Health and Long-term Care of Older Persons in India

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Population: ≤1.3 billion
Median age: 23 years
60+: 8.5% / 110 million
75+: 2% / 25 million
Format of presentation

• Demographic trend and socio-economic implications
• Policies and programs
• Social welfare for older persons
• Health status and health care provisions
• Education and training of care providers
• Home care and long term care
• Alternatives in accommodation
• Palliative care in end of life situation
• Civil society organization
• Research
• New initiatives
• Challenges and opportunities
Demographic trend and Socio-economic implications

• The older population, particularly the very old (75+) is the fastest growing segment in the population of India.
• The total population will rise by 60% between 2000 and 2050
• The number of 60+ people will rise by 360%.
  (UNFPA and Help Age International report)
• The number of older people will rise to 323 millions in 2050 (> 20% of the population)
Demographic trend and Socio-economic implications

Number and proportion of the older people in India, 1961-2051

<table>
<thead>
<tr>
<th>Age</th>
<th>Number (in Millions)</th>
<th>Percentage of elderly to the total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>25</td>
<td>77</td>
</tr>
<tr>
<td>70+</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>80+</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>
Demographic trend and Socio-economic implications
Demographic trend and Socio-economic implications

1960

2001
Demographic trend and Socio-economic implications

2051

2100
### Demographic trend and Socio-economic implications

#### Index of Aging, Old Dependency, Potential and Parent Support, 2001 – 2051

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2011</th>
<th>2021</th>
<th>2031</th>
<th>2041</th>
<th>2051</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Age</strong></td>
<td>20.5</td>
<td>22.5</td>
<td>25.5</td>
<td>29.3</td>
<td>36.7</td>
<td>44.3</td>
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<tr>
<td><strong>Index of Aging</strong></td>
<td>21.1</td>
<td>27.8</td>
<td>34.0</td>
<td>45.7</td>
<td>56.5</td>
<td>69.3</td>
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<tr>
<td><strong>Young Dependency Ratio</strong></td>
<td>62.1</td>
<td>46.5</td>
<td>46.4</td>
<td>43.0</td>
<td>40.4</td>
<td>40.3</td>
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<tr>
<td><strong>Old Age Dependency Ratio</strong></td>
<td>13.1</td>
<td>12.9</td>
<td>15.8</td>
<td>19.6</td>
<td>22.8</td>
<td>27.9</td>
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<tr>
<td><strong>Potential Support Ratio</strong></td>
<td>7.6</td>
<td>7.7</td>
<td>6.3</td>
<td>5.1</td>
<td>4.4</td>
<td>3.6</td>
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<tr>
<td><strong>Parent Support Ratio</strong></td>
<td>7.2</td>
<td>6.7</td>
<td>7.7</td>
<td>8.2</td>
<td>9.4</td>
<td>13.3</td>
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</tbody>
</table>
Policies and programs

• National Policy for the Older Person (NPOP)- 1999
  - Under revision since 2011 (may not be revised by the new government)
  - National Commission with quasi judiciary powers – a possibility

• National Initiative for Care of the Elderly (NICE)

• Maintenance and Protection of Parents and Senior Citizens Acts 2007

• National Program for Health Care of the Elderly - 2011
Policies and programs

• Federal Government’s policies and programs to be implemented by State Governments
• Implementation not satisfactory
• Roles and responsibilities not clearly defined
• Lower place of older people in social sector programs
Social welfare for older persons

• Old age pension
  o Federal Government
  o State Government
• Subsidized/free food grains
• Higher interest rate in banks
• Lower Income tax (declining rates)
• Subsidies and facilities in public transport
• Special facilities in public premises
Health status and health care provisions

- Chronic disease
  - 55% in community
  - 97% among health seeking population
- Disability
  - 40% in community
  - 50% among health seeking population
- Acute health problem in preceding month- 87%
- Large burden of metabolic diseases
- Bed bound:
  - 8% above 60 years
  - 25% above 80 years
Education and training of care providers

- **Geriatric Medicine**
  - Four medical schools
  - Nine post-graduates per year
  - Mostly in public sector
- **No training activity in para-professionals**
- **Social gerontology**
  - Not very organized
  - Available in many universities
- **Training of formal care givers: in dementia care**
Home care and long term care

- A responsibility of the family (legally defined)
- Family care giver system under stress
- Informal and formal care givers
- Fraction of formal care giving reimbursed.
Alternatives in accommodation

• Old age homes

• Retirement accommodation

• Increasing interest of real estate sector in this age group
Palliative care in end of life situation

- Palliative care support: non existent
- Hospice care not very popular
- No legal sanction for any of the end of life directives
Civil society organization

- Few strong Civil Society Organization
- Help Age India:
  - Macro level operation
  - Major impact on policy formulation
  - Diverse service provision: disability, palliative care, cataract surgery, emergency response
- Senior Citizen Associations: pressure group
- Smaller NGOs: micro level operation
Research

• LTC research is scant

• Limited to Social Science academics

• Very little health and health system research

• No data on economics of old age care
New Initiatives: Focus on 75+

- The New NPHCE: changed priority
- 50% of all NPHCE beds
- Home care program
  - Additional manpower
  - Budget for home care intervention
  - Protocol
  - Training
- Screening for early diagnosis & mandatory assessment
- Influenza and Pneumonia vaccination for selected group
- Integration with AYUSH system (alternative medicine)
- Promotion of Yoga
- Health education for care givers
- Research: greater focus on 75+
New Initiatives: Private Sector

- Sheltered accommodation in post-retirement housing projects
- New found interest by start up cos
- New business ventures
  - Provision of home health care: Visit by doctor, access to lab services, transport to hospital, imaging centers, appointment for surgery, nursing services in home settings
  - Acute care in home setting
  - Long-term care: prolonged post-acute care
  - Long-term care: dementia care, post stroke care
New Initiatives: Private Sector

• New found interest to be community physician but with a defined business model
• Urban phenomenon: metro cities, limited to South India
• Major cost implications
• Not covered by reimbursement
• Directed at:
  o middle class/ upper middle class income groups
  o parents of working couples with resources
  o Parents of non-resident Indians
Long Term Care in India

- **Challenges**
  - Lack of policies and programs on LTC
  - Resources vs. Number
  - Lack of manpower
  - Lower priority

- **Opportunities**
  - Learn from others
  - Innovation
  - Start with out any baggage of past
  - Target youth of today to be prepared for future
  - Strength of family as resource