# Age-Friendly Primary Health Care Services: Emerging Need in India

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**Abstract**

The population of elderly is growing at a faster rate all over the world. India's population aged 60 and older is projected to increase dramatically over the next four decades, from 8 percent in 2010 to 19 percent in 2050. Increasing age has serious consequences on health status, social support mechanism and financial condition of the individual and the family. Primary health care providers can play a critical role in providing elderly health care services in India. Age-friendly primary health care services can be a cost-effective option for elderly health care services in India. Age-friendly primary health care services foster health and well-being. They envisage accessible, equitable, inclusive, safe, secure and supportive health care services. They provide people-centered services and support them to enable recovery or to compensate for the loss of function so that people can continue to do the things that are important to them. There is a need for improvement of health care infrastructure at primary level, training of health personnel, improving the quality of health care services for elderly and to strengthen the provision of home-based health care for bedridden patients. Policy makers should take immediate measures to establish age-friendly primary health care services with wide range of interventions to promote and implement the concept of active ageing in India.

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## Background

The world population of elderly is growing up faster than any other times in past. As per World Health Organization (WHO), between 2000 and 2050, it is expected that proportion of the world's population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is expected to increase from 605 million to 2 billion. Similarly, the number of people aged 80 years or older will almost quadruple between 2000 and 2050 to 395 million.[1]

India too is not untouched by changing demographic trends. Government of India adopted 'National Policy on Older Persons' in January 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. In 2010, 8% of world's population i.e. estimated 524 million people were aged 65 or older.[2] According to the United Nations Population Division, India's population aged 60 and older is projected to increase dramatically over the next four decades, from 8 percent in 2010 to 19 percent in 2050.[3] With ongoing economic development and the consequent changes in family structure and relationships, the elderly lose their relevance and significance in their households and face problems. They are superficially respected, cared for and heard. Due to the above problems, the aged feel lonely, and this has a detrimental influence on health. This

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profound shift in the proportion of older Indians - taking place in the context of changing family relationships and limited old-age income support - will bring with it a variety of social, economic and health care policy challenges.

**Disease burden**

There is a paucity of community-based studies in India which can focus on the burden of diseases among elderly. However, few studies indicate that elderly suffers more from morbidity and mortality. A cross-sectional study carried in 2011 assessed various health problems and treatment seeking behaviour among elderly people in Andhra Pradesh. The study shows that around 68.5 % study subjects were having one or other health problems. 39.42% were suffering from locomotive disorders, followed by respiratory disorders (30.66%), hypertension (27.7%) and visual impairment (25.55%). 22.63% study subjects had diabetes mellitus. 19.71% study subjects had cardiovascular diseases. Around 75.91% study subjects were taking some treatment. The majority (66.35%) of them were taking allopathic treatment which means a very large percentage of elderly is using an alternative system or home remedies. Only 7.69% study subjects were found to be taking Homoeopathic treatment for their health problems. Around 41.35% study subjects were complying with their treatment regime. The most common reason for noncompliance was the high cost of treatment (39.34%) followed by a feeling of no need of medicine in 29.51% study subjects. Forget to take medicine was the reason in 16.39% study subjects.[4]

Similar results were found in another study conducted in 2007 Haryana and Chandigarh where out of 361 aged persons of Chandigarh, 311 (86.1%) persons reported one or more health-related complaints, with an average of two illnesses. The illness was higher among the females (59.5%) as compared to males (40.5%). The main health-related problems were disorders of the circulatory system (51.2%), musculoskeletal system and connective tissue (45.7%) cataract was seen in 18.6%. Hypertension was the most prevalent condition, and it was significantly more in females (46.4%) than in males (34.9%). Also, diabetes mellitus was significantly more in females (18%) than in males (6.4%. It was also found that loneliness was prevalent more in females (72.8%) as compared to males (65.6%). Loneliness was more prevalent among persons who lived alone (92.2%) as compared to those who lived with their spouse (58.9%) or when husband and wife lived with the family (61.4%). It was higher among the widows (85.2%) and widowers (75.8%) who lived with the family as compared to the aged who lived with the spouse (58.9%) and the aged husband and wife who lived with the family (61.4%).The health-related problems about circulatory system were higher in females (56.9%) in the "65+ years" age group as compared to males (52.1%) in the same age group. The disorders of the musculoskeletal system and connective tissue were also higher in females (49.4%) in the "65+ years" age group as compared to the males (39.4%) in the same age group. However, this problem was almost similar in either sex (about 45%) in the age group of "75+ years."[5]

**Consequences of old age**

***Healthcare***

The ageing of India's population will lead to increases in the prevalence of chronic conditions such as diabetes, cardiovascular diseases, hypertension, chronic respiratory diseases, arthritis, fractures, cancers, refractory errors and cataract, glaucoma and mental disorders like Alzheimer's disease, depression, dementia, etc. This will cause physical and mental disabilities affecting daily living. By one measure, nearly one-half (45 percent) of India's disease burden is projected to be borne by older adults in 2030, when the population age groups with high levels of chronic conditions will represent a much greater share of the total population.[6] This will put a great burden on existing health care facilities which is still not equipped enough to provide quality geriatric health care services.

***Social Support***

The changing trend of declining fertility leaving fewer children who remain with their parents to take care of them in old age; rural-to-urban and inter-country migration for employment and nuclear family preference are some factors for that compromise the social support system for elderly.

***Financial security***

The living conditions of a majority of older Indians remain poor. It is reported that about 65 percent of the aged had to depend on others for their day-to-day maintenance. Less than 20% of senior women were economically independent.[7] With low savings and little income support opportunities; older people become poorer with time. The escalating cost of healthcare is another

concern which will affect the financial security. Low awareness about social security schemes and bureaucracy make these schemes ineffective.

***Gender issues***

The high age dependency in India, especially in women who are usually unemployed, illiterate and poor, poses a big challenge for their survival. At the same time, women live longer than men, in India which makes them end up to a great numbers living without the spouse to take care of them.

**Vision for future**

**Age-friendly establishments providing primary health care**

***Concept***

It is estimated that 80% of front-line health care is provided at the community level where primary health care centres form the backbone of the health care system.[8] Thus primary health care providers can play a critical role in bridging the gap of elderly health care services in India.

Age-friendly primary health care services foster health and well-being. They are accessible, equitable, inclusive, safe and secure and supportive. They promote health and prevent or delay the onset of disease and disabilities. They provide people-centered services and support them to enable recovery or to compensate for the loss of function so that people can continue to do the things that are important to them. Such age-friendly primary health care services can be provided by the private practitioner, if they are willing to do so which will not only improve their practices but also fulfil their social responsibility and self-gratification.

**Components**

The Age-friendly primary health care services should encompass following components:

1. Improving the attitudes, education and training of primary health care providers so that they can assess and treat conditions that afflict older persons and empower them to remain healthy
2. Adapting primary health care management systems to the needs of older persons
3. Making physical access easier for older persons who may have mobility, vision or hearing impairments.

**Structure**

- ***Financing of health services:*** Health services can be supported fully by state so as to not to put a financial burden on elderly. If services are chargeable, they should be cost sensitive. The public-private partnership should be promoted. A scheme similar to Employee State Insurance Corporation should extend their benefits to all categories of employees in their old age. Health services delivered in local establishments with the help of community-based not-for-profit and voluntary groups can be promoted. The government should launch a scheme to encourage the private practitioners for providing age-friendly services through financial assistance, loan facilities, and by providing the vouchers, etc.
- ***Training and capacity building of primary health care providers***: In providing health services, it is important that the primary health care providers are well trained in prevention, control and management of health problems of elderly.

  Capacity building of primary health care providers should be strengthened for *diagnosis, management of chronic diseases* like non-communicable diseases including mental disorders along with *rehabilitation*. Health care providers should develop skills for palliative care for pain and distress during terminal illnesses.

  *Communication skills* of the health care providers should be developed so that emotional, psychosocial barriers can be overcome. All staff should receive basic training in age, gender, and culturally sensitive practices that address knowledge, attitude and skills.
- ***Quality health care services:*** The primary health care services should be of good quality including attitude and skills of staff, infrastructure and sustainability.
- ***Accessibility:*** Easily accessible health services with well-connected transportation facilities are essential. Easy accessibilities, especially during emergency situations, are of utmost importance. Co-locating health care services with other support services can be done. Within the health facilities, the design of the structural component and easy mobility should be ensured.
- ***Comprehensive health care services***: Whole range of preventive, promotive, curative and rehabilitative geriatric health services should be provided. Preventive health

checks, vaccinations, nutritional counselling, screening of diseases, counselling services, management of diseases including mental disorders, disabilities and palliative care should also be included. Support services like occupational therapy, physiotherapy, speech therapy, etc. facilities should be located in the same premises.

- ***Home based care and outreach services:*** For bedridden patients, facilities for home care and support should be provided with the help of trained nurses and paramedical staff. For elderly who are not able to reach the facilities, outreach sessions should be conducted for them. Caregivers of the elderly are a prime resource for providing healthcare and support. Family members of elderly and other caregivers need to be trained.
- ***Inter-sectoral coordination:*** Apart from health sector, other sectors like social development, transportation, housing, civil participation, human rights, legal system including police, etc. should also contribute to making age-friendly environment.[8]

**Impact of Healthcare to elderly**

Lehning et al. did a study to assess age-friendly environment characteristics which are associated with better self-rated health. Authors reported that, access to health care was associated with better self-rated health (p value<0.1) along with social support and community engagement.[9] Parchman ML also found that access to health care services is important to health outcomes because, among older adults who are in poor health, those who live in area short of health care providers are more likely to have a preventable hospitalization.[10]

As a part of WHO Global Network of Age-friendly Cities and Communities, a number of initiatives were taken for elderly in Manchester city. A broad program of healthy ageing initiatives; a sexual health program aimed at those in mid and later life; a training program for front-line staff on alcohol and ageing; the development of a "cultural offer for older people" involving 15 arts organizations aiming to promote activities for older people, especially those in disadvantaged communities; and campaigns to promote entitlement and benefit take-up were some of the initiatives.[11]

Very few studies have been conducted till now for community-based care for elderly. Dongre et al published one study which evaluated the effect of perceived quality of life in the elderly in community-managed palliative care program in the 46 villages of Tamil Nadu, India. It was found that mean score for perceived physical quality of life in the project area was (10.47 ± 1.80 SD) high than the mean score (10.17 ± 1.82 SD) in the control area ($P$ = 0.013) and the mean score for psychological support (10.13 ± 2.25 SD) in project area was high than the mean score (9.8 ± 2.29 SD) in control area ($P$ = 0.043). The authors concluded that the model of "community-managed" palliative care program could improve perceived physical quality of life and psychological support among the elderly.[12]

**Indian scenario**

The population over the age of 60 years has tripled in last 50 years in India. In 2001, the proportion of older people was 7.7% which will increase to 8.14% in 2011 and is expected to rise to 8.94% in 2016. According to 2001 census, there were 75.93 million Indians above the age of sixty years. The projections for next censuses are 96.30 million (2011), 236.01 million (2041) and 300.96 million by the year 2051. However, very little effort has been made to develop a comprehensive model of health care for elderly to respond to the need of changing time. The Government of India came out with the National Policy for Older Persons in 1999 to promote the health and welfare of senior citizens in India. It has provisions for establishing geriatric ward for elderly in district levels hospitals, strengthening of health care system, including geriatric medicine in medical education, training of caregivers and promoting research.[13]

The National Program for the Health Care for the Elderly (NPHCE) was launched subsequently with the vision to provide accessible, affordable and high-quality long-term, comprehensive and dedicated care services to ageing population; creating a new "architecture" for ageing; to build a framework to create an enabling environment for "a Society for all Ages;" and to promote the concept of active and healthy ageing. This program also calls for providing comprehensive health services through community-based primary health care (PHC) approach along with the capacity building of health professionals and caregivers.[13]

**Operational issues**

- ***Lack of trained health care providers:*** There is a lack of primary health care providers with sufficient skills for providing age-friendly primary healthcare services. The government must ensure that sufficient human resource is developed in the country to handle elderly needs. Medical and nursing colleges should

include in their teaching curriculum the identification and management of elderly problems. Institutions such as Indian Medical Association, Geriatric associations and society should start courses for on elderly care for caregivers and family members.

- ***Lack of funds:*** There is a shortage of funds for building infrastructure for age-friendly infrastructure and health care services under a single roof.
- ***Lack of awareness among elderly about services and facilities available to them:*** One of the major barriers among elderly population is not being aware of health care services availability, accessibility and other special schemes for elderly. If they not known to beneficiaries, they are unlikely to be useful and effective.
- ***Lack of operational research in geriatric health:*** There is a lack of different models of providing age-friendly health care services in India. There is urgent need to conduct large-scale operational research covering different aspects of geriatric health care services so as to implement cost-effective and sustainable models of geriatric health care delivery.

Developing primary health care services responsive to the needs of older people is a major public policy concern in India. Thus, the need of the hour is to establish an age friendly environment in which primary health care services provided by trained health professionals in a conducive environment will be a crucial part. Policy makers should take immediate measures to establish age-friendly primary health care services with wide range of interventions to promote and implement the concept of active ageing in India.

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