



## **A Review on The Provisions, Programmes and Policies for The Elderly to Meet Futuristic Trend of Health Service Demands**

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### **ABSTRACT**

*Caring for the elderly is the moral duty of every man and every aged individual desire and deserves a dignified living. Appropriate schemes and programmes in place are mandatory to empower self-reliant lives to senior citizens with strong social and inter-generational bonding. A basic thorough knowledge about the existing policies and programmes available exclusively for our nation's senior citizens is essential in several aspects so that the information gained will be useful for newer formulations that would be in accordance with the changing trends or increase awareness regarding the available schemes for the elderly aimed at improvising their overall quality of life. This paper is a review article that was carried out to find out the benefits of several schemes devised for the elderly in India. A study about the geriatric population is conducted as this particular segment is predicted to increase dramatically and it would be a great challenge for any government or health care centres to provide care for the exploded segment if policies and programmes are well planned and implemented aimed at health promotion ensuring that the elder people reap the benefit of not only extended life span but also a dignified living condition so that they attain satisfaction of a good quality of life. Thus, a comprehensive review analysis was done to determine the provisions, programmes and policies for the elderly to meet futuristic trend of health service demands*

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### **INTRODUCTION**

International day for older person also popularly known as world geriatric day is celebrated on every first of October in order to recognize their contributions to our society and understand issues that affects their lives. Population explosion of the elderly segment is expected to occur in future which needs revamp of geriatric policies, programmes and provision to meet their demands for which knowledge on existing benefits for their welfare is essential [1]. A wide-ranging strategy and action plan at a global level developed by the World Health Organization in 2016 aimed healthy ageing. As per section 125, the code of criminal procedures 1973, it is the responsibility of a child with sufficient means to take care of parents who lack any source of maintenance and failure to go about is subjected to penalty. It is emphasized according to the Hindu adoption and maintenance Act of 1956 as well which is applicable for only Hindus and Muslim law includes provision of care even for maternal and paternal grandparents and these both highlights the importance of providing them basic care [2]. An important legislation is the Older Person Bill of 2005 which comprises of three areas namely maintenance, care and protection. The first area offers protection of finance, housing, property with assistance for recreations and spiritual needs and addresses grievances thus safeguarding lives of the elderly while the next area provides basic needs for survival such as food, clothing, shelter, companionship and medical support. The protection component ensures that the elderly are not physically and mentally exploited [3]. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 enables revocation of property transferred by the elderly in case of negligence and signifies that

care is obligatory and is justifiable apart from its contributory concern on health care facilities, social and pension securities with establishment of old age homes. The Central Government of India adopted the National Policy on Older Persons in 1999 for the welfare of its senior citizens which in addition to provision of basic needs and protection offers opportunities for the development of elderly with focus on improving their quality of life. Its agenda in terms of healthcare delivery encompasses establishment of geriatric wards with bed facilities at all levels of care, provision of treatment for chronic, degenerative and terminal illnesses, reaching the unreached through mobile clinics, training of geriatric health service providers, and inclusion as syllabus in medical and nursing courses as well as strengthening of research through set up of exclusive institutions. It aims at bringing about productive and healthy ageing [4]. It promotes the reach of health care facilities through domiciliary care by trained workers, ensures appropriate instrumentations and equipment's availability at the sub-centres, primary plus community health centres and district hospitals in addition to its role in recruitment of qualified human resources in adequate numbers. It also carries out an activity which deals with dissemination of health information in the most culturally acceptable ways through folk and mass media. Its responsibility in the preparation and propagation of the IEC (Information, Education and Communication) content helps in reaching target audiences as it is made available in regional languages to reach those deserving utmost care. It promotes the health of the elderly by encouraging public private partnerships, reorienting medical services to support senior citizens and mainstreaming AYUSH and converging exclusive geriatric population with programmes of the Ministry of Social Justice and Empowerment whose chairperson and team, a part of the national council for older persons recommends the Government of India for its formulation of policies and programmes for its country's senior citizens [5]. The central sector scheme of integrated programme for older persons, 1992 offers holistic care to the elders and it takes in to account their vocational needs as well. The national policy on senior citizens, 2014 developed a formal and informal social support system in order to increase the capacity of the care givers so that the older adults remain to be bonded with their family [6]. The contributory efforts of various non-governmental organizations such as Help Age- India, Manavlok, Abhoy Mission, Shraddhanand Mahilashram, Asha Kiran play a vital role in fulfilling the essential needs of disadvantaged elderly population. Help Age India maintains about 300 old age homes and day care centres. It is a charitable platform that was set up in 1978 and is registered under the Societies' Registration Act of 1860. It works through 26 State Offices across the nation [7]. Its welfare activities through its help age's mobile healthcare program include reach of clinic to remote places which are slums and villages, maintenance of health records, provision of monthly free medications and organizing camps for sustainable healthcare solutions to destitute elders. In a scenario with population explosion which has been a great ever growing challenge for achieving universal health coverage in developing countries like India, about 152 MHUs are servicing at 1920 locations which is spread over 22 states presently having delivered 3 million treatments. This programme has benefitted more than 9 lakh elders since 1980 by restoring their sight. This programme has conducted  $\geq 35,000$  cataract eye surgeries and delivered  $\geq 1.48$  lakh physiotherapy treatments in 15 states. It also offers palliative care to end-stage cancer patients apart from conducting screening camps and over 99,000 treatments have been supported since 1998. This NGO also carries out rescue operations of elders through its disaster intervention programs of 1980 at times of calamities. Adopt a granny programme which was commenced in 1983 provides support for the elderly who lack support and roof. It involves monthly supply of ration comprising much needed sustenance and bear minimum fund in order to simply survive. This voluntary organization also through its Elder-Self-Help-Groups (ESHGs) model which is adopted by the Ministry of Rural Development as well supports nearly 7,415 groups with 95,584 elders across 16 states provides them opportunities to generate income thus regain dignity. The Ministry of Rural Development also has a role in food security through its Annapurna scheme which involves supply of 10kg food grains for those uncovered through NOAPS. Similar assistance is offered by the Indian Government through its Senior Able Citizens for Re-Employment in Dignity (SACRED) and Action Groups Aimed at Social Reconstruction (AGRASR) Groups. The former consists of a portal that facilitates connecting people by virtual matching of preferences following which experienced employees are recruited by the business enterprises while the latter functions as 'Action Groups Aimed at Social Reconstruction (AGRASR Groups)[8]. As the Annapurna scheme, Meals-on-wheels is a designated core service that works on collaborations and is mostly underpinned by legislation and funding. However, it is partly funded by the Older American Act. It functions to develop a sense of security amongst those feeling isolated who are affected with disability, illness or frailty in the elderly community. It also provides necessary transitional care for hospitalized individuals as it ensures highly qualitative nutritional meals to convalescents apart from home delivered meals as per approval of registered dietician and in accordance with recommended daily allowance (RDA), wellness checks through trained staffs who could contact the rescue teams in case of emergency, organizing personal care service providers even for hygiene maintenance and mental health counselling. It is exclusively available for those  $\geq 60$  years from

whom a very nominal or no fee is collected depending upon their income status [9, 10]. A noteworthy initiative is the development and availability of user friendly toll free helpline service to gain assistance for their various problems as it play a major role in creating them access to information through diverse institutions such as old age homes, hospitals, legal advisors, police force, government and non-governmental organizations. Similar facility is set by the Government as well under the scheme for awareness generation and capacity building which in addition is actively associated with conducting training, awareness and sensitization sessions for the welfare of senior citizens. The Atal Vayo Abhyudaya Yojana is a scheme of the Department of Social Justice and Empowerment effective from 1st April 2021. It is an umbrella scheme with the integrated programme which focuses on comprehensive care including vocational wellbeing consisting of the state action plan for senior citizens that take in to account strategies considering local conditions. It also includes the Rashtriya Vayoshri Yojana' (RVY) which is formulated by the Ministry of Social Justice and Empowerment and executed by the Artificial Limbs Manufacturing Corporation of India (ALIMCO) that provides physical aids and assisted living devices such as walking sticks, elbow crutches, walkers, tripods/quad pods, wheelchairs, chair/stool with commode, hearing aids, artificial dentures, spectacles, silicon foam cushion, knee brace, spinal support, cervical collar, lumbosacral belt, brakes attached walker/roalator, walking stick with seat and foot care kit consisting flexi gel socks, socks cushion sandal, silicon insole (complete foot/ankle) and insole with pressure point relief. The revised scheme includes supply for elders who not only belong to below poverty line but also is presently extended to those with an income of less than Rs.15000/- per month with age-related deformities or infirmities [11-13]. It promotes silver economy which is acquirement of innovative solutions from entrepreneurs for elderly problems through provision of financial support of about a crore on equity participation through its Senior care Ageing Growth Engine (SAGE). It also plays a major role in channelizing the funds of various CSR activities for geriatric care in accordance with Schedule VII of Section 135 of the Companies Act [14]. The activities of Geriatric Society of India includes controlling the epidemics in the geriatric population, creating health awareness in them, focusing on their nutritional aspect and improvising care facilities for them. This non-profit organization comprising a team of doctors also is known for its active participation in infection control through enlightenment about vaccines in the older adults. This network is also well known for conducting numerous geriatric based conferences, workshops, seminars, symposiums and continuing educational programmes for developing qualitative health care protocols to improve their living standards [15]. The National Social Assistance Programme offers financial assistance to widowed elderly and those who belong to below poverty line. There are about four million elders across the country receiving support from this pension scheme [16]. The Indira Gandhi National Old Age Pension Scheme (IGNOAPS), launched in 2007 offers monetary support for elders aged 60-79 years from below poverty line with an increment on attaining 80 years of age and there are about a total of 1.57 crore beneficiaries under this scheme. Another such similar scheme is the Indira Gandhi National Disability Pension Scheme (IGNDPS) that offers benefit from the onset of 18 years for those with severe and multiple (80% level) disabilities [17]. Health care to the elderly is provided by the Bhavishya Arogya Medclaim and Rural Group Life Insurance Schemes. Ministry of Health of Family Welfare launched its state oriented programme named "National Programme for the Health Care of Elderly" in 2011 which aimed to provide holistic care at all levels of the systems with special clinics and separate queues in place at hospitals for the elderly. Under this, a total of 713 district hospitals are sanctioned to provide both primary as well as secondary geriatric care services at the OPD, IPD or ward with facility of 10 beds, lab and physiotherapy division. Its tertiary services which are grouped and renamed as Rashtriya Varishth Jan Swathya Yojana (RVJJSY), is primarily focussed at development of home care services and yoga therapy, convergence with the interventions of AYUSH, conducting programmes for screening to arrive at early diagnosis, mobile elderly projects, vaccinations and activities for reach of suitable IEC to the elderly and their care-givers. It provides health care through establishment of 19 regional geriatric centres in the country with 30 bedded facilities and also with allocation of few exclusively for the older adults in the ophthalmology, urology and orthopaedic units [18]. About two national centres of excellence for geriatric care exists of which one is located at the Madras Medical College comprising 200 beds while another is at the All India Institute of Medical Sciences, New Delhi and in addition, a 250 bedded unit is sanctioned for PGI, Chandigarh. Training modules are available for medical officers, nurses and community health care workers to help them in the delivery of comprehensive geriatric policies [19]. A qualitative, comprehensive and unique survey using the computer assisted personal interview technology and geographic information system and titled the LASI - "Longitudinal Ageing Study in India" was carried out under joint sponsorship of various ministries (MoHFW, MoSJE, NIH, NIA, UNFPA) in 2017 which provided data on status of family, social network, income, assets and consumption contributing to health status of the elderly spanning 25 years [15, 20]. In order to conduct comprehensive analysis of elder polices and examine its existence especially in terms of its effects based on question formulated and financial security related issues of the aged, the old age social

and income security (OASIS) projects was launched [21]. Social security is offered by the The Pradhan Mantri Vaya Vandana Yojana launched in 2017 and implemented by the LIC of India through monthly provision of returns with interest on payment of an initial sum. Atal Pension Yojana launched in 2015 and administered by the Pension Fund Regulatory and Development Authority (PFRDA) is a pan India scheme available to subscribers at the age 60 covering those who are associated with unorganized sectors. The other pension schemes offered by the Indian Government include Nation Pension Scheme and Varishtha Pension Bima Yojana. Jeevan Suraksha of the LIC offers benefits such life cover and endowment. The Bima Nivash targets elders up to 65 years for tax benefit [22]. Few other noteworthy multiservice centres include ASHA-Action for Social Help Assistance, Centre for the Welfare of Aged, Agewell foundation, 1999. Income tax concessions as per section 88B of Finance Act, 1992, dearness relief, gratuity, medical insurance and treatment deduction as per section 80D, 80DDB to Rs.15000/- and Rs.40,000/- respectively and reductions in accordance with Section 80C in senior citizen savings schemes, mediclaim policy and in group which is applicable up to 70 years of age are few to be considered by elders. Jeevan Dhara Scheme benefits self-employed elders up to 65 years of age. Jeevan Akshay provides lifelong pension with a survival benefit after 7 years from the period of minimum paid and also a lump sum death benefit while Jan Arogya Scheme reimburses medical expenses [23]. In order to ease travels for the elderly, concessions and facilities are being provided by the Indian Railways, Airways and State transport corporations where separate counters and wheelchairs are available for the elderly as the office for income tax returns. Low floor buses which are convenient for older passengers are financed by the Department of Urban Development under Urban Bus Specification-II issued in 2013. The court of law facilitates expeditious disposal of cases involved the elderly. "Dignity dialogue" and "Harmony India" are some of the recreational resources exclusively available for the elderly in the form of magazines. Numerous digital platforms such as NIIT, Expert Ease offer second career in addition to learning opportunities for the elderly. Ministry of Housing and Urban Affairs, Department of Urban Development has issued the Model Building Bye Laws, 2016 (MBBL) which play a crucial role in standardizing elder- friendly buildings consisting of barrier free environments. Prioritization in the allotment for ground floor or lower floors is given for families comprising senior citizens under Housing for All Mission/Pradhan Mantri Awas Yojana Guidelines. National awards for eminent senior citizens and institutions in support for the elderly are in recognized for their invaluable services to our society under Vayoshreshtha Sammans [24].

## CONCLUSION

As inverse care law exists in India, home based management systems in health care sector needs strengthening with the inputs of upcoming futuristic trend of artificial intelligence with a perspective of decentralization rather than a national wide view. There is a strong need to incorporate digitalization to ease the access towards health care delivery system exclusively for our senior citizens. There is a need of the hour to plan, executive, monitor, evaluate and revise existing geriatric health policies or programmes so that culturally appropriate and acceptable care could be delivered to the geriatric community who deserve special care.

## REFERENCES

1. Rosenblatt, D.E, Natarajan, V.S. (2002). Primer on Geriatric Care: A Clinical Approach to the Older Patient. Kochi: New age Publishers.
2. Legislation and governmental agencies. Geriatric Medicine; IGNOU.
3. <https://pib.gov.in/PressReleasePage.aspx?PRID=1806506>
4. [www.oldagesolutions.org](http://www.oldagesolutions.org)
5. Rajan SI, Mishra US. (2014). The national policy for older persons: Critical issues in implementation. Popul Ageing India. 135-54.
6. Guzman JM, Pawliczko A, Beales S, Voelcker I. (2012). Overview of Available Policies and Legislation, Data and Research and Institutional Arrangements Relating To Older Persons- Progress Since Madrid. 91.
7. Provisions RC. Chapter 7 National Policies and Programmes for Elderly. 2013; 3 98:12 -46.
8. Annapurna scheme guidelines 2000.pdf.
9. <https://mealsonwheelsnetwork.ie/>
10. <https://www.carelink.org/services/meals-on-wheels/>
11. German PS, Fried LP. (1989). Prevention and the elderly: Public health issues and strategies. Annu Rev Public Health. 10(63):319-32.
12. Reviews VN. Ageing Related Policies and Priorities in the Implementation of the 2030 Agenda for Sustainable Development – As reported in the Voluntary National Reviews of 2016, 2017 and 2018 Table of Contents. 2018; (December): 1-25.
13. CoM I. Global strategy and action plan on ageing and health. Available from <http://apps.who.int/bookorders>.

14. Ministry of Health & Family Welfare (India). Operational Guideline: National Programmes for Health Care of the Elderly. 2011; Available from: [http://moffw.nic.in/WriteReadData/1892s/2612656526 Operational\\_Guidelines\\_NPHCE\\_final.pdf](http://moffw.nic.in/WriteReadData/1892s/2612656526%20Operational_Guidelines_NPHCE_final.pdf)
15. International Institute for Population Sciences (IIPS). Longitudinal Ageing Study in India (LASI). Fact Sheet 2010; Available from [https://iipsindia.org/research\\_lasi.htm](https://iipsindia.org/research_lasi.htm).
16. Verma R, Khanna P. (2013). National programme of health-care for the elderly in India: A hope for healthy ageing. Vol.4, International Journal of Preventive Medicine. Wolters Kluwer –Medknow Publications;p. 1103-7. Available from:/pmc/articles/PMC3843295.
17. OMS. Global strategy and action plan on ageing and health (2016-2020) Why a global strategy? 2020; Available from: <https://www.who.int/ageing/GSAP-Summary-EN.pdf?ua=1>
18. Getting Active to Control High Blood Pressure |American Heart Association. Available from : <https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/getting-active-to-control-high-blood-pressure>.
19. Services DG of H, Welfare M of H and F. (2017). National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke Training Module for Medical Officers for Prevention, Control and Population Level Screening of Hypertension, Diabetes and Common Cancer. New Delhi; Available from [http://nhsrcindia.org/sites/default/files/module\\_for\\_MOs\\_for\\_Prevention%20Control%26\\_PBS\\_of\\_Hypertension%2C\\_Diabetes%26\\_Common\\_Cancer.pdf](http://nhsrcindia.org/sites/default/files/module_for_MOs_for_Prevention%20Control%26_PBS_of_Hypertension%2C_Diabetes%26_Common_Cancer.pdf).
20. International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (Nfhs-4) 2015-16. 2015-16.2015; 1-671. Available from <https://dhsprogram.com/pubs/pdf/FR339.PDF>
21. Ganguly S. (2012). Good health adds life to years. J Indian Med Assoc. 110(4): 212-3.
22. Jan MM. (2019). Geriatric health. Vol 30, Medical Forum Monthly.p.1.
23. Colombo PJ, Crawley ME, East BS, Hill AR. Aging and the Brain. Encycl Hum Behav Second Ed. 2012; 53-9.
24. Five Year Plan. (2016). The estimated cost of the tertiary level activities of the programme are as per details \* Expenditure during 12.:( ii):1-5.

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