older people to enjoy social security and health services. Unfortunately, despite the approach of the older population explosion phenomenon in the country and the need for legislators to pay more attention to demographic changes, the law on organizing and protecting the older people is not included in the law on the Fifth Development Plan.^[35]

Evidence-based policy-making and the need for planning were another sub-theme of geriatric health infrastructural requirements. In low- and middle-income countries where high rates of mortality and infectious disease are often observed, evidence of health system interventions for the older people and evidence-based responses are often not available or applicable.^[36] Identifying evidence-based practices should be considered as a starting point for improving the quality of the older people healthcare.^[37] Evidence-based or evidence-aware policy-making plays an important role in developing appropriate policies to promote the health of the older people. According to research, making decisions without sufficient attention to evidence might lead to problems with effectiveness, efficiency, and justice in health systems and might also prevent health services from reaching the target community and those who need them most.^[38] Demographic and epidemiological transition in developing countries has made problems for the researchers in these countries due to the lack of required data and valid evidence.^[12] Given that the older people are not aware of how to have a healthy life, their diseases have increased, and this has made proper planning necessary to prevent disabilities in the older people in the country. otherwise, there will be a large number of disabled older people in the future who will impose a heavy burden of illnesses and medical expenses on the Ministry of Health and insurances.^[39] Despite special attention to the health of the older people in the last decade, older people health programs in Iran can be described as case programs lacking strategic orientation and inter-sectoral communications.^[40] According to the results of some study, the policies, programs, and plans for the older people health care in Iran are incomplete.^[16] Geriatric health programs in Iran should focus on meeting all the needs of the older people with a balanced approach.^[41] In fact, planning for the health of the older people has been one of the growing concerns of recent decades.^[32]

Another infrastructural requirement was geriatric information and statistics management. The basis of any correct decision and policy-making on health is the existence of accurate information about the policy target group and awareness of their health status. There is scattered information available on the health status of the older people which has already been prepared and is currently being prepared in various units. If there is a comprehensive geriatric health information system, the data can be organized in the form of a system to meet the information needs of all organizations involved in the health of the older people.^[4]

Technology development in providing services to the older people is another infrastructural requirement in promoting geriatric health in Iran. The possibility of

regular clinical evaluations and recording the results of the reports in electronic files has made it easier for the older people to communicate with health care professionals instantly and remotely.^[42] Information technology for the older people can help facilitate the provision of health services in various aspects, because information and communication systems have provided the way for the provision of such services not to be limited to specific and fixed locations any more. Development of communication tools has also made it possible to provide primary health care in people's homes. It provides the opportunity for the older people to actively participate in daily work as useful citizens and have a more satisfying social life and leisure. If they learn how to use information technology with appropriate educational methods, they will have access to a wide range of facilities such as communications, entertainment, things they could not do before, and their needs. It will help them to spend this age with better physical, mental, and social health status.^[43]

Education, research, and supply of required human capital was another item considered as an infrastructural requirement. In one study, the shortage of specialized personnel was mentioned as a challenge of older people health care.^[29] Educated workforce is one of the main infrastructures needed to implement geriatric care programs at all levels, and Iran is facing serious shortcomings in this regard.^[16] Along with the increase of the older population on the one hand and the greater vulnerability of the older people against diseases and their health, treatment, rehabilitation, and care needs on the other, it seems necessary to train sufficient human resources specialized in geriatric health, treatment, and care.^[1] Although the Master of Public Health (MPH) of gerontology, geriatric health, and aging majors has been launched in the country, their admission capacity is far from the real needs of the country. Furthermore, teaching geriatric medicine to family physicians or geriatricians has significant shortcomings and there is not enough expertise required for the health of the older people in the country.^[35]

Requirements for providing geriatric health services

Another theme of the results of this study was the requirements for providing geriatric health services. One of the requirements for providing geriatric health services was the development and strengthening of diagnostic services. In order to provide specialized services to the older people, it is necessary for the health care system to make appropriate changes in the structure and process of providing services to this age group. It is also essential that the nurse service system, which is primarily responsible for patient care, undergo fundamental changes in the care of this vulnerable group.^[16] According to the WHO's

Active Aging Policy Framework, as the population grows, all countries will need ongoing and comprehensive care with an emphasis on health promotion and preventive care for their older population.^[44] Some part of the results of a study in Iran showed that the lack of knowledge and attitudes about care for the older people, the lack of knowledge about diseases, treatment and care, and the lack of knowledge about the scope and role of specialists in geriatric care were among the challenges of older people health care in Iran.^[29]

Development of spiritual health services was another requirement of the older people health services. Spirituality and its outcomes are a powerful resource in one's life to enable them to adapt to individual needs and changes in old age.^[45] Research has shown that paying attention to spiritual forces as a need that gives indescribable peace, strength, and vitality to the older people is of great importance. It has been emphasized that the care and treatment team should be aware of the importance of religious needs in different cultures and consider it in the care for the older people. This requires identifying the spiritual needs of the older people.^[46] Efforts have been made in recent years to improve the spiritual health of the older people in Iran, but there is still a long way to reach the ideal point.^[47]

Development of rehabilitation and medical services was another sub-theme of the requirements for provision of geriatric health services. The results of a study in Iran indicated that one of the challenges in continuing to provide health care services to the older people in Iran was medical care and rehabilitation challenge. According to the study by Khodabandeh Shahraki *et al.* (2018), there was no relationship between preventive, treatment, and rehabilitation care for the older people in Iran. Due to the increase in the older people in Iran, development and equipping of hospitals with geriatric care units and wards would be a significant need.^[29] The results of a study by Hanoch and Rice (2006) that examined government policies to provide health and wellness services to the older people showed that government policies for the establishment of care centers and provision of geriatric healthcare services could be one of the effective factors in improving the quality of geriatric services. This would in turn require policies for creating and providing health facilities for the older people, and launching at least one set or a complex set of geriatric care services for an effective measure in this regard.^[48]

Health management requirements

The last theme of the study results was geriatric health management requirements, including performance monitoring and measuring. Comprehensive assessment of older people's health is the best known strategy to identify and then decide on treatment planning for

the older people. Through a comprehensive health assessment, it will be possible to assess the mood, cognitive status, types of comorbidities, the risk of falls and functional status, and nutritional status of the older people.^[49] The older people health program in Iran should focus on meeting the health needs of the older people by adopting a broad and integrated approach in a balanced way and through continuous monitoring of their health status.^[41]

The other sub-theme of geriatric health management requirements was needs assessment and analysis of the current situation. The older people often have complex and unknown needs, and in addition to physical disorders, they have psychological, social, environmental, and health-related problems.^[50] Thus countries like Iran that will face significant older populations in the future should prepare themselves for the management of the aging wave in the next few decades by analyzing the current situation.^[51] In Iran, the lack of assessing the needs of the older people in the health care system is seriously threatening the older people status.^[52]

Identifying the real needs of the older people and planning to provide them with better services more practically can be considered as one of the requirements of monitoring and executive centers providing services to the older people. In addition, a comprehensive need assessment can help health and social services focus on identified and specific needs.^[53]

Conclusion

An analysis of upstream documents in the field of older people's health showed that several categories of requirements had been considered by the older people health policy makers in Iran in order to promote aging health care. The identified requirements could be used as a practical guide for Iranian policymakers to promote aging health policies in the country, and by providing sustainable financial resources on the one hand and creating necessary infrastructures on the other, provide the way for better management of the older people's health and provide the conditions for aging health promotion through their awareness of necessary requirements. The results analyzing the older people health documents also showed what requirements had been mentioned by policymakers in the macro-policies of the country and in the health system, what policies they had taken into account, and what necessary policies they had ignored to formulate policy documents. The results of this study somewhat showed the gaps that existed in policy documents in the field of aging health, which needed more attention. These results can be helpful in the review of upstream older people health policy

documents by policy makers in order to better promote the health of the older people and provide the way for new policies to enter the agenda of policy makers.

Limitations and strengths

It is not possible to show all the facts about the policies by documents alone. Therefore, using other methods of data collection, such as interviews or observations in further qualitative studies can help researchers achieve more comprehensive information and better understand the policies.

The strengths of the study were: First, this study has analyzed and reviewed all existing documents related to the older people health care in all policy-making organizations, as well as at all policy-making levels in Iran. Second, this study has designed and proposed a specific framework conceptual for the existing policy requirements in geriatric health documents in Iran.

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Conflicts of interest

There are no conflicts of interest.

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