

Envisioning age friendly health systems for India: A health policy imperative!

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Prof. Allen P Ugargol, Centre for Public Policy, Indian Institute of Management Bangalore (IIM-B) emphasises that for most low and middle income countries (LMICs) who are yet to emerge out of the sequelae faced by rapid population growth and whose significant investments have been geared towards maternal and child health focused initiatives, it is probably difficult to envision another age-group requiring immediate attention and support

As the world silently passed the 8 billion population mark, the realisation that the most pertinent challenge faced by much of the world today of demographic change, mainly population ageing, is becoming clearer. While it is no doubt a matter of accomplishment that through a combination of medical and technological innovations, sustained efforts in education, improvements in mobility, infrastructure and economic growth-longevity is increasing and rightfully so. However, while increase in life expectancy is an evolutionary reflection of all these improvements and hence an achievement, unfortunately for many countries the outcome of population ageing is thought of as a challenge and a problem to deal with. For most low and middle income countries (LMICs) who are yet to emerge out of the sequelae faced by rapid population growth and whose significant investments have been geared towards maternal and child health focused initiatives, it is probably difficult to envision another age-group requiring immediate attention and support.

We are currently in the UN Decade (2021-2030) of Healthy Ageing where the WHO is leading the implementation by forging a global collaboration bringing together governments, civil society, international agencies, professionals, academia, the media and the private sector to bring about a concerted, catalytic

and collaborative action to foster longer and healthier lives. This decade builds on the WHO Global Strategy and Action Plan and the United Nations Madrid International Plan of Action on Ageing and supports the realisation of the United Nations Agenda 2030 on Sustainable Development Goals. The decade attempts to reduce health inequities and improve the lives of older adults, their families and communities by changing how we think, feel and act towards age and ageism; developing communities in ways that foster the abilities of older adults; delivering person-centered integrated care and primary health services that are responsive to older adults; and providing older adults access to quality long-term care.

The assurance and provision of quality healthcare for older adults under The National Programme for Health Care of Elderly (NPHCE) can be appropriately upscaled to be made more effective, patient-directed, and one that can not only provide quality services for older adults but also supports their caregivers. Building on the initiative of the WHO in this regard, the Institute for Healthcare Improvement (IHI, 2019) came up the 4M Framework. The '4M model' stands for – what matters most, mobility, medications and mentation framework. This is a simple, creative way to bring together evidence-based guidelines that offer effective models of geriatric care in today's world. The 4M model accounts for the multimorbidity that ageing brings and hence helps make services gear up for this demand. 'What Matters Most' refers to provisioning person-centered care with person-centered goals of care which is a major goal of geriatrics. This helps conceptualise value-based care for older adults. 'Mobility' relates to the importance of function to health and quality of life in older adults and how to avoid the potentially devastating consequences of falls. 'Medications' here

relates to the justified and judicious use of medications such that unnecessary, harmful or polypharmacy prescribing are avoided. 'Mentation' relates to the cognitive and affective disorders that are widely prevalent among older adults. Depression is known to affect physical health, is associated with cognitive impairment and dementia, and may reduce adherence to interventions – hence mentation needs to be assessed periodically.

The National Program for Health Care of the Elderly (NPHCE) in India offers a suitable template for scaling up services and provisioning for preventive, curative, management, and rehabilitative healthcare needs of the older adults and efforts in this direction can be a step towards an age-friendly health system response. When developing such age-friendly health system initiatives, it is vital to include the older adult and the family in the decision-making process and focusing on both the medical as well as the psychosocial factors. Health system models that are value-based, improve access to and ensure continuity of care, improve patient's experience of the healthcare process, improve the quality of care and decrease costs are appropriate.

It is also imperative again to prepare, train and equip a diverse group of interdisciplinary, integrated health and behavioral health workforce to advance healthy ageing, address the social determinants of health and be able to recognize and provide care to older adults. Investing in, educating and providing avenues for an ecosystem of geriatric health professionals such as audiology and speech therapists, physiotherapists, gerontologists, occupational therapists, personal care workers, home health aides, nursing assistants, pharmacists, physical therapists, psychologists and social workers, etc., are recommended. Inter-professional degree programmes combining public health and social work

for example will be quite useful for augmenting community-oriented geriatric care services. Age-friendly health systems can pivotally improve the quality of life of senior citizens in India and this is an imperative.