Catalysing & Reforming Senior Care in India
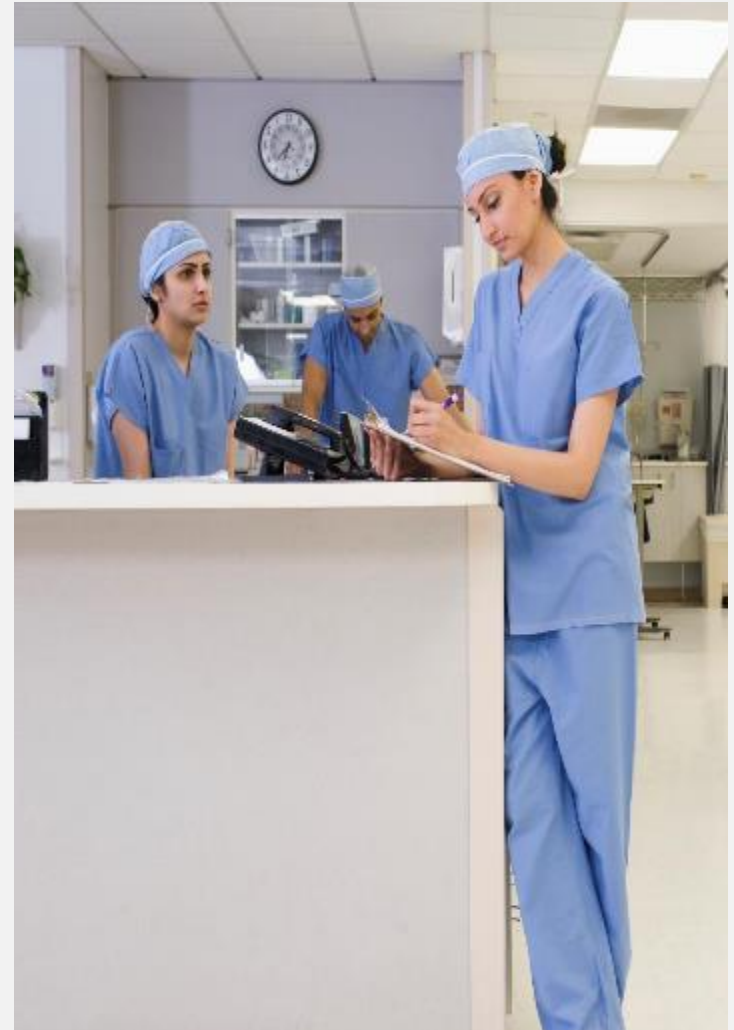
January 2022

Contents

- Regulatory & Policy reforms

- Financing care

- PPP

- Capacity building

- Tax subsidies

- Active & healthy ageing

The ageing population in India

- Currently, India enjoys a young population dividend, in the next few decades the ageing population is set to grow to **~330 million individuals by 2050**

- The growing elderly population, increased life expectancy, improved affordability, shifting disease burden & changing family structures are driving the need for senior care both medical & non-medical

- With increasing ageing population, there will be an **increase in demand for care and resources**. A strong policy framework, mechanisms for financing of care and an elder welfare ecosystem involving both in the public and private sector can help the Indian elders live a healthy and enriching life in their silver years

- As the elderly are set to form ~20% of the country's population in the next 30 years **it is imperative we act now**

Global trends in senior care

- The burgeoning ageing population across the globe have **added pressure on publicly funded, institution-based care ecosystems** forcing govts. to adopt **newer models of care financing as well as improve efficiency** of care delivery & financing to avoid ballooning of elder care costs

- Elderly around the globe now **prefer ageing at home while remaining active** contributors to their communities & the society

- Countries are increasingly **involving the private sector in financing and care delivery & community & home based care models** for the elderly in order to reduce the burden on public resources

- Mature senior care ecosystems are focussing on **innovative solutions** like digital tech, remote care delivery modules, early response using AI & ML, technology to make the home environment safe & secure etc. This boost to the disruptive technologies is aimed at building efficiencies and improving outcomes & quality of life

Executive Summary (2/3)

Increasing senior focus in India

- Progressive comprehensive schemes by government such as **National Programme for Health Care of the Elderly (NPHCE) and National Action Plan for Senior citizen (NAPSrC)** have been announced but have limited focus on non-medical care, home-based senior care and emerging innovations in the space

- **Voluntary organizations & self-help groups** provide non-medical care & operate old age homes in semi-urban & rural areas

- Although senior focused **private health insurance** is available, their **uptake estimated to be as low as <2%** , which mostly includes medical care on hospitalization

- **Non-medical care needs is primarily financed out of pocket**, unless delivered in govt. or NGO-run old age homes /daycare centers or other facilities

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Senior care in India

- The elderly are a heterogenous group of people with diverse health needs & financial means at each stage of the ageing lifecycle, this necessitates tailored solutions & interventions for their welfare

- In India various **senior care formats** have evolved over the years to address the specialized needs for the elders:

  - Independent & assisted living facilities, Home-based senior care, Senior rehabilitation services, hospice care & Community-based care

  - The sector is witnessing steady growth in no. of providers & facilities as well as emergence of new formats of care. A **regulatory framework, licensing & accreditation guidelines** are required to regulate the industry as well as ensure high quality of care delivery
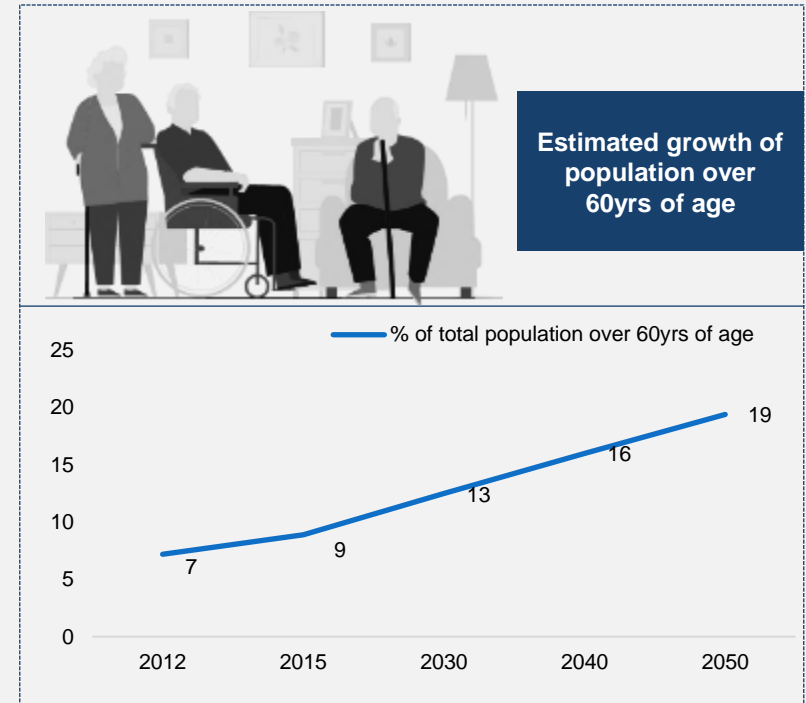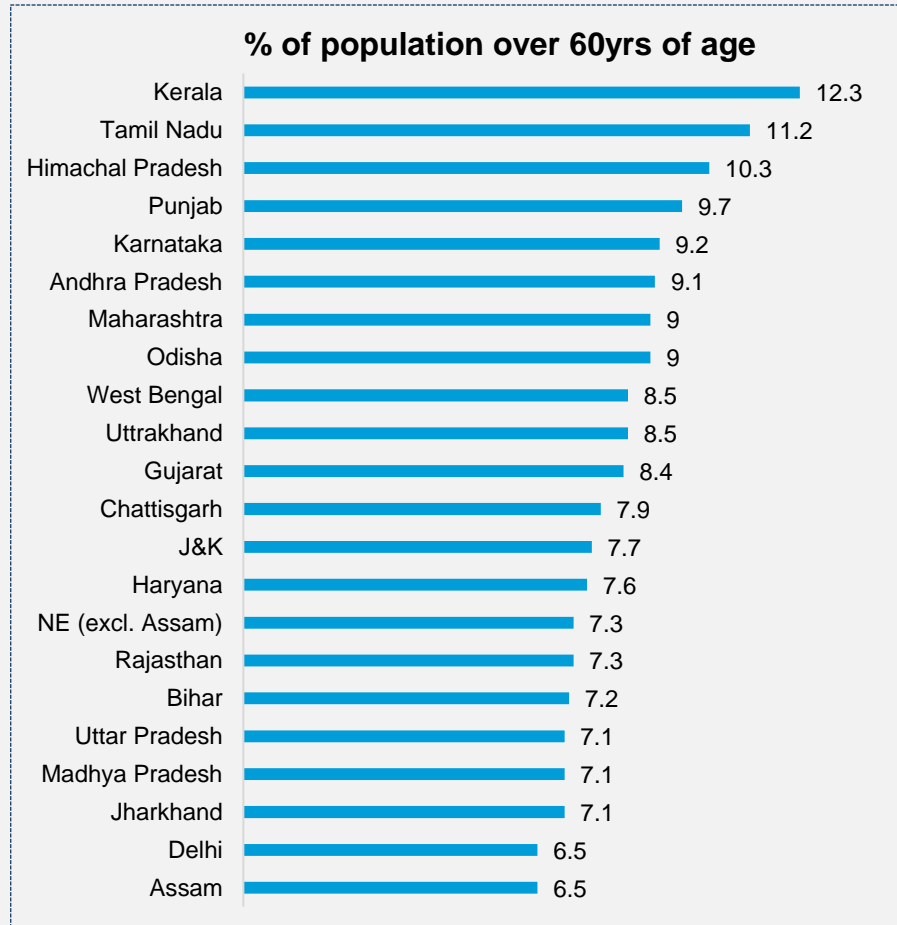
The right support & impetus could help transform the Indian senior care landscape

- The recommendations are focussed around 6 moats;

   1. **Regulatory & policy reforms –** A **single governing body & national mission** for senior citizen welfare backed by a **national portal** for the elderly to place the power of choice in the hands of the consumer. **A fair & participative regulatory framework** to support development of private sector & provides the much necessary market stewardship

   2. **Financing of care** - A mandatory/tax-incentivized **health saving plan/scheme** from early ages, **private health insurance reforms** to increase enrolment & provide comprehensive cover for all the aspects of senior care. **Building in efficiency measures in financing & care delivery** to ensure optimum utilization of public funds & infrastructure

   3. **PPP synergies** – Identifying areas of for **PPP models & a robust framework for PPP** could help boost private sector investment, augment public capacity while improving efficiency and facilitate care access to all senior citizens

   4. **Capacity building – Workforce & digital infrastructure capacity building** to support a growing industry with skilled and trained manpower for provision of highest quality of care to all

   5. **Tax subsidies** - Tax impetus to providers & consumers of senior care services & products, the SCWF as a corpus for funding senior welfare & tax benefits to entrepreneurs & start-ups in the space to help development of the space

   6. **Active & Healthy ageing –** WHO focus on healthy & active ageing & GoI focus on 'Ageing in Place' could be supported by creating a home environment, community support system and an larger ecosystem focused on elder welfare, to help the elderly optimize opportunities for living a healthy and productive life while also reducing the cost of care burden
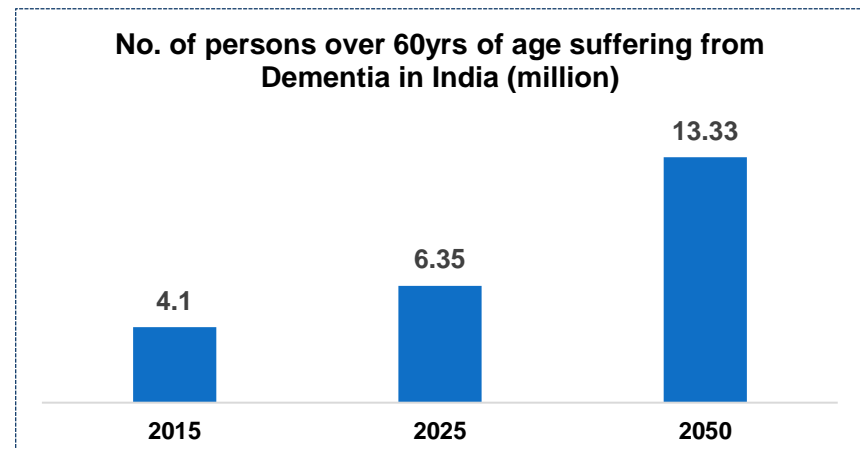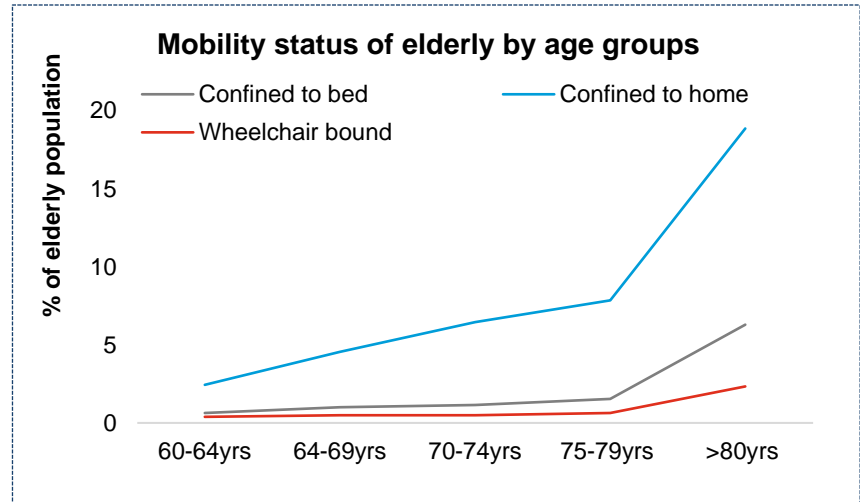
Population ageing in India

While an ageing population is considered a great public health success story and a sign of social & economic development, it also results in a demographic shift from a young to an ageing country

% of population over 60yrs of age

State	%
Kerala	12.3
Tamil Nadu	11.2
Himachal Pradesh	10.3
Punjab	9.7
Karnataka	9.2
Andhra Pradesh	9.1
Maharashtra	9
Odisha	9
West Bengal	8.5
Uttrakhand	8.5
Gujarat	8.4
Chattisgarh	7.9
J&K	7.7
Haryana	7.6
NE (excl. Assam)	7.3
Rajasthan	7.3
Bihar	7.2
Uttar Pradesh	7.1
Madhya Pradesh	7.1
Jharkhand	7.1
Delhi	6.5
Assam	6.5

Estimated growth of population over 60yrs of age

% of total population over 60yrs of age

Year	%
2012	7
2015	9
2030	13
2040	16
2050	19

- India will begin its transition into an ageing society by 2041 when the demographic dividend or population in the age group 20-59 yrs, peaks at 59% of total population.

- Around the same time the ageing population (60+ yrs) is set to grow to 16% of the total population and increase to ~19%, ~330 million individuals by 2050

The average Indian at 60yrs of age expects to live another 15yrs, with the highest rate of ailments & hospitalization amongst all age groups and decline in mobility as they age
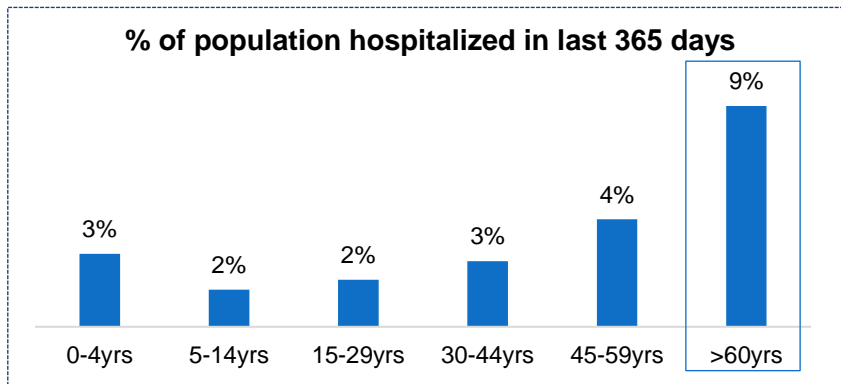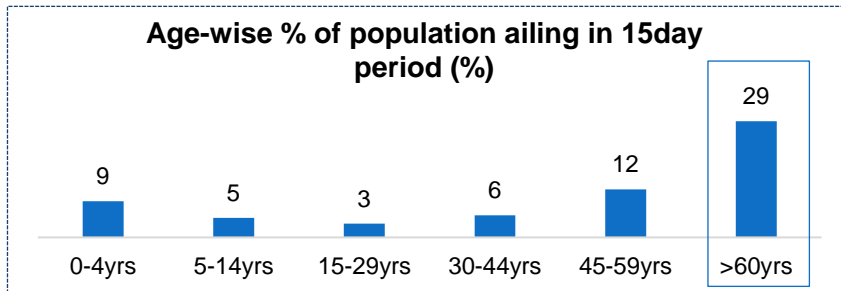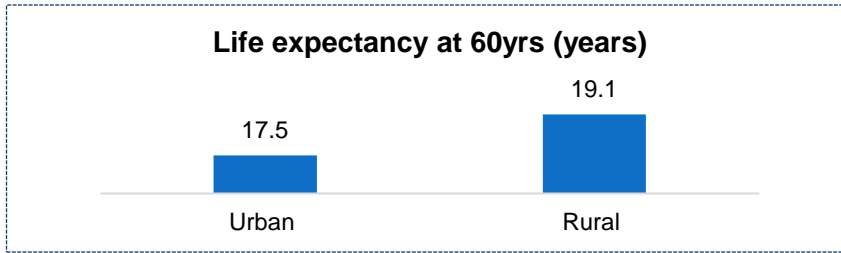
Life expectancy at 60yrs (years)

- Urban: 17.5
- Rural: 19.1

Age-wise % of population ailing in 15day period (%)

- 0-4yrs: 9
- 5-14yrs: 5
- 15-29yrs: 3
- 30-44yrs: 6
- 45-59yrs: 12
- >60yrs: 29

% of population hospitalized in last 365 days

- 0-4yrs: 3%
- 5-14yrs: 2%
- 15-29yrs: 2%
- 30-44yrs: 3%
- 45-59yrs: 4%
- >60yrs: 9%

Mobility status of elderly by age groups

% of elderly population

- Confined to bed
- Confined to home
- Wheelchair bound

Age groups: 60-64yrs, 64-69yrs, 70-74yrs, 75-79yrs, >80yrs

No. of persons over 60yrs of age suffering from Dementia in India (million)

- 2015: 4.1
- 2025: 6.35
- 2050: 13.33

Increasing life expectancy, improving standards of living, shifting disease patterns & changing family structures in India pose a unique set of challenges for policy makers

1. Increasing healthcare needs will add significant **pressure on the already strained healthcare system & also increase the healthcare & OOPE spend**

2. Lack of transition and long-term care facilities leading to **utilization of specialized beds for non-specialized care** (both in private & public facilities)

1. Lack of standardized regulations & treatment guidelines and referral leads to poor outcomes **affecting quality of life & causing greater dependence**

1. Poor awareness on physical & mental wellness, access & affordability of non-medical care **prevents seniors from being active contributors to society**
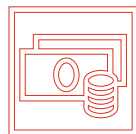
1. Poor financing of care and no available insurance coverage for non-medical care & home care leads to greater OOPE placing **financial burden on the family and communities**
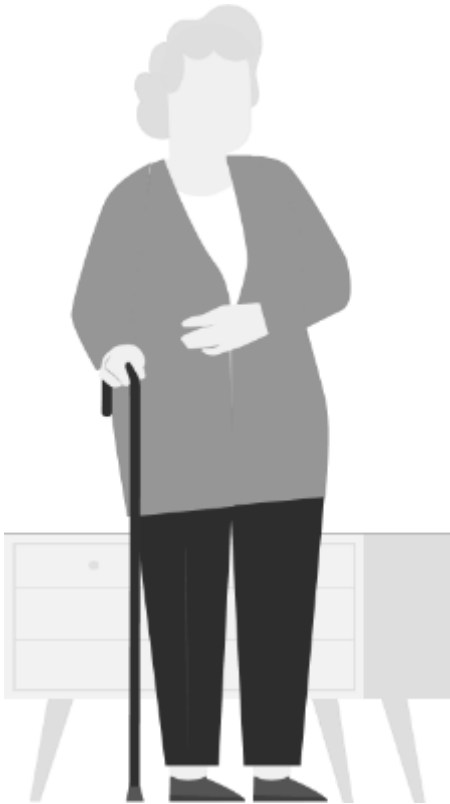
Source: Data analysis

The elders amongst us

The Indian elderly are a vulnerable group, prone to chronic health conditions, isolation leading to loneliness & financial dependence

Emotional & Cognitive

1 in 2
elders suffer from loneliness

20% elderly need psychological counselling

10x
Undiagnosed depression is at 8.3%, while reported cases are only 0.8%

Mobility & Disability

11%
Elders have at least 1 form of physical or mental impairment

37% elderly have low visual acuity

43%
Elderly use aids or supportive devices

Awareness & Knowledge

~45%
Of elders are not aware of govt. schemes

<28%
Of elders are not aware of senior citizen concessions

12%
Of elders are not aware of Maintenance and Welfare of Parents and Senior Citizens Act-2007

Financial

43%
Elders are fully financially dependent on others

67%
Female elders are fully financially dependent

78%
Elders neither receiving nor expected to receive any pension

Living arrangements

18%
Elders live alone or with spouse

20hrs per week
On an average is spent by an elderly on care giving for grandchildren

Health Status

25% of elders suffer from more than one chronic condition at a time

23%
19%
Prevalence of falls & injuries is higher in elders

20.7% RSBY
~7% Others
26% Elders covered by health insurance coverage

Catalysing & Reforming Senior Care in India

January 2022

The voices of the elderly recorded in various international surveys highlights 4 key issues of the elderly across the globe

The main concerns of the elderly globally can be categorized as follows;

Participation and contribution – In developed countries, elders wish to participate politically by voting in elections as they are aware of their political power. However in developing countries, **elders wish to be active and valuable participants in their families and communities.**

Enabling and supportive environment – The key concern of elders in developing countries in rural & urban areas were **safety & accessibility of public transport, priority access to public services**, **abuse, neglect** when elders are dependent on family & role of the **media in portraying elders** in negative light.

Income security – Elders find it difficult to get productive employment, often as consequence of age discrimination, with high levels of unemployment even in the younger generations, health problems, and sometimes a lack of qualifications or poor working conditions. Elders also have poor access to credit. Elders believe **access to pension and free/affordable healthcare** is most beneficial in their old age, while pension recipients are concerns about eroding value of low pensions due to inflation and increase in prices of goods & services.
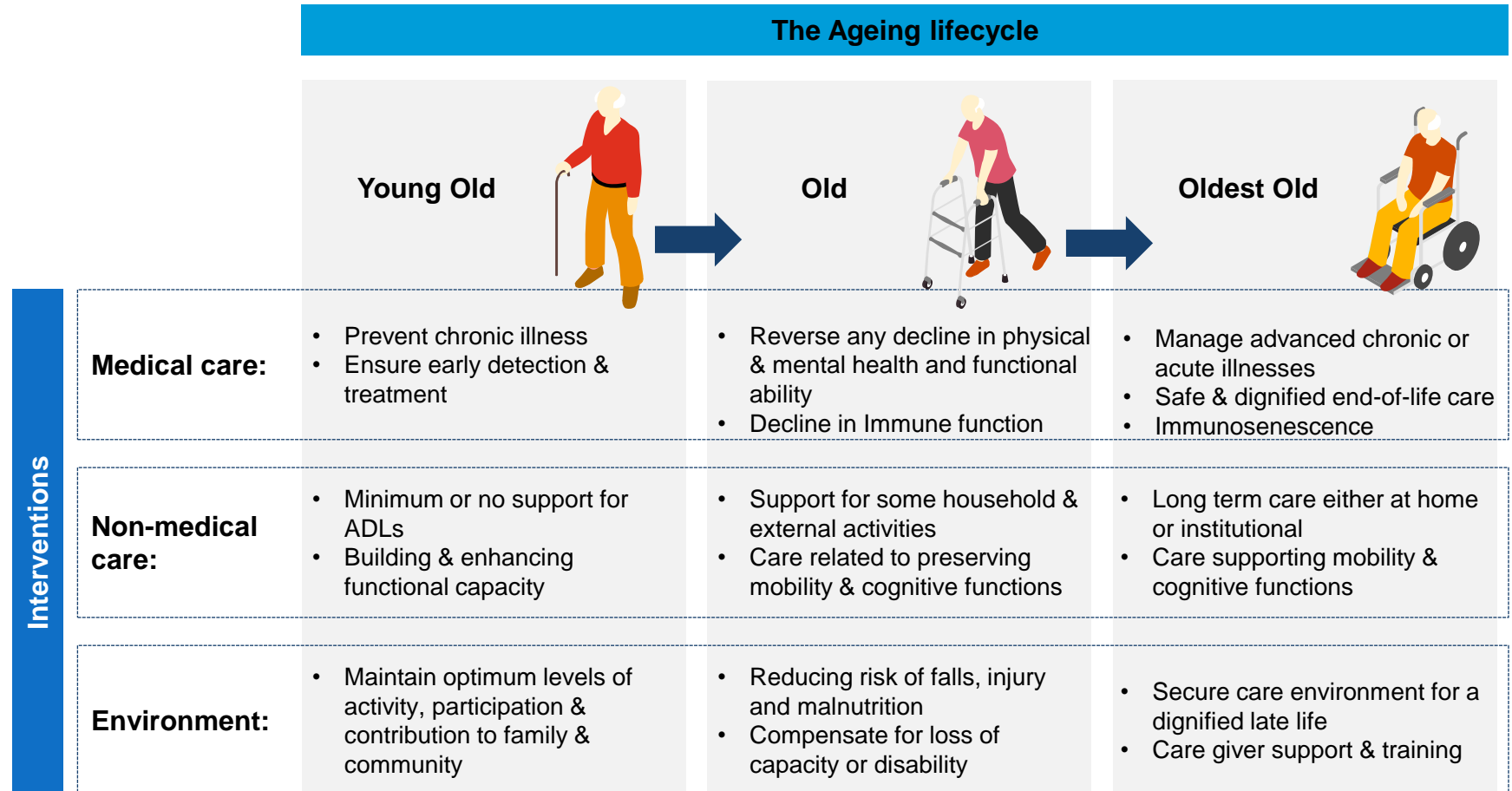
Health in old age – **Disconnected health policies, poor access and high cost of medicines, equipment & healthcare services** in most developing countries. **Attitude of HCWs** is also a concern as most age-related conditions are treated lightly by most HCWs

The elderly are a heterogenous group of people with diverse health needs at each stage of the ageing lifecycle necessitating tailored solutions & interventions

The Ageing lifecycle

	Young Old	**Old**	**Oldest Old**
Medical care:	• Prevent chronic illness • Ensure early detection & treatment	• Reverse any decline in physical & mental health and functional ability • Decline in Immune function	• Manage advanced chronic or acute illnesses • Safe & dignified end-of-life care • Immunosenescence
Non-medical care:	• Minimum or no support for ADLs • Building & enhancing functional capacity	• Support for some household & external activities • Care related to preserving mobility & cognitive functions	• Long term care either at home or institutional • Care supporting mobility & cognitive functions
Environment:	• Maintain optimum levels of activity, participation & contribution to family & community	• Reducing risk of falls, injury and malnutrition • Compensate for loss of capacity or disability	• Secure care environment for a dignified late life • Care giver support & training

(Left axis label: Interventions)

• Of the above WHO framework classifies elderly based on age

• The more **advanced global elder ecosystems use comprehensive robust needs assessment framework** which evaluates the citizens health status, disabilities, mobility, nutrition status, other non medical needs and environment to arrive at a integrated intervention set

Catalysing & Reforming Senior Care in India

A robust & inclusive senior welfare ecosystem addresses the diverse needs of the senior population to improve their quality of life & dignify their golden years

Medical Care

- Preventive & promotive healthcare
- Acute care for illness /injury
- Care for maintaining /improving functionality
- Mental & memory care
- Palliative & end-of-life care

Long term Care

- Hospice care
- Independent & Assisted living
- Transition care for chronic illnesses

Ageing Support

- At home – safe & secure environment
- Nutritional care
- Assistive devices & mobility support
- Caregiver support & education

Financial Support & Security

- Employability
- Social pension
- Healthcare insurance
- Insurance /pension to support OOPE

Socialization

- Specialized housing communities
- Active & healthy lifestyle
- Social & family participation & contribution
- Daycare / Recreational activity centers for social interaction

Senior living models have evolved to provide seniors with the required level of care and a safe home ecosystem for ageing; from long-term senior residential facilities to short-term and end-of-life care provision in specialized facilities

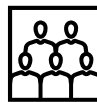| Institutional care (Long term)			Institutional care (Short term)	
Independent living	**Assisted living**	**Continuing care Retirement homes**	**Skilled Nursing**	**Hospice Care**
• Specialized real estate – senior apartments, condos, housing societies & retirement homes. • Hassle-free living with senior focused facilities & infrastructure • No medical services	• Senior focused living facilities with facilities to support non-medical care and support needs • Minimal support in daily living to help seniors function independently.	• Residential facilities that combine housing, services and health care • Independence with long-term health & supportive care • Multiple levels of Independent living, assisted-living and active care with skilled nursing care	• Skilled nursing facilities with intensive skilled medical & nursing care in institutional setting. • Facilities are equipped to handle individuals with 24-hour nursing needs either for short-term or long-term	• Specialized end-of-life and palliative care facilities outside the senior homes • Seniors with need for pain management, comfort care and medical interventions
Independent Senior	**Senior with need for non-medical support**	**Senior with deteriorating health**	**Senior with specialized medical care needs**	**Seniors with need for palliative medical care**

Increasingly seniors across the globe prefer home based care; providers offer various formats of care at home from clinical to non-clinical and long-term supportive care
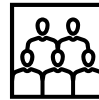
Home-based care			Specialized care	
Sub-acute care	**Supportive care**	**Community- based care**	**Senior Daycare**	**Mental & Memory Care**

Sub-acute care
- Pre-post acute or sub acute care delivered by skilled medical professionals
- Long-term rehabilitative care
- Support complex medical care needs of the chronically ill seniors

Home-based medical care for seniors

Supportive care
- Basic to intermediate medical care and all non-medical support needs. E.g. wound care, care of bed-ridden seniors, support for ADL, medication & nutrition support, home modification, etc.

Home-based medical &/or non-medical care –long term care

Community- based care
- Home-based care delivery with assistance of community-based facilities, volunteers and grassroots medical workforce
- Needs greater involvement of senior family caregivers in care delivery

Home-based medical &/or non-medical care –long term care

Senior Daycare
- Outpatient medical care for minor daycare procedures, rehabilitation & mental health
- Community based, daycare centers for senior focused activities for senior engagement & socialization

Independent & mildly dependent Senior

Mental & Memory Care
- Specialized facility or home-based care for seniors with Dementia & Alzheimer's
- Specialized memory care
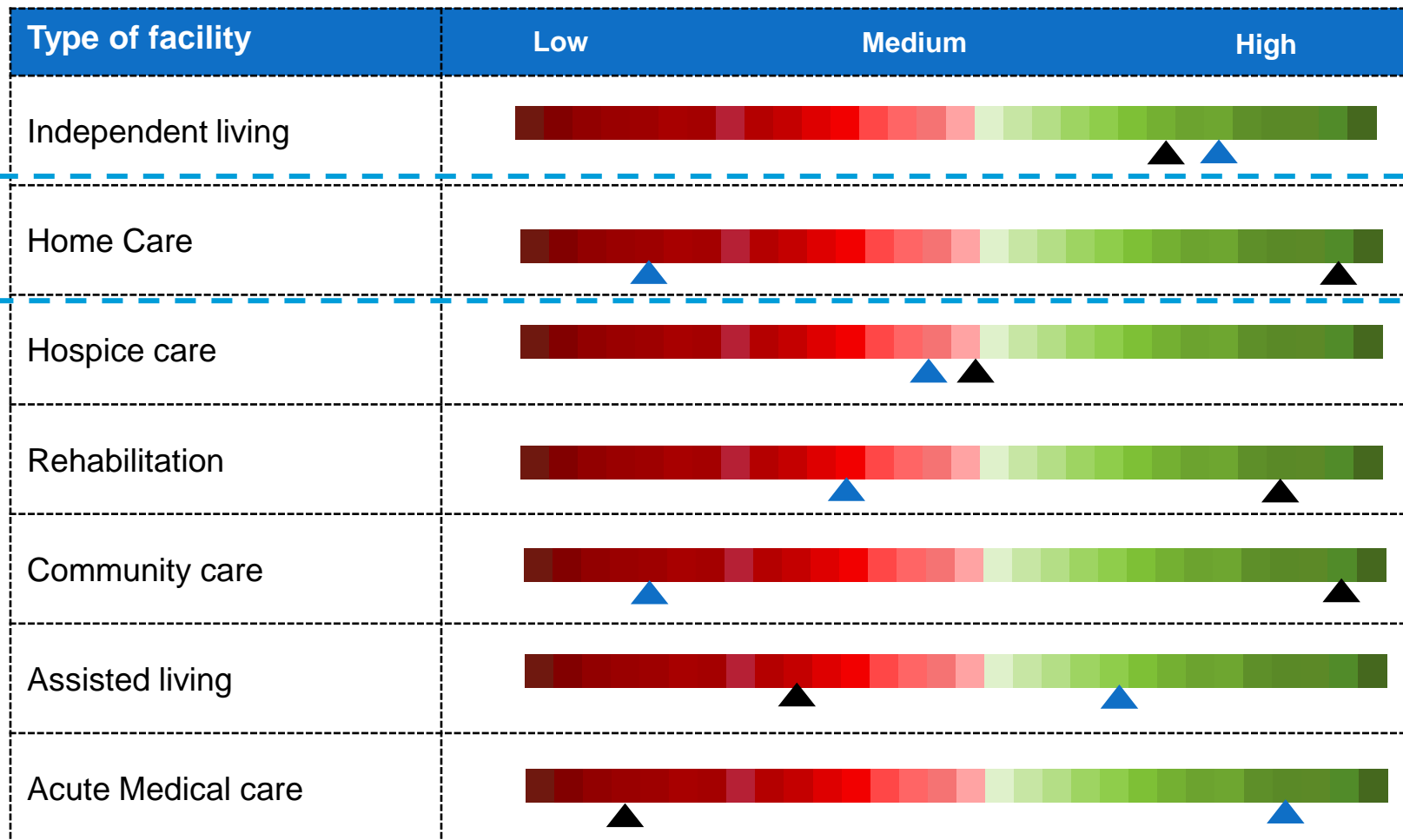- Support to family and caregivers

Dependent Senior

Specialized needs of seniors call for various modes of senior living & care delivery, but changing preferences, improving affordability & increasing cost of institutional care has led to an increase in demand for home care services

Type of facility	Low	Medium	High
Independent living			Lives impacted, Cost (near High)
Home Care	Cost (Low)		Lives impacted (High)
Hospice care		Cost, Lives impacted (Medium)	
Rehabilitation		Cost (Medium)	Lives impacted (High)
Community care	Cost (Low)		Lives impacted (High)
Assisted living	Lives impacted (Low-Medium)	Cost (Medium-High)	
Acute Medical care	Lives impacted (Low)		Cost (High)

▲ *Lives impacted*   ▲ *Cost*

The Indian eldercare scenario

The current care financing in India is largely focused on funding medical care for the elderly with limited attention to non- medical care and healthy ageing

Public funding of care

- Central & state govt. schemes for pensions & funds the elderly & provision of free or subsidized care at govt. and district hospitals.
- PMJAY as an insurance scheme covers medical care for elderly in BPL category
- Various states and central govt. pension schemes are available but are low & do not account for inflation
- ~20-30% of Indian elderly households are covered under any form of health insurance

Private Insurance

- Private or employer sponsored health insurance coverage amongst the elderly is said to be as low as ~1.6%.
- Amongst those insured, the coverage is limited to medical care upon hospitalization, most if not all Outpatient care, physiotherapy, memory care, home care, home based palliative care etc. are not reimbursed
- Some products categorize chronic or some age-related illnesses as pre-existing conditions and do not provide coverage for even hospitalization under these conditions or coverage is provided against additional premium

OOPE

- All non-medical care needs of the elderly is primarily financed out of pocket, unless delivered in govt. or NGO-run old age homes /daycare centers or other facilities
- Medical care for the uninsured and most outpatient care of the insured are also mostly financed out of pocket

Even with multiple national-level programs and schemes for senior welfare in the country a lot is yet to be accomplished on the ground

Public facilities

- The National Programme for Health Care of the Elderly (NPHCE) defines a new architecture for senior care with home & community based care involving PHCs, CHCs, home visits by trained workers, at least one 150 bedded old age home in each district, 10 reserved geriatric beds in district hospitals, 30 bedded geriatric ward in regional hospitals and referral mechanisms to tertiary care centres
- Even with the above the focus is on medical care with limited focus on home care & non-medical support to the elderly

Private facilities

- Private tertiary care hospitals and nursing homes provide medical care with increasing interest from private players in senior living, long term care facilities and home care services
- Geriatric care is developing as a clinical specialty is many private hospitals with emerging stand-alone geriatric specialized facilities
- While most private providers offer services in urban areas, multiple NGOs operate in rural areas providing non-institutional care in rural & semi-urban areas

Source: Data analysis, National Programme for Health Care of the Elderly

The Indian senior ecosystem as on today is sub-optimal & under prepared for the imminent silver tsunami it faces giving rise to an urgent need for reforms & market development

Laying the building blocks of an inclusive senior care ecosystem for the country

Eldercare Infrastructure Development

- **Lack of infrastructure** would shift care burden on already strained healthcare system with specialized hospital beds being employed for non-specialized care
- **Lack of guideline & quality standards** leading to poor outcomes
- Models for **care provision in rural areas**
- Lack of **market regulation and development** initiatives

Ensuring financing for all

- **Lack of specialized insurance** covering all aspects of eldercare
- Lack of **financial and tax support to providers, insurers & innovators** in the space
- **Policy & provisions for financial inclusion** for all segments of society

Availability of Enablers

- Need for **specialized trained manpower at grassroots** to support initiatives for elderly
- **Geriatric physicians and nurses**
- **Trainings for formal & informal caregivers**
- **Infrastructural readiness for enablers** for last mile reach of care – mHealth, Telemedicine, Digital health

Future readiness

- Need for **building linkages to existing systems & infrastructure**
- **Positive & respectful messaging** towards ageing and old age
- **Exploring public-private synergies** in the space
- **Digital literacy** amongst elders and care givers
- **Support to innovations** to enhance care reach, efficiency & outcomes

Source: Data analysis

Global learnings and emerging trends

Globally, countries are facing increasing cost of senior care burden associated with a burgeoning ageing population

- Govts. across the world are increasingly adopting newer models of care financing and more efficient models of care delivery to avoid ballooning of elder care costs

Distribution of the care financing between;

- **Tax funded** social insurance primarily for the non-affording population
- **Private insurance** funded by beneficiary premium
- Payroll / other forms of **senior healthcare & retirement savings / pension** contributions
- **Co-Payments** spent out-of-pocket by patients for non-medical and a part of medical care

Contribution towards private insurance and savings schemes are either mandatory by law for certain income levels and above and/or incentivized by the govt. with tax benefits

Efficiency measures to optimize allocation of resources & cost of care;

- An evidence-based **needs and means assessment** of seniors to assess the kind of care required and only the most in need are referred to expensive institutional care
- Non-medical services delivered via **community-based care model**
- **Trained family / community caregivers** to ensure quality care at home

Management of the funds and provision of elder care is responsibility of local bodies like municipalities

Source: Data analysis

A structured, well financed and regulated elder care provider ecosystem is essential to meet care needs of the elderly while improving their quality of life

- While senior care delivery by philanthropic & non-profit organizations may seem sufficient when delivering care to a small population size, a rapidly growing senior population and a sizeable segment of that population being unable to afford care makes the model unsustainable and unreliable

Involvement of the private sector

- **Govt. support and backing to private investment** in the sector either as providers of medical & non-medical care, senior living facilities, long tern care facilities, home care, insurers as well as innovators & start-ups

- **Preference of affording elderly to seek care with private providers** to avoid long wait times in publicly funded hospitals, in order to avoid delay in care

- Some developed countries are moving away from the fee-for-service model to either **outcome or value-based reimbursement**, some countries allow the **senior to choose the service package and provider** to improve accountability of care & competition

Shifting consumer preferences;

- Seniors today prefer to **age at home** near their family and friends for as long as possible

- Increasing affordability amongst seniors is also resulting in demand for **high-end senior living facilities** in gated communities and high-end long term care homes mostly paid for by the seniors out-of-pocket.

Source: Data analysis

Increasing costs, lack of skilled manpower and greater demand for care outside institutions has necessitated innovative solutions in the senior care space

- Many developed countries recognize the role of technology and digital solutions in ensuring efficient, safe and timely care to all seniors and therefore support development, testing and adoption of the technologies

- With increased adoption of digital technology, authorities and providers have also taken steps to **improve digital literacy amongst the seniors and caregivers**

Digital Innovations;

- **Use of digital tools and technology** to assist seniors in safety & security, daily essential activities, hygiene and incontinence care, active living & remote engagement with loved ones as well as maintain mental health.

- Clinicians utilize **technology for remote monitoring, care delivery** in patient homes as well as senior living facilities

- **Using predictive technology to ensure early interventions** and prevent hospitalizations and reduce costs

Source: Data analysis

Some key global learnings…
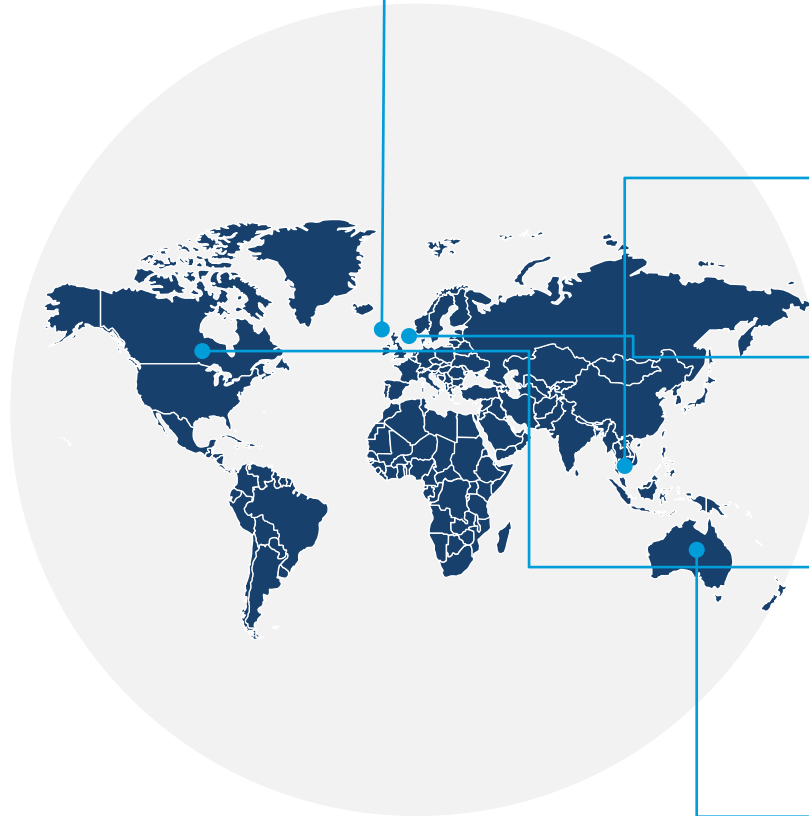
UK
- Care needs and income means based assessment ensuring that the right kind of tax-funded care goes to those most in need

Singapore
- Mandatory savings schemes with comprehensive coverage for all modalities of elder care (including disability) with mandatory co-payments to prevent misuse
- Focus on integrated home & community based care & elder support networks including support for mental health

Norway, Sweden, Denmark, Japan
- Digital Innovations to improve senior care delivery in institutional settings as well as home and remote care

US, Canada, Australia
- Active participation of private sector in providing institutional elder care both medical & non-medical care
- Regulated to pay for quality of care, implemented via experimental /pilot models of performance/outcome linked incentives

Australia
- Involvement of the private sector as care providers for various modalities of senior care
- Govt. approved comprehensive senior home care packages
- Choice of provider & packages with consumer

Source: Data analysis

The Indian senior care policy framework

The national programme for health care for the elderly (NPHCE) by the Ministry of Health and Family Welfare

Medical care initiatives sanctioned across 728 districts with 528 districts operational and 112 aspirational districts targeted

01 Regional institutes of geriatric care

- **8 Regional Institutes** for tertiary care with **minimum** with **30 bedded geriatric wards** comprising of **3 acute care, 7 sub acute** care & **5 long term care** beds,
- **16 PG seats** per year for Geriatric medicine

02 At district and community health centre level

- **District hospitals** with minimum **10 bedded geriatric units**
- Funded by NPHCE for infrastructure, equipment and specialized manpower across Out-patient /In-patient care delivery , physiotherapy and laboratory services
- **CHCs** with twice a week geriatric **OPD services, physiotherapy & rehabilitation care**, function as a referral unit

03 PHCs across sanctioned districts for grassroot community outreach

ANM / HCWs / ASHA worker provide;
- **Weekly OPD &** continuous health education across all Ayushman bharat health & wellness centres with dedicated elderly packages
- **Domiciliary visits for care provision to bedridden / home bound** elderly
- **Basic health & mobility assessment**
- Weekly **Geriatric clinic**
- **Education & awareness** on 'Healthy Ageing' to elderly & family members to grassroot workers
- Assess and provide **assistive / supportive /mobility devices**
- **Annual Health check-ups**

04 Workforce capability building

- **Geriatric training modules** for physiotherapist and grass root level workers on care of elderly
- **Specialized orientation, education and sensitization** for medical personnel involved in elderly care
- **Proposed one geriatric department in medical colleges** with seats for MD Geriatrics in every state/U, followed by plans of introducing teleconsultation at each centres

06 Promoting healthy and active ageing at all levels

Proposed two elderly support groups:-
- **Creating a volunteer cadre** - youth, members from village Panchayat and community volunteers
- **Peer group of elderly for** Information Communication & Education initiatives, awareness on preventive care and promoting healthy ageing

National Action Plan for Senior Citizens (NAPSrC) is an Annual Action plan 2020-21 as an umbrella scheme for senior citizens merging with the Integrated Programme for Senior Citizens

Key areas of focus for the program are:

Proposed outlay for 20-21: Rs. 365 Crores
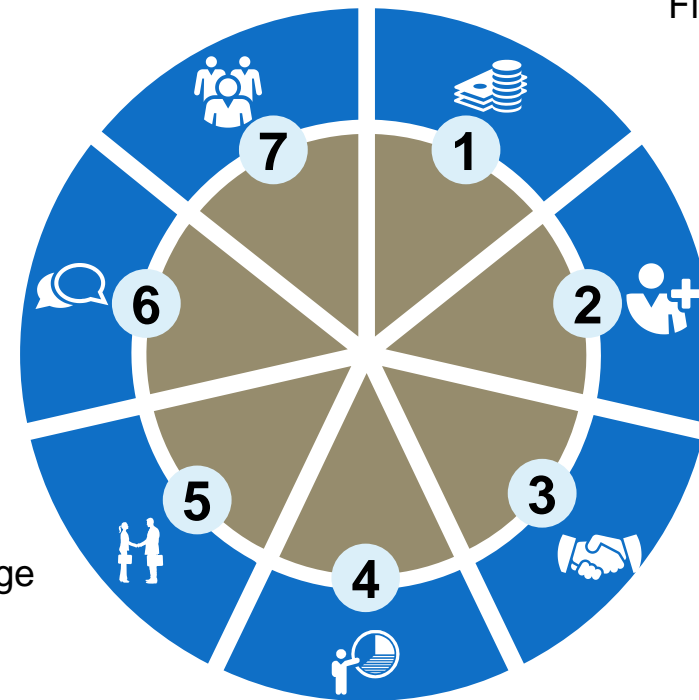
Promoting Silver Economy

Financial security

Awareness Generation and Capacity Building

Healthcare & nutrition

Accessibility, transport and Age friendly environment

Protection of life and property of senior citizens

Active and Productive Ageing with Intergenerational Bonding and Skill

The NPHCE has limited focus on non-medical needs of the seniors, while both the guidelines fail to plan for emerging and innovative solutions for senior care and welfare

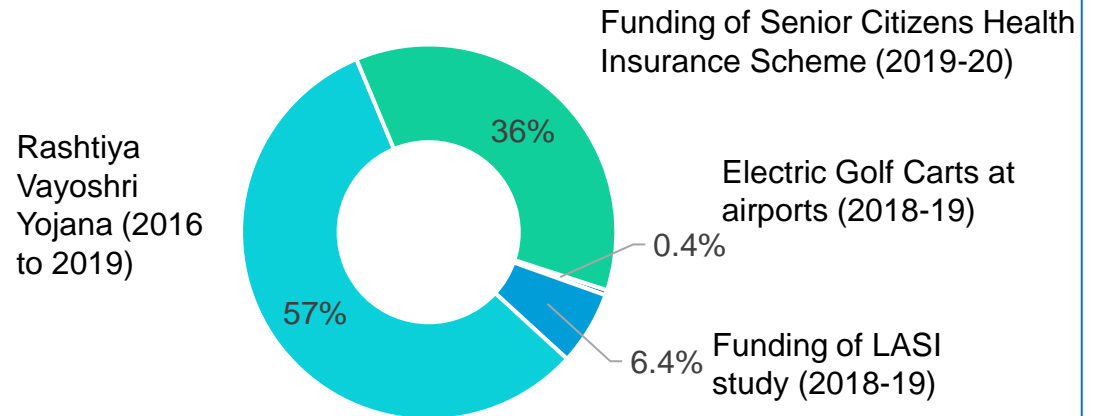|	NPHCE	NAPSrC
Addresses all type of care- Institutional, non-medical care, home care etc.	✔	✔
Reforms / interventions suggested for assisted living or senior living facilities	✘	✔
Curriculum for training & capacity building	✔	✘
Use & development of telemedicine, digital health, mHealth etc.	✘	✘

Source: Data analysis, Operational Guidelines NPHCE, NAPSrC

In 2016, a Senior Citizen Welfare Fund (SCWF) was created from corpus of funds in inoperative accounts of various government savings schemes to provide financial support to the below poverty line (BPL) category of senior citizens in India

- The Senior Citizens Welfare Fund (SCWF) was created under the Finance Act, 2015

- **Objectives of the fund** include enabling **financial security** of elders, supporting **affordable healthcare & nutrition** for elders and **financing elder welfare schemes**

- Allocation of **Rs. 50 Cr from SCWF for 2021-22 for senior welfare activities**

Financial proposals under SCWF

Funding of Senior Citizens Health Insurance Scheme (2019-20)

Electric Golf Carts at airports (2018-19) — 0.4%

Rashtiya Vayoshri Yojana (2016 to 2019)

36%

57%

6.4% Funding of LASI study (2018-19)

- **The Annual Action Plan (2021-22) for Atal Vayo Abhyuday Yojana (AVYAY)** identified an 'Initiative for Channelization of CSR funds for elderly care'.

Objective: To mobilize INR 5000 Cr till 2026 – 27 for elderly care projects via

1. **CSR advocacy** via selected reputed institutions through a transparent mechanism

2. Enable **preparation of a shelf of projects** for CSR funding after due appraisal of the financial viability and socio-economic impact

3. **Reaching out to eligible corporates** with advocacy statement to encourage CSR funding of identified elderly care projects

4. **Assist the corporate entities** in investing the elderly care segment by coordinating with Central & State Govts.

Despite positive demographic growth drivers, focused efforts by government & recent growth of private sector; gaps exist in availability & access along with affordability challenges and lack of an accountability framework for providers

Availability & Access

- **Limited penetration** of senior living & home-based services **in semi-urban & rural areas**
- Home based care a community-level **care delivered mostly by either NGOs & Self-Help Groups (SHG)**
- **Inadequate availability** of **specialized sub-acute senior care facilities** – hospice, residential skilled nursing, palliative care at home etc.
- **Capacity building** of the workforce with need for;
    - Augmenting skilled caregiver numbers, standardizing curriculum, licensing framework
    - Digital literacy and adoption of digital tools

Affordability

- **~21%** of households* covered by RSBY, **~26%** of households* have any form of financial coverage for healthcare
- **Limited penetration ~1.4% commercial insurance products with selected coverage** of medical services outside hospitals
- Relatively **high, insurance premiums** of private senior insurance products
- Poor or no **coverage for non-medical care**, which is largely funded OOP
- **Gaps in retirement financing,** uptake of existing social/pension schemes, a nationalized savings scheme to support future financing of senior care needs

*LASI eligible households, households with seniors over the age of 60 yrs. and citizens within the age bracket of 45-59 yrs. of age

Accountability

- **Lack of minimum standards** for infrastructure, operations, safety, workforce and quality in senior care facilities & services
- **Lack of clinical guidelines & accreditation** standards for all types of senior care facilities & services
- No **standardized criteria for care eligibility** – a nationalized framework for elderly needs and means assessment
- **Lack of acceptance of home-based acute and sub-acute care** amongst care seekers

The key levers to catalyze transformation of the senior ecosystem in India

The size of the India's silver economy is estimated at ~USD 10 billion. The right strategy could help this vital industry reach its true potential to serve over 300 million elders in the next 30 years

Indian senior care 2.0 of 2030

Short to medium term implementation

◆ **Entrepreneurship support**

Market stewardship in the right direction

High impact actions

Consultative financing design

2021

Regulatory & policy interventions

Collaborative actions

Coherence of goals

Innovative outlook

Foundation of transformative reforms
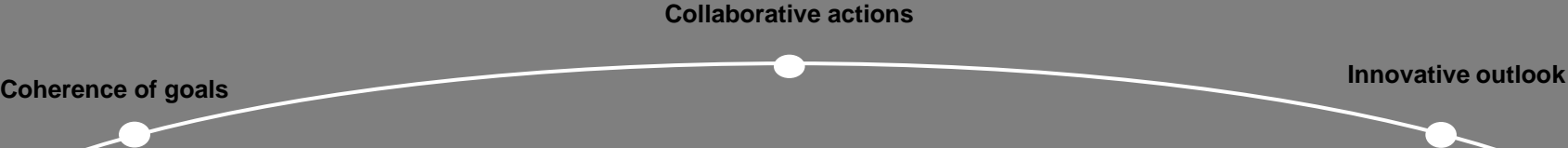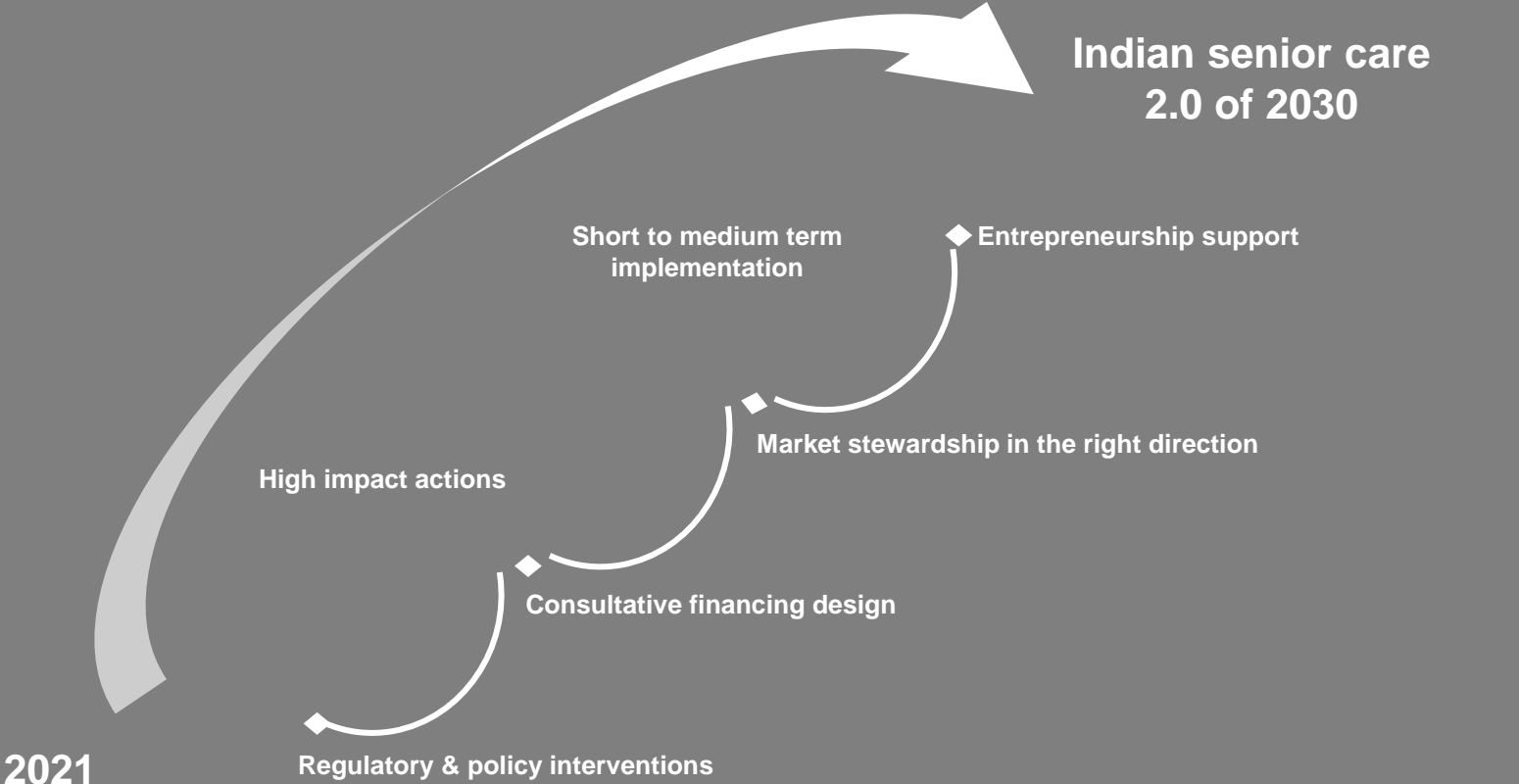
The 6 focal moats for senior care reforms in the country
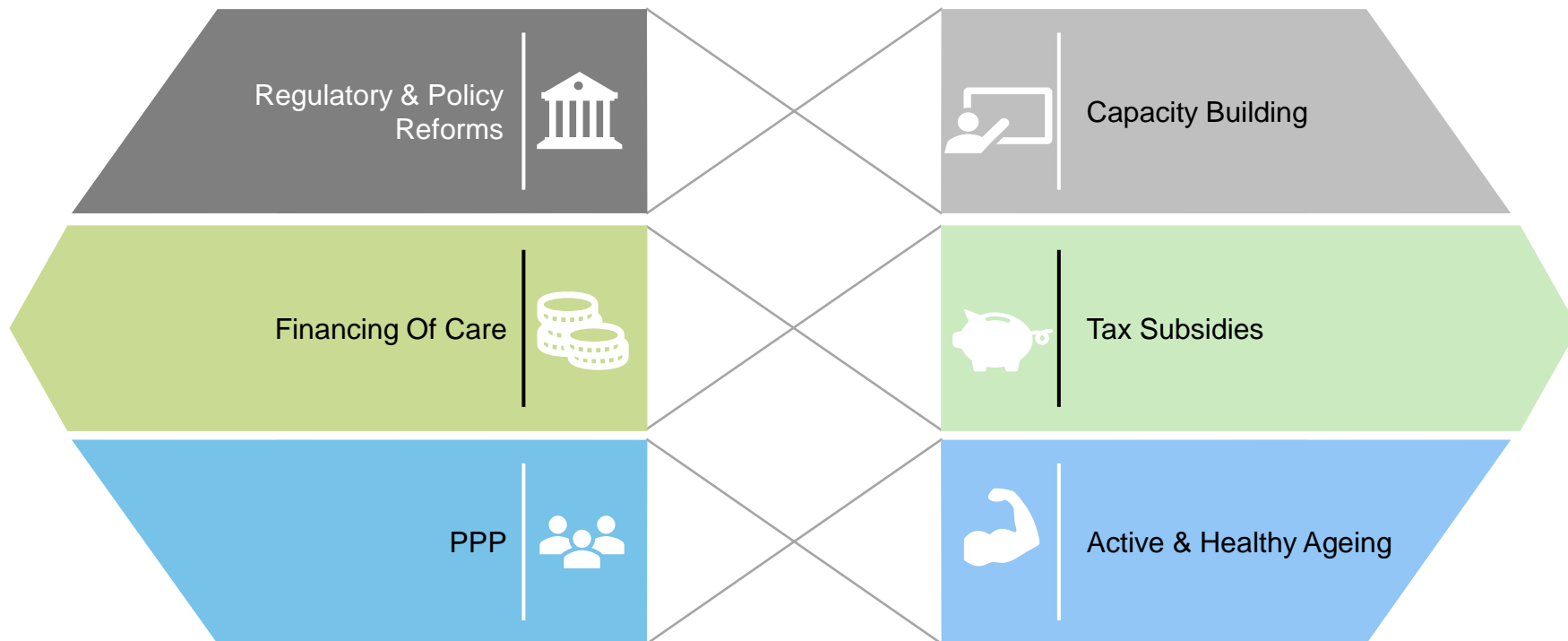
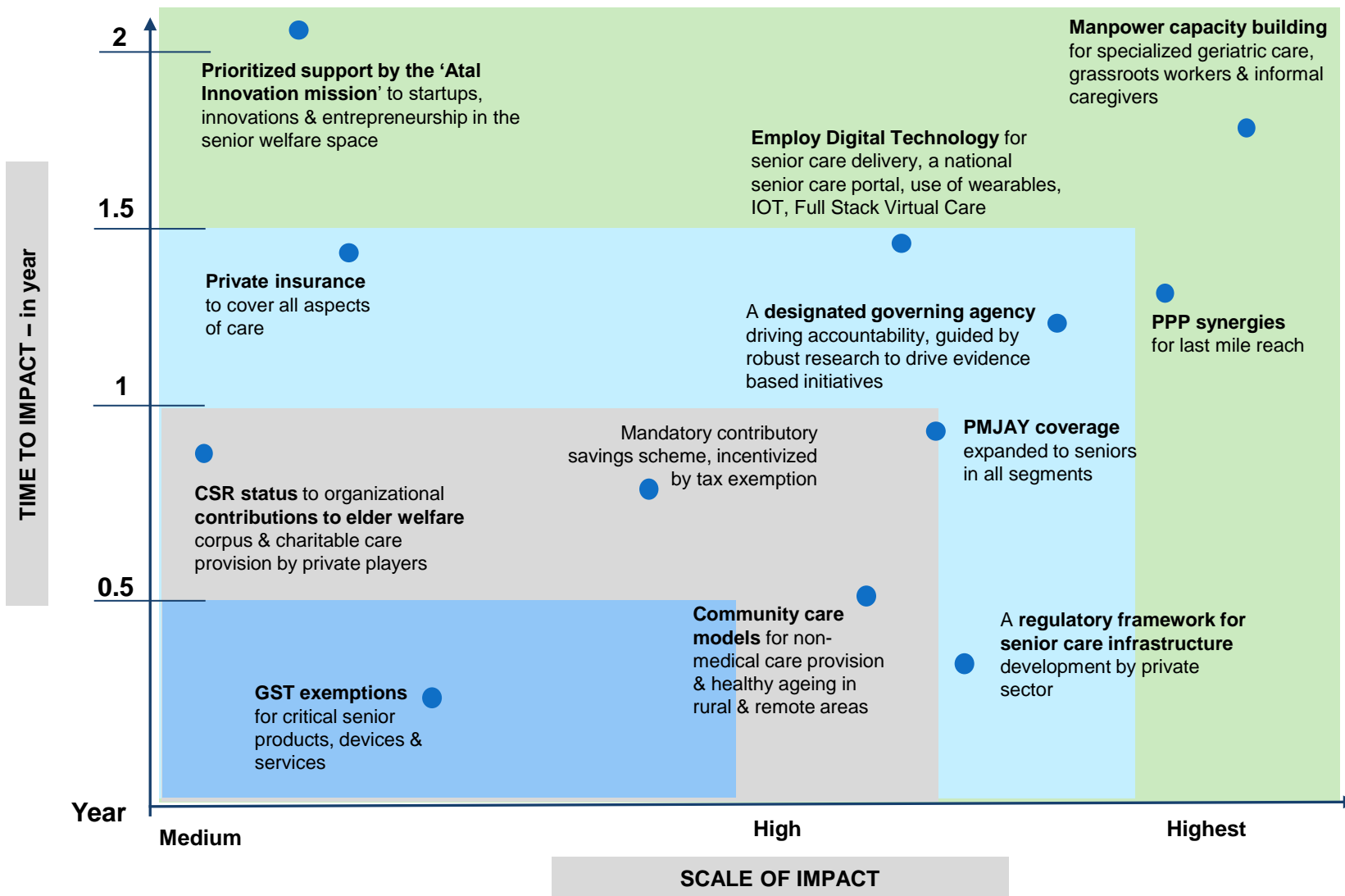**6** Focal Moats

1. Regulatory & policy reforms
2. Financing of care
3. PPP
4. Capacity building
5. Tax subsidies
6. Active & healthy ageing

Regulatory & Policy Reforms

Capacity Building

Financing Of Care

Tax Subsidies

PPP

Active & Healthy Ageing

12 strongly implementation focused ideas that can unlock the Indian Senior care ecosystem for accelerating outcomes for elderly welfare

TIME TO IMPACT – in year

2

1.5

1

0.5

Year

Prioritized support by the 'Atal Innovation mission' to startups, innovations & entrepreneurship in the senior welfare space

Manpower capacity building for specialized geriatric care, grassroots workers & informal caregivers

Employ Digital Technology for senior care delivery, a national senior care portal, use of wearables, IOT, Full Stack Virtual Care

Private insurance to cover all aspects of care

A **designated governing agency** driving accountability, guided by robust research to drive evidence based initiatives

PPP synergies for last mile reach

CSR status to organizational **contributions to elder welfare** corpus & charitable care provision by private players

Mandatory contributory savings scheme, incentivized by tax exemption

PMJAY coverage expanded to seniors in all segments

Community care models for non-medical care provision & healthy ageing in rural & remote areas

A **regulatory framework for senior care infrastructure** development by private sector

GST exemptions for critical senior products, devices & services

Medium

High

Highest

SCALE OF IMPACT

1

🏛️

Regulations & Policy reforms

A single governing body for elder welfare with a focused mandate to champion senior welfare and coordinate with various ministries & programs for seniors

Ministry/Department of senior welfare (Union & state level)

Goals
- Champion of interests of seniors
- Facilitate collaboration between different ministries & programs for seniors
- Bring convergence in administration
- Promote development of the 'silver economy'

Access to citizens & service providers
- One stop online portal for all senior citizen needs
- Single window for all approvals & licenses for senior care providers

Key bodies to be represented

Ministry of social justice & empowerment	Ministry of health & family welfare	Ministry of Finance	Ministry of women & child development	IRDAI / ISO/NABH/accreditation bodies	NITI Aayog

Supporting Ministries

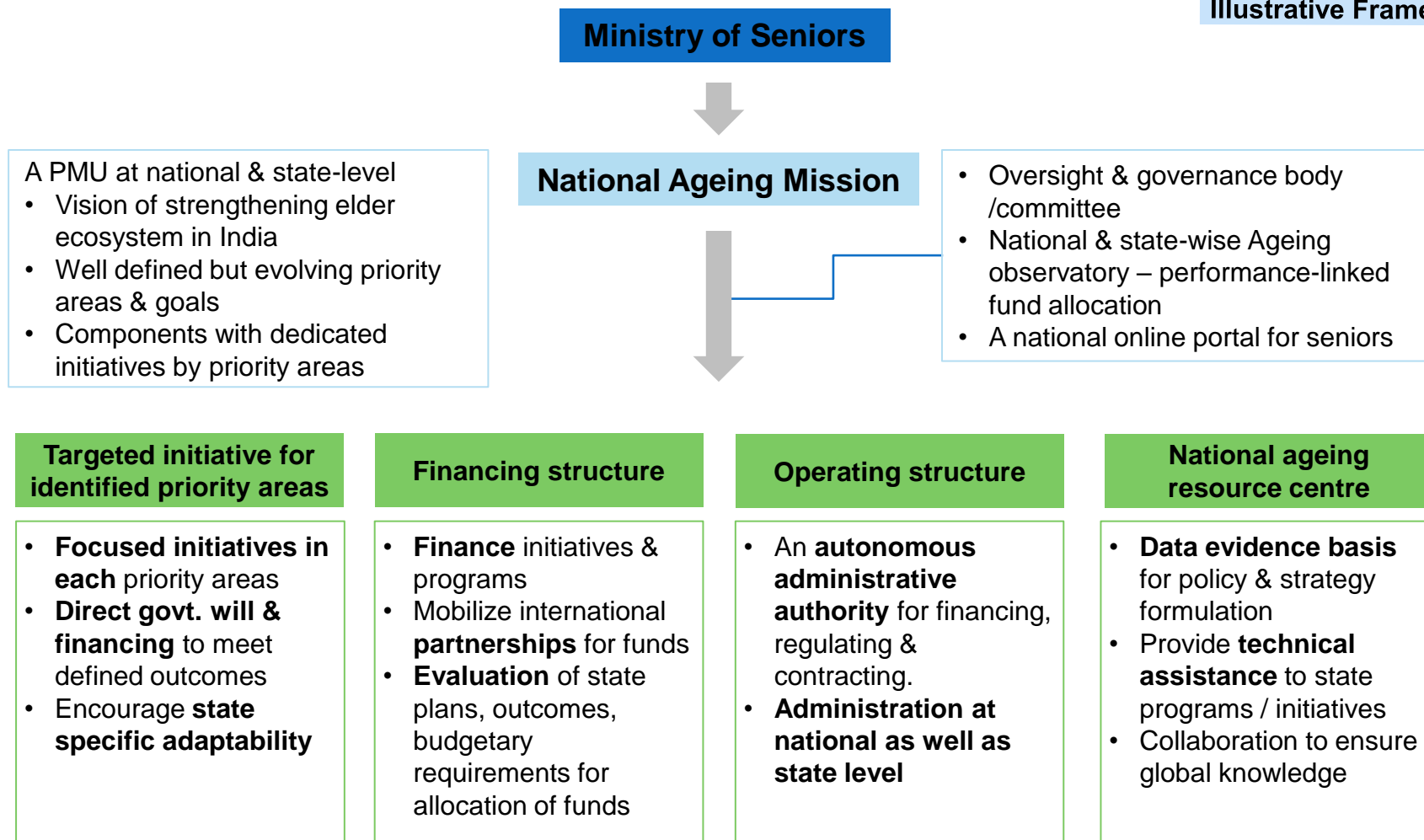| Department of Empowerment of Persons with Disabilities	Ministry of Rural development	Ministry of Home affairs	Department of Pensions	Ministry of tele - communication

Ministry of AYUSH	Ministry of Panchayati raj	Development of infrastructure – railways, road transport & highways

A systemic approach driven senior welfare reform by creating a dedicated 'National Mission' for ageing & senior welfare

Illustrative Framework

Ministry of Seniors

National Ageing Mission

A PMU at national & state-level
- Vision of strengthening elder ecosystem in India
- Well defined but evolving priority areas & goals
- Components with dedicated initiatives by priority areas

- Oversight & governance body /committee
- National & state-wise Ageing observatory – performance-linked fund allocation
- A national online portal for seniors

Targeted initiative for identified priority areas	**Financing structure**	**Operating structure**	**National ageing resource centre**
- **Focused initiatives in each** priority areas - **Direct govt. will & financing** to meet defined outcomes - Encourage **state specific adaptability**	- **Finance** initiatives & programs - Mobilize international **partnerships** for funds - **Evaluation** of state plans, outcomes, budgetary requirements for allocation of funds	- An **autonomous administrative authority** for financing, regulating & contracting. - **Administration at national as well as state level**	- **Data evidence basis** for policy & strategy formulation - Provide **technical assistance** to state programs / initiatives - Collaboration to ensure global knowledge

Most senior care resources and data lie in the global domain, there is a need for developing India-specific data sets and knowledge to support interventions in the Indian senior care space

Indicative & Non-exhaustive

The Ageing process from the *'Indian perspective'*
- *Disease profile*
- *Mental health issues*
- *Nutritional status*
- *Disability support*
- *Elderly women's health & welfare issues*

Senior income & expenditure patterns

Gain a deeper understanding of Indian elderly;
- Medical and non-medical needs to **develop India-specific knowledge and data** to guide resource planning and funding.
- Typical income and expenditure profiles of seniors across all economic categories to aid in creating better products

Building a **safe and secure home environment** for the elderly to support *'Ageing in place'* – tools for safety, emergency response as well as facilitate efficient medical & non-medical care provision

- Areas of **digital interventions** to enable scale and improve reach
- **Digital tools for elderly needs** of predictive, promotive, preventive, curative and rehabilitative care

Although the MoHFW commissioned national survey, Longitudinal Ageing Study in India (LASI) 2019 is a scientific investigation of the health, economic & social determinants and consequences of population aging in India, there is a need for deeper focused research in areas of health and well-being, social aspects of ageing as well as development of innovative interventions in the areas of senior care

The singular governing body for senior citizen welfare would help create convergence in administration for consumers as well as providers

Has a separate aged care quality and safety commission

Australia

Illustrative

Where the main focus is provide services/help to both the consumer and the provider - commission is end to end regulator of aged services

Governing body created to address concerns of both providers and consumers of senior welfare

India

Provider

- **Single window approval system** for all clearance and approvals for setting up a senior care infrastructure
- **Needs & means assessment framework**
- Predefined **set of standards** for establishment of senior care services
- **Assessment & monitoring** of the quality & standards as per the norms defined
- **Outcome linked reimbursement**

Consumer

- **Information regarding various initiatives** of schemes & programs for the elderly
- **List of licensed senior care providers & facilities** across the country
- **Training courses** for elderly and care givers
- **Grievance redressal mechanism** – for all type of complains such as health, abuse, care quality, provider related etc.

Source: Data analysis

A national online senior citizens portal available in regional languages with an easy-to-use interface would place the power of information & choice in the hands of the elderly

Sathi

One stop portal for all solutions to elderly

Illustrative

- **List of elderly services & facilities**
  (Providers, locations, rating & accreditation status)

- **Form for needs & means assessments**

- **Schemes available & Insurance products**

- **Indicative price list of services by service type & level of care**

- **Education & job opportunities**

- **Training modules for caregivers**

- **Provider feedback & grievances**

- **Help on pension, taxation and legal matters**

- **Toll free 24 hours helpline number**
  (available in regional languages)

- **Consumer survey**

A fair & participative regulatory framework that supports development of private sector, provides necessary market stewardship while ensuring delivery of highest quality services

01
Regulatory framework

A framework of regulations, clinical guidelines, minimum standards for licensing, infrastructural & manpower standards for all types of senior care facilities including; Sub-acute care, Long term care, Independent & assisted living, Home Care, short term & long term rehabilitation, Remote care, Dementia & Memory care

02
Support to providers

• Senior care to be a 'Priority sector'
• Affordable loans for certified senior care providers
• Developmental boost in specific zones in the states – land allocation, utilities & manpower facilitation, funding support & supporting infrastructure development to improve last mile reach

03
Accreditation standards

Quality certification & accreditation for all services for elder care;
• A tiered rating system of accreditation – linked to pricing of services
• Periodic monitoring of accredited providers
• Visibility of accreditation status & tier of providers to seniors

Source: Data analysis

Senior care programs & initiatives could employ performance evaluation framework to build greater accountability, guide decision making and improve effectiveness and efficiency

Indicative & Non-exhaustive

1 KPI definition

- **General KPIs** to measure on-ground implementation;
  - Reach /Access
  - Cost efficiency
  - Utilization
- Specialized **program based indicators** to assess;
  - Services provided
  - Care outcomes
  - Safety & quality
- **Patient-reported** indicators

2 Calculation criteria

- Since senior care mostly involves long-term care, calculation criteria must involve basis for **3 levels of indicators**;
  - Screening & care initiation
  - Active treatment or care delivery
  - Care monitoring
- Indicators must be evaluated independently as well as time/ care group/ geography-based trends

3 Benchmarking & Evaluation

- Existing data from multiple programs, surveys & LASI report to be analyzed to develop **baseline data**
- **Evaluation of indicators** against;
  - Internationally accepted measures
  - Global & regional experience
  - Private sector performance

4 Monitoring

- Periodic **monitoring and audits**
- Indicator-wise **targeted improvement plans**
- **Risk- based prioritization** of improvement areas (highest risk first)
- Improvement measures could be **linked to funding and /or reimbursement**

Recommendations

2
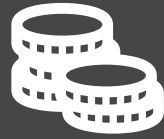
Financing of care

The Financing Unlock with a health savings plan or scheme to enable & enhance savings from early ages for financing medical as well as non-medical supportive care in senior years

A health savings plan/scheme – Citizens save throughout their employable life to cover their post retirement health expenses.

Features of the proposed scheme

- **Mandatory enrolment** beyond a certain income category

- Contributions, interest incurred & withdrawals post 60yrs of age to be **tax-free**

- **Govt. certified list of eligible services** covered

- Age-based category wise **capping of annual withdrawals**

- **No** service provider allowed to charge a **service/transaction fee**

- **Convenient** to use at POS

Goals of the proposed scheme

Financing for;

- OOPE for care services not covered by insurance

- Co-payments

- Expenses for home/ outpatient services

- Assistive or support devices

- Home modifications making the house safe for elder living

- Pay for help in activities of daily living

Source: Data analysis

The Financing Unlock with comprehensive elder care health insurance for the affording class of senior citizens

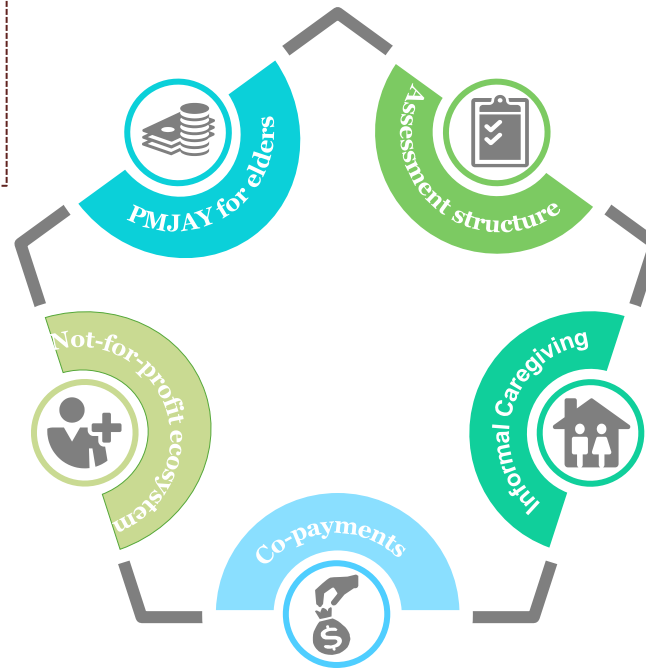**Private health insurance for elderly** to cover all aspects of senior care

Consumer

IRDAI led reforms

Insurer

- **Encourage early enrolment** – mandatory / tax-incentivized enrolment in private health insurance by the age of 40 (above a certain income group)

- **Incentivizing healthy behavior** – incentivizing smoking /tobacco use cessation, diabetes control, weight, timely preventive health checks, vaccinations

- **Explore community rating system** for health insurance for seniors to make premiums affordable

- **Integrated products for seniors** – covering medical as well as non-medical care

- Insurance products to **cover OOPE expenses**

Source: Data analysis

The Financing Unlock while building in efficiency measures to provide sustainable public financing & delivery of care

A multipronged approach to ensure **optimum utilization of public funds & infrastructure**

- **Extend PMJAY** to include low & middle income categories for coverage of all kinds of care
- **Free / subsidized medicines & assistive devices** at Jan Aushadis

- **Incentivize voluntary & NGO ecosystem** to supplement public infrastructure
- **Volunteering from the young old** segment of elders for the old and oldest old segment
- **Services to cover gaps in public or private infrastructure** – mobile meals, emergency response

Diagram labels: PMJAY for elders, Assessment structure, Informal Caregiving, Co-payments, Not-for-profit ecosystem

- **Mandatory Needs and means assessment** for referral to high cost institutional care
  - **Needs assessment** to evaluate health and care needs of the elder
  - **Means assessment** to gauge the support available to the elder both financial & non-financial.

- **'Ageing in place'** encouraged by enabling home & community based services
- **Support informal care giving** – standardized protocols & guidelines, trainings, help-line for consultation

- Introduce minimal co-payment for high-value services to prevent misuse

Source: Data analysis

3

Public Private Partnership – A proposal

Public Private Partnership (PPP) models could help boost private sector investment, augment capacity while improving efficiency and facilitate care access to all senior citizens

Objectives

1. Ensure Govt.'s objectives in the eldercare sector are delivered in an economical, effective and efficient manner
2. Ensure interests of elders and community are served
3. Create opportunities for development of the private sector for development of eldercare, and contribute for development of local economy and employment

Areas of PPP in senior care

Adding new capacity

- Build new facilities
- Innovative models of care integration & service delivery
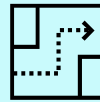
Augment existing capacity

- Build specialized services in conjunction with public facilities
- Provide specialized care in public facilities
- Refurbish, equip & operate existing public facilities
- Elevating public capabilities – digital tools, technical expertise etc.
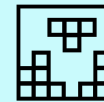
In gap areas

In areas where public facilities are lacking
- Primary care & community-based services
- Emergency response services
- Digital services
- Education & training initiatives

Various models of PPP could be explored to promote rapid capacity building across various care formats, support development of skilled manpower, innovation, care quality and safety practices to provide affordable care in a sustainable manner
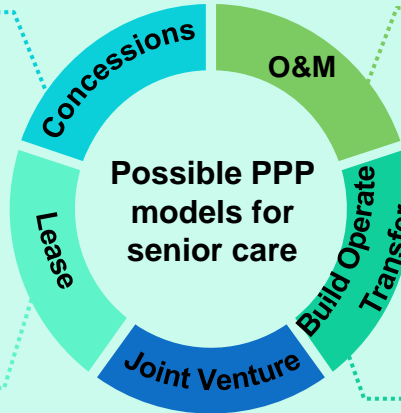
A fair & enabling framework, transparent partner selection

Principles of PPP in senior care

Focused interest of end users, stakeholders

Private party pays a fee to govt. or receives subsidy depending on financial viability of the project

Contractual, performance-based, long-term management of public infrastructure by private player

Possible PPP models for senior care

- Concessions
- O&M
- Build Operate Transfer
- Joint Venture
- Lease

Govt. investment in infrastructure & financing of assets, private player finances and manages operations of the asset

Private player builds & operates the project assets and transfers to the govt. at the end of the contract (BTO, BOO, DBO, DBFO)

Govt. & private player jointly build & operate with shared ownership, revenue & expenses

Planned prioritized projects
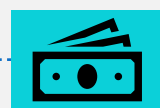
Requisite provision in budgets for sponsoring projects

Adoption of best practices & robust monitoring

For India, the PPP mode needs a strong implementation framework and governmental support to ensure balanced division of risks as well as rewards and boost participation by non-governmental players

A **well-defined models** for PPP covering all services, medical as well as non-medical **ensuring viability** for both public & private partners

Funding & capital support from govt.

- Free or subsidized land / building
- Financing – capital, VGF
- Subsidies, grants
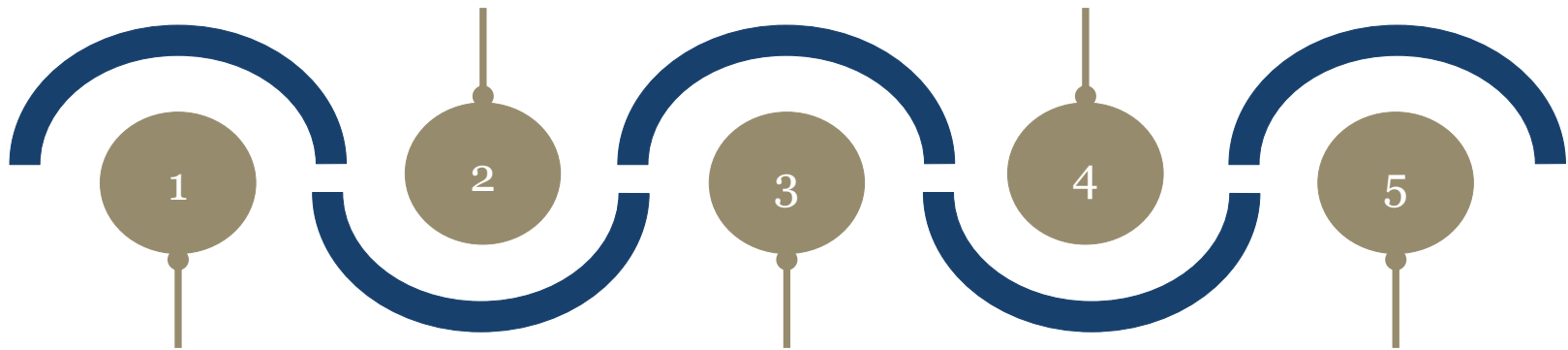
Creation of a **dedicated PPP governing unit** at central and state level for senior care

Provide, facilitate development & subsidize **supporting infrastructure** critical to the PPP success

Preferential subsidies & support to providers of charitable services to underprivileged seniors

Source: Data analysis

The collaboration between private, government and financial bodies like the existing healthcare PPP model could support development of private infrastructure and enhance access to senior care facilities for all economic segments of seniors

Stage 1 : PPP Identification

- Create a multi year plan with regional / state / city level project components created with inputs from industry members
- Feasibility studies, evaluation of value for money drivers, conformance to state and sector legislation

Stage 2 : Development stage

- Project preparation with detailed technical feasibility, financial viability analysis, project structuring & risk assessment
- Preparation of contractual documents, securing project clearances & approvals

Stage 3 : Procurement stage

- Identify & implement best practices for PPP based transparent, accountable, non-discriminatory, competitive and timely award of PPP contracts
- This stage could be managed by bid advisory / transaction management partners / industry leaders as well

Stage 4 : PPP contract management & monitoring

- Contract management and monitoring for PPP with systems to ensure elderly care objectives are met
- Appropriate MIS, evaluating organizations, and independent monitoring teams should be developed

Next Steps for senior care PPP in India

- An **"Elderly care PPP empowered working group"** to define & design the roadmap for PPP in elder care in India
- Supported by a dedicated "**elderly care PPP advisor"** with extensive PPP design and building expertise especially in social sector

- **Detailed technical assistance study** for design and development of PPP opportunities through consulting firms / experts in PPP in social sector
- Industry stakeholder & round table conference on PPP opportunities

An elder-focused emergency response mechanism at a district level to enable safe, secure and healthy ageing at home and facilitate timely transfer to care institutions
-An Illustrative

Mapping & Assessment

Comprehensive mapping of elder care infrastructure & support mechanisms at a district level to create an 'elder care support network'

Elder care infrastructure (public & private)

Connectivity & support infrastructure (transport, pensions, insurance, healthcare, housing)

Local partners SHOs, law & order support

Planning & Development

1. Planning services & coverage at a neighborhood level;
   - Geographic reach of 10 x 10km grids
   - Medical response system
   - Community-level support
2. Mapping of beneficiaries;
   - Registration of all elder citizens
   - Mapping of healthcare needs
3. Creation & mapping to a UID database
4. Adequacy and spare capacity in private partner responder mechanism – infrastructure & technology
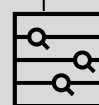
Private Partner – role & responsibilities
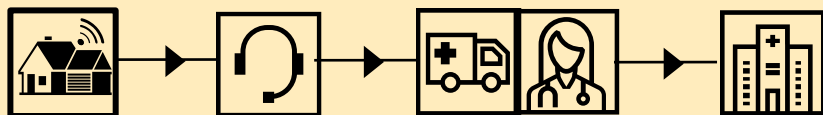
- 24/7 response for all emergency support calls
- Ensure smooth operations & adequacy in responder mechanism - technology & digital tools, sensors, control room systems, responder vehicles & manpower
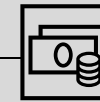
Govt. partner – role & responsibilities
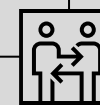
Single window approvals & clearances

Payment to private partner

Monitoring & oversight by govt. appointed panel

Facilitate collaboration with other govt. agencies

Catalysing & Reforming Senior Care in India

4

Capacity building

Kerala draft action plan creates a robust strategy for manpower capacity building for geriatric care in the state

Few of the initiatives cited in the document for capacity building in the state

Trained health volunteers

- Create a **cadre of trained health volunteers** for the care of the elderly
- All elderly persons **visiting health care institutions** will be **guided by these volunteers**

Trained formal specialized geriatric healthcare workers

- Prepare and **roll out training module**
- **Reorientation of primary care physicians**
- To **identify** and **refer major diseases**, treat **minor conditions**, identify and refer to **day care centres**
- Train health workers in elderly / geriatric care
- **Geriatric departments** may be set up at **medical colleges with posting for students**

Capacity building for geriatric care in the state

Care Givers

- **Informal care givers** - Anganwadi centres- Training by health workers and formal care givers targeting elderly who are bedridden and with dementia
- **Formal caregivers** - Uniform curriculum, Registered agencies, Special training in basic patient care like catheterization, RT insertion
- **Curriculum committee** with **members from elderly care studies**
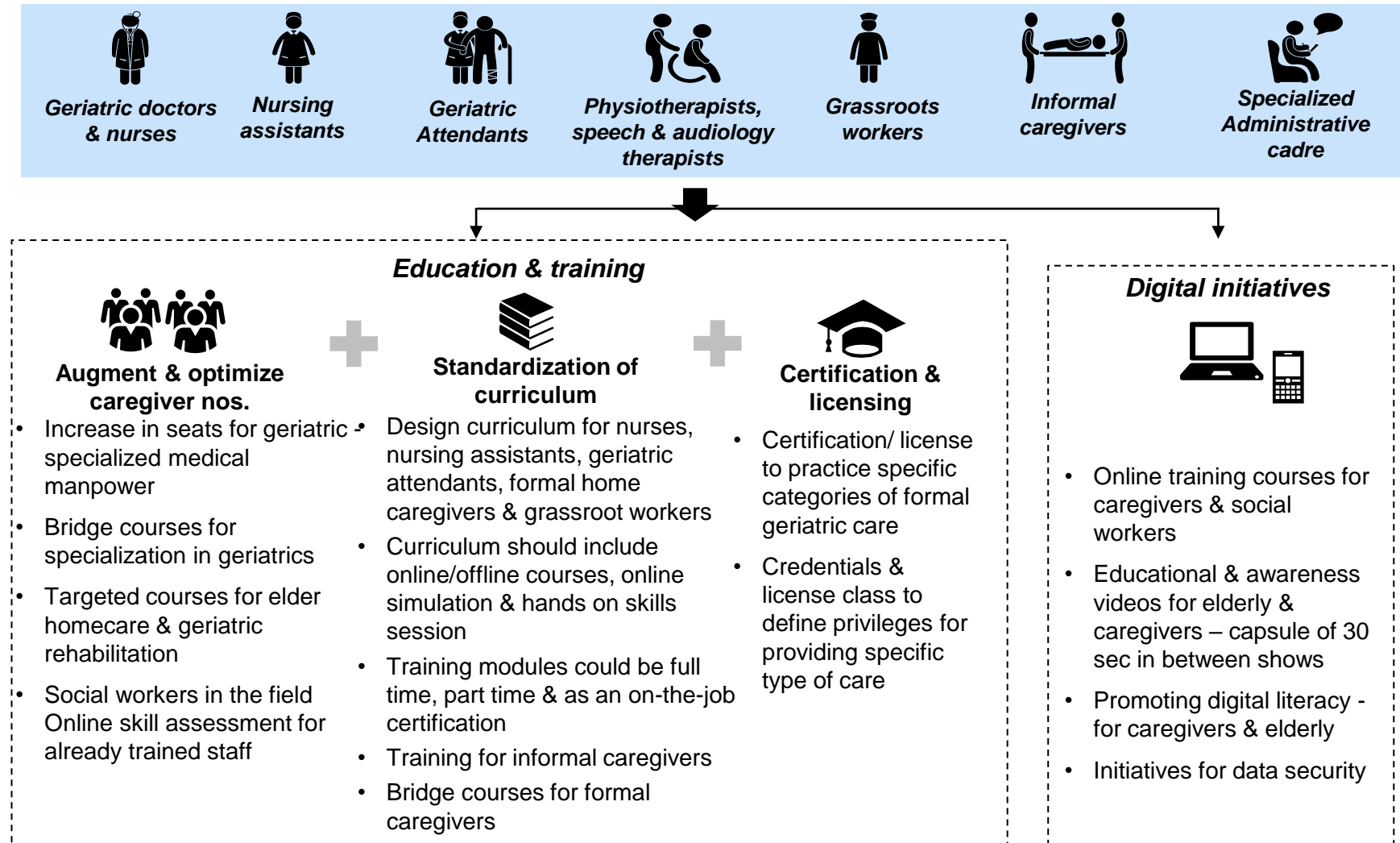
Awareness for Elders in society

- Inclusion in **study topics of NCERT, SCERT, DME, other syllabuses**
- **Students and clinicians** to be familiar **with about social** security measures of elderly
- **Formation of specialty posting in geriatrics** -case studies, clinical interactions to medical and paramedical students
- **Elderly day in School, colleges** etc
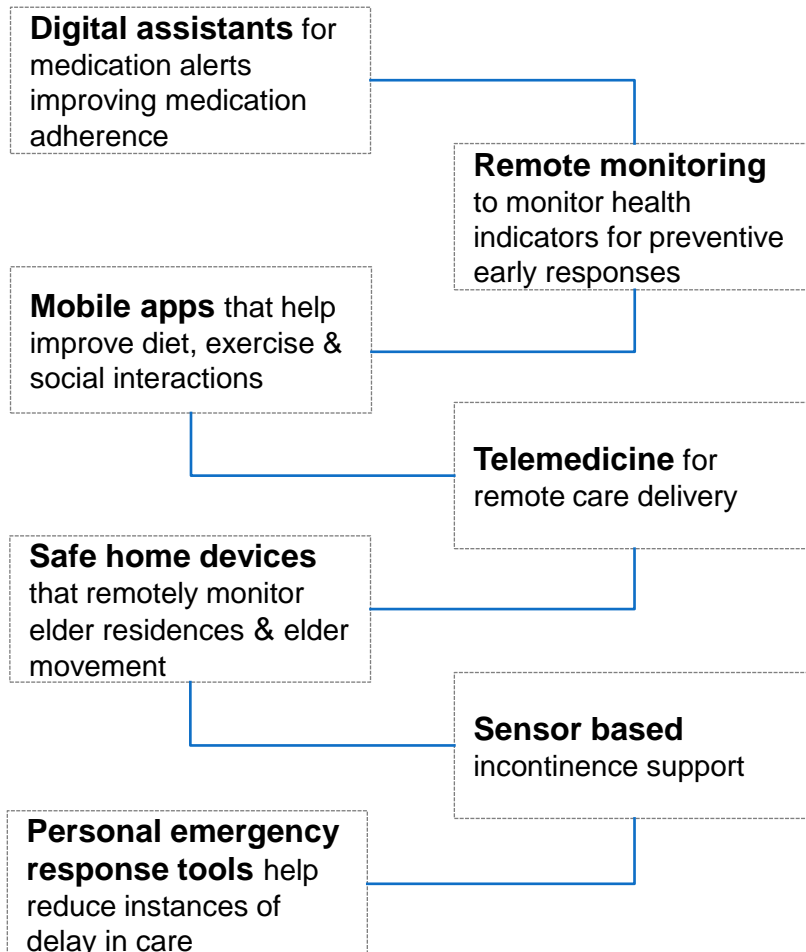
Source: Data analysis

By 2025, the demand for home care workers would be ~ 50,000 – 60,000; specialized educational courses and digital initiatives could help in building the manpower for geriatric care in India

Manpower required for the geriatric care in the country

Geriatric doctors & nurses | **Nursing assistants** | **Geriatric Attendants** | **Physiotherapists, speech & audiology therapists** | **Grassroots workers** | **Informal caregivers** | **Specialized Administrative cadre**

Education & training

Augment & optimize caregiver nos.

- Increase in seats for geriatric specialized medical manpower
- Bridge courses for specialization in geriatrics
- Targeted courses for elder homecare & geriatric rehabilitation
- Social workers in the field Online skill assessment for already trained staff

+

Standardization of curriculum

- Design curriculum for nurses, nursing assistants, geriatric attendants, formal home caregivers & grassroot workers
- Curriculum should include online/offline courses, online simulation & hands on skills session
- Training modules could be full time, part time & as an on-the-job certification
- Training for informal caregivers
- Bridge courses for formal caregivers

+

Certification & licensing

- Certification/ license to practice specific categories of formal geriatric care
- Credentials & license class to define privileges for providing specific type of care

Digital initiatives

- Online training courses for caregivers & social workers
- Educational & awareness videos for elderly & caregivers – capsule of 30 sec in between shows
- Promoting digital literacy - for caregivers & elderly
- Initiatives for data security

Source: Data analysis

Embracing transformative digital disruptions will help improve accessibility, affordability, efficiency and quality of services as well as create more sustainable models of care

Digital disruptions across the spectrum

Digital assistants for medication alerts improving medication adherence

Remote monitoring to monitor health indicators for preventive early responses

Mobile apps that help improve diet, exercise & social interactions

Telemedicine for remote care delivery

Safe home devices that remotely monitor elder residences & elder movement

Sensor based incontinence support

Personal emergency response tools help reduce instances of delay in care

Future Impact

1. **Increased reach of services** every elderly household even in the remotest locations

2. **Reduced care worker visits** to elderly homes

3. Digital enabled **'Ageing in Place'**

4. **Improved health status** of the elderly

5. **Digitally enabled elder living** facilities & healthcare institutions

6. Intelligent & easy to use **assistive devices improving mobility**

7. **Early responses** lead to better health outcomes

Source: Data analysis

Catalysing & Reforming Senior Care in India

Recognizing the opportunity in digital disruption & fostering innovations that help scale big & fast will help make the Indian senior care ecosystem truly future ready

Support to innovations in the space

- Prioritized support by the 'Atal Innovation mission' to startups, innovations & entrepreneurship in the senior welfare space

- Improving digital literacy to create digital-ready workforce & seniors

Source: Data analysis

5

Tax Subsidies

Tax impetus to consumers to save for care requirements in their senior years and to providers for increasing investment in development of the silver economy

Tax Reforms

1. **GST** of 18% on senior care products is restrictive – sector could be given priority and GST exempted for all products whether purchased by institutions or individuals

2. **Individual tax benefits** to citizens on senior care services, products & insurance

3. **Tax benefits to entrepreneurs & start-ups** in the space. 5-10 yrs. tax holiday for authenticated "senior care firms" for establishment of assets in senior care and attract investment to the sector.

4. The Annual Action Plan (2021-22) for Atal Vayo Abhyuday Yojana (AVYAY) plans to channelize **CSR funds for elderly care'.**

   • Under Schedule VII of Section 135 of the Companies Act, setting up old age homes, day care centers and such facilities for Senior Citizens is an approved item for CSR funding. However, lack of a mechanism for identification of suitable projects has limited CSR funding in the segment

5. Additionally, **CSR /Charity funds by private senior care providers** could be earmarked as contribution to national fund or for care provision to non-affording category of seniors in their facilities in lieu of concessional land, utilities, tax rebates etc. E.g., Hospital scheme under Maharashtra Public Trusts Rules 1951

   • This would involve definition of a regulatory policy with eligibility criteria for seniors, framework for concessional/ free services, subsidized schedule of service tariff & costs as well as a robust governance, reporting, monitoring & audit structure
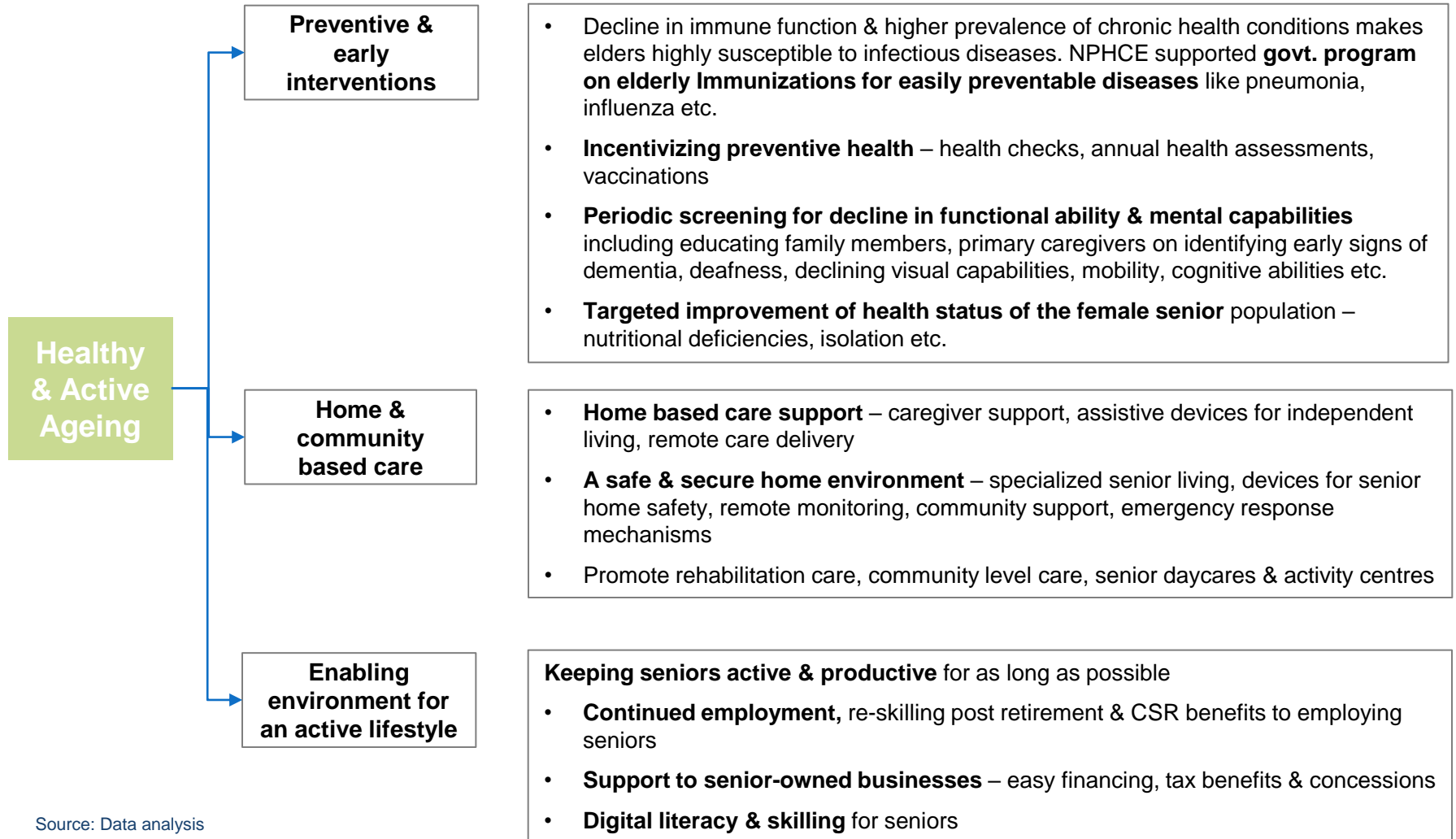
Source: Annual Action Plan 2021-22, AVYAY, Secondary research

Recommendations

6

Active & Healthy ageing

Environmental support systems that helps the elderly optimize opportunities for living a healthy and productive life would help reduce the cost of care burden

Healthy & Active Ageing

Preventive & early interventions

- Decline in immune function & higher prevalence of chronic health conditions makes elders highly susceptible to infectious diseases. NPHCE supported **govt. program on elderly Immunizations for easily preventable diseases** like pneumonia, influenza etc.

- **Incentivizing preventive health** – health checks, annual health assessments, vaccinations

- **Periodic screening for decline in functional ability & mental capabilities** including educating family members, primary caregivers on identifying early signs of dementia, deafness, declining visual capabilities, mobility, cognitive abilities etc.

- **Targeted improvement of health status of the female senior** population – nutritional deficiencies, isolation etc.

Home & community based care

- **Home based care support** – caregiver support, assistive devices for independent living, remote care delivery

- **A safe & secure home environment** – specialized senior living, devices for senior home safety, remote monitoring, community support, emergency response mechanisms

- Promote rehabilitation care, community level care, senior daycares & activity centres

Enabling environment for an active lifestyle

Keeping seniors active & productive for as long as possible

- **Continued employment,** re-skilling post retirement & CSR benefits to employing seniors

- **Support to senior-owned businesses** – easy financing, tax benefits & concessions

- **Digital literacy & skilling** for seniors

Source: Data analysis

A proposed model for healthy & active ageing in India could focus on enabling the elderly to remain independent and healthy as they age based on their specific needs, means and preferences

A trained Health Care Worker / Care Manager conducts the **standardized needs and means assessment** to evaluate :
- **Health care & non medical care & support needs**
- **Family, financial & home means assessment**

The tiers are integrated with the **larger senior care continuum** to provide the elderly **seamless integrated care**

The 3-tiered system

Personal support network
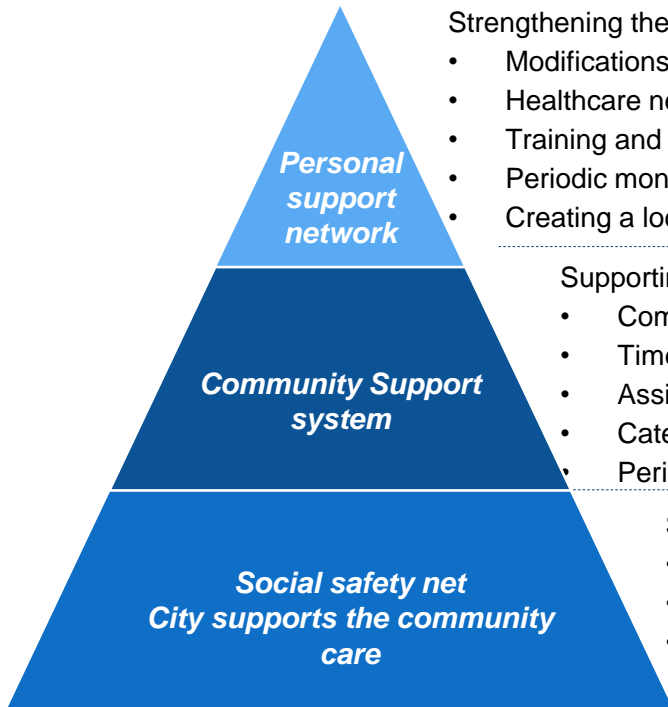
Strengthening the personal support network :
- Modifications to home environment
- Healthcare needs setup
- Training and education to the elder and care givers
- Periodic monitoring schedule
- Creating a local network of volunteer seniors <70yrs of age

Community Support system

Supporting via a community support system :
- Community based healthcare services
- Timely referral for institutional care
- Assistance for care givers
- Cater to elder socialization needs
- Periodic monitoring schedule & vaccinations

Social safety net City supports the community care

Social and government scheme support for;
- Financing of care
- Institutional care when necessary
- Free / Subsidized medicines, services, support & assistive devices

Nutritional support *Mobility support* *Geriatric Homecare* *Safe & Elder home* *Secure Elder home* *Elder for elderly*

Wellness & socialization centres *Access to drugs, vaccines, assistive devices & diagnostic facilities*

Remote & Digital healthcare delivery *Assisted Living facilities* *Emergency Response* *Tertiary care facilities*

Globally, senior care ecosystems employ a standardized senior needs & means assessment to evaluate the medical and non-medical needs as well as means - facilities & family support available to the senior…

Illustrative areas for needs & means assessment (1/2)

Indicative & Non-exhaustive

	Information category	Objective
	Patient demographics	To capture basic information like patient name, age, weight, height, vitals at home / institution
	Medical history	To list patient's past & current medical diagnoses, surgeries, hospitalizations or other medical conditions, ongoing medications & procedures, Immunization status & allergies if any (should cover all aspects of physical & mental heath)
	Family & Caregiver situation	Evaluate family information (home support available) -patient place of residence, family members & caregivers, relevant family medical history
	Activities of daily living	Identify information on assistance required for activities of daily routine, hygiene & grooming, mobility-related challenges, meal preparation & intake, getting in & out of bed, patient's main method of commuting
	Risk assessment	Risk evaluation for fall risk screening, pain assessment & scoring

…to help define the required care settings - home or institution, care level and eligibility for sponsored / subsidized care as well as evaluate home modifications required for the senior to avail care at home

Illustrative areas for needs & means assessment (2/2)

Indicative & Non-exhaustive

	Information category	Objective
	Hearing, Speech, Vision & Sleep	Basic information on vision, hearing & speech challenges & abilities, sleeping patterns & quality of sleep
	Nutritional status & needs	Information on preferred /prescribed diet type & restrictions, medical conditions limiting / enhancing diet, any difficulty faced during eating, chewing, swallowing etc.
	Social interactions & patterns	Capture patient's information on smoking habits, alcohol consumption and any other addictions, socialization patterns
	Continuity & transition	Physical activity (type, intensity & duration), emotional wellbeing, continuity at work, overall health rating by patient
	Personal Goals & expectations	Patient health & wellness goals, health motivation, any additional remarks / concerns which patients wished to share

Globally, a comprehensive, multidisciplinary and patient-centred approach is employed to assess senior care needs and means to ensure standardization of a highly skilled activity and bring transparency to care services allocation

Country name	Best practices
Japan	• **Nationally standardized needs assessment instrument** administered at a community level by Care Managers • Initial care-needs assessment **available digitally** • The care needs assessment was developed by the Care Needs Certification Board, a committee of medical and other professionals, based on data collected in a large-scale time study in long-term care institutions and subsequently tested and validated by assessing data of ~1,75,000 seniors
Australia	• A comprehensive assessment form available to seniors on the **National aged care portal as well as delivered by post to the senior at home** • Assessment used for defining care needs for home-care packages, short term care & aged care homes
UK	• Standardized needs assessment form for **assessing medical as well as non-medical needs and means available to the senior** to evaluate need for home adaptions or prescription to a care home • Executed on ground by social service department of the local council via telephone, online or face to face

Respectful & positive messaging around ageing & older people, to help modify society's attitudes & behaviour towards senior citizens

Information communication & education initiatives to create awareness and destigmatize ageing process

- Awareness on **age related changes**
- Where & how to seek assistance ?
- **Services & products/devices**
- **Mental health & nutritional needs**
- **Preventive and promotive care activities**

- **National level senior care week** to increase awareness amongst the population

- **Rights of the elderly**
- Laws against abuse of the elderly
- Senior citizen focused government schemes
- Local level initiatives

- **Financial assistance** for the elderly care & welfare
- Benefits, concessions

Promoting an environment & senior health status that enables seniors to make the best of all opportunities for social interactions, thus reduce the risk of social exclusion & isolation

The vision of an age-friendly India must include social connectedness while ageing in place within inclusive communities at its core

A positive health status

Promotion of health with retaining & slowing decline of mental & physical capacity during the silver years

- Timely rehabilitative care to improve outcomes as well as encourage physical activity
- Recommended immunization to reduce adverse outcomes

- Improving diet & nutritional health as per specific health needs of elderly
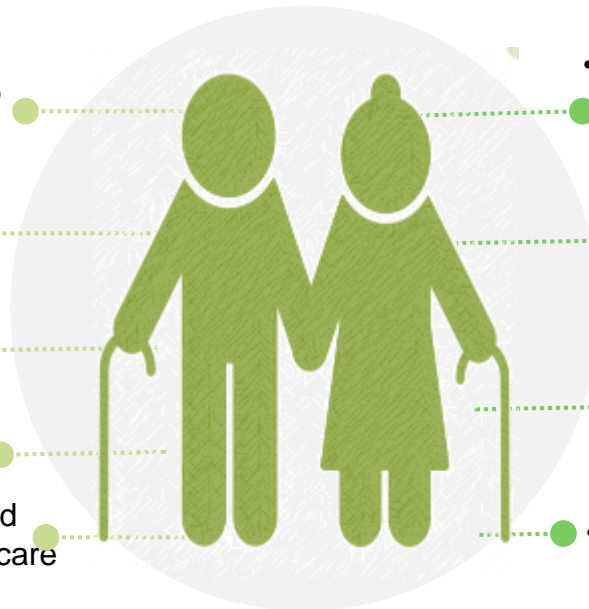
- Access to assistive devices to maintain mobility, hearing and vision
- Incontinence solutions & care

- Awareness on mental health and access to timely treatment and care

An accessible environment

A cross-sectoral, interdisciplinary collaboration for planning & building age-friendly communities in both rural & urban settings

- Improved reach to transport, recreational facilities & assistive devices

- Community level social interaction – volunteering, intergenerational interactions, 'young elders for older elders'.
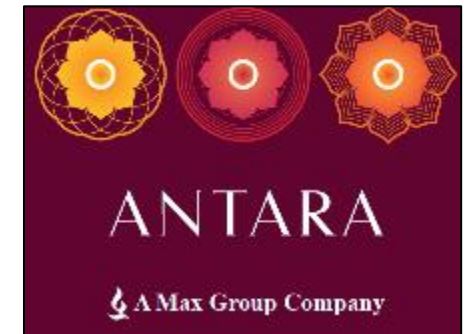
- Continued employment & financial independence

- Reimagining elderly homes & living communities

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