

***Best practices in managing LTC
of elderly in developed
European nations: evolving
strategies for India***

**Sunil Kumar Gulati IAS
PhD Student**

**and Prof Dr. Sudhir K Jain
Head**

**Department of Management Studies
Indian Institute of Technology Delhi**

7 Sept 2012

London School of Economics

Gratitude: Acknowledgements

- Govt. of India
- IIT Delhi
- DIE



CONTENTS

- **INTRODUCTION**
- **Context of AGED IN INDIA**
- **DEMOGRAPHY of INDIAN ELDERLY**
- **INDIA and EU**
- **Good practices of EU**
- **Strategies for India**
- **Action Points**



Cultural Context of Aged in India

- **Three kinds of debts of every Person:**
 - **Dev Rina (towards the Divine),**
 - **Rishi Rina (towards the teachers),**
 - **and Pitri Rina (towards the parents).**
- **Children are supposed to repay these debts within their lifetime.**

Cultural Context of Aged in India

■ The four aims of life in India:

- Dharma (righteousness),
- Artha (wealth),
- Kama (pleasure),
- and Moksha (liberation).

So Packing up and leaving is part of
Package called Life.....

The Ashram system is designed to lead
to a fulfillment of these four aims of
life

ASHRAM system

- The Avg. human life is regarded as 100 yrs
- Consisting of four periods of 25 years each.
- The goal of each period is the ideal fulfillment of four consecutive life stages viz:
 - Brahmacharya (student life),
 - The Grihastha (Householder life),
 - Vanaprastha (Retired life)
 - and the Sanyasa (Renounced life).

Cultural Context of Aged in India

- **So renunciation is a goal of life**
 - **and even there is choice of Ichhamrityu (ending life by desire)**
 - **Mahasamadhi (going into deepest state of meditation for ever)**
 - **and Santaara practiced by Jains (Fasting till leaving the Body)**
 - **Therefore old age being a kind of 'logical closure of life' perspective ..**
-
- **Why keep living forever???**

Unique Living Arrangement of Aged in India: the Joint Family System

- **Census of India showed**
 - **only 3.9% single member and**
 - **8.2% two member households,**
 - **almost two thirds of families can safely emerge as joint families in India.**
 - **Could go up to 85+% (two kitchens in same building)**

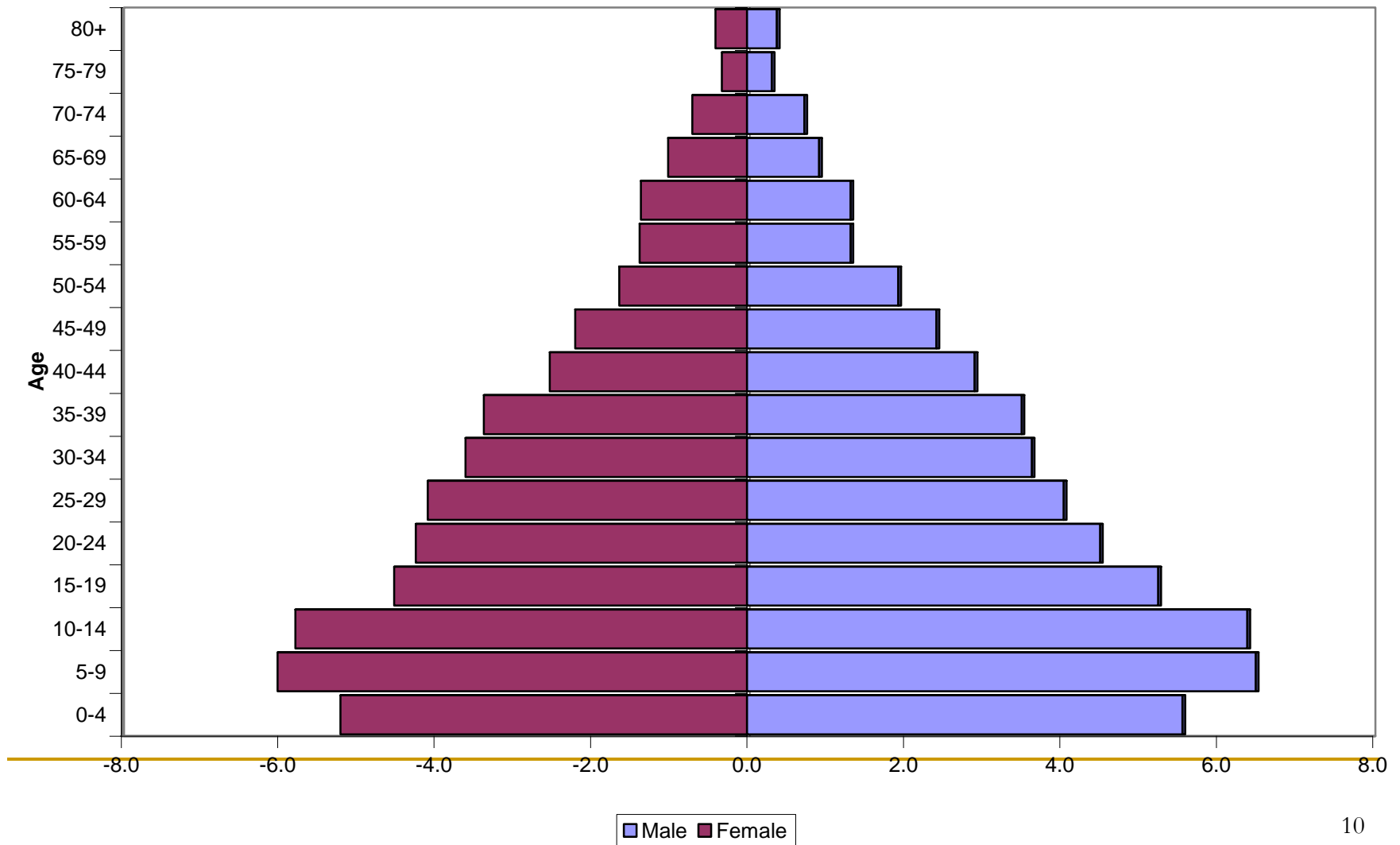
Joint Family has gone up rather than reduced due to Globalization as there was within country Migration

Cultural Context of Aged in India

- **The Gapindex study says that 82.8% elderly in India live in households with their adult children**
- **while this figure is 64% for China, 57 % for Mexico and only 4.1 % for Sweden and below 10% for UK, Germany, Switzerland and Netherlands.**
- **The joint families in India have traditionally been taking care of the elderly in the family, even if the working wife gets support of in-laws to look after the child (Gapindex, 2010).**

Age-wise Distribution Pyramid: India

Pyramid India



Stages of Demographic Evolution

1. First stage - High Birth Rates – High Death Rates- High Balance

2. Second stage – High Birth Rates – Low Death Rates – High Natural Growth

3. Third Stage – Low Birth Rates- Low Death Rates – Low Balance

India has states which are at Second and third stage and some isolated pockets in 1st stage too...Fertility was 6 in 1950, now 2.6 (2010)

Year by which Replacement Level of Fertility (Total Fertility of 2.1) will be Achieved

India and major States	Year by which projected TFR will be 2.1
India	2015
Andhra Pradesh	Achieved in 2002
Assam	2019
Bihar	2021
Chhattisgarh	2022
Delhi	Achieved in 2001
Gujarat	2012
Haryana	2012
Himachal Pradesh	Achieved in 2002
Jammu & Kashmir	NA
Jharkhand	2018
Karnataka	Achieved in 2005
Kerala	Achieved in 1998
Madhya Pradesh	Achieved in 2025
Maharastra	2009
Orissa	Achieved in 2010
Punjab	Achieved in 2006
Rajasthan	2021
Uttar Pradesh	2027
Uttarakhand	2022
Tamil Nadu	Achieved in 2000
West Bengal	Achieved in 2003
North East	Achieved in 2005

Life expectancy

■ At age 60 (2005-10)

- For West Europe is 21yrs (males) and 25 yrs (Female)
- For India, 16yrs, males, 18 yrs, females

■ Life Expectancy at Birth

- 1950: 37 years
- 2011: 65 Yrs
- 2050: 74 yrs

Life Expectancy Differs from State to State

Life expectancy at birth (2001-06) Major States of India

	State	Male	Female
	INDIA	63.9	66.9
1	Andhra Pradesh	62.8	65.0
2	Assam	59.0	60.9
3	Bihar	65.7	64.8
4	Gujarat	63.1	64.1
5	Haryana	64.6	69.3
6	Karnataka	62.4	66.4
7	Kerala	71.7	75.0
8	Madhya Pradesh	59.2	58.0
9	Maharashtra	66.8	69.8
10	Orissa	60.1	59.7
11	Punjab	69.8	72.0
12	Rajasthan	62.2	62.8
13	Tamil Nadu	67.0	69.8
14	Uttar Pradesh	63.5	64.1
15	West Bengal	66.1	69.3

Growth in Elderly Population

S No.	Item	2009	2050
1	World, 60+	737million (11%)	2 billion (22%)
2	West Europe 60+	24%	35%
3	India 60+	8% (93m) as per 2011 Census	20% (323 m) by 2050

Four Categories of Elderly

Age Categories of Elderly of India(2001)

Age Category	Persons	Male	Females
Young Old (60-69 yrs)	61.8	61.1	62.5
Old Old (70-79 yrs)	27.7	28.6	26.9
Very Old 80+	10.5	10.4	10.6
Extremely old(90+)	2.4	2.3	2.5

'very old' (80 years and over)

- in the World will go up from 14% in 2009 to 20% in 2050
- Europe...21% (2009) and will be 35% in 2050
- India 9% (2009) and 13%(2050)
- will almost triple from the 21.8 m of 2008 to 84.6 m (2060)

Increase in Haryana 1991-2001

- **From only 0.65 m in 1991, grown to 1.58 m elderly in 2001.**
- **So their DECADAL growth rate, at 142% is far more than normal growth 28% of total population.**
- Same case for other states
- **But people yet not aware of increasing burden as Economy is growing fast.**

Demographic Dimension:

Rural Urban profile of Elderly

Profile of Elderly of India by Residence(2001)

	Persons	Males	Females	Sex ratio
Total India	76622321	37768327	38853994	1029
Rural	57444714	28359605	29085109	1026
% Share	75.0	75.1	74.9	
Urban	19177607	9408722	9768885	1038
% Share	25.0	24.9	25.1	

Source: Census of India 2001

Religion wise data of Elderly in India (2001)

Religion	Age	Total	60-64	65-69	70-74	75-79	80+
Total (60+)	P	76622321	35.9	25.9	19.2	8.6	10.5
Hindu	P	63219024	36.1	25.8	19.2	8.5	10.3
Muslim	P	7949323	36.8	25.4	18.9	8.0	10.9
Christian	P	2006936	33.7	25.4	18.6	10.7	11.5
Sikh	P	1877795	30.1	26.4	20.1	9.3	14.0
Buddhist	P	672823	35.1	30.2	19.0	7.3	8.4
Jain	P	419825	31.5	28.4	19.0	10.5	10.7
Others	P	427752	39.6	25.8	17.6	7.8	9.2

Disability data of Elderly (60+) in India Totals(2001)

Age group	60 - 69	70 - 79	80 - 89	90+	Total
Total	1918586	1232462	475605	146959	3773612
In Seeing	999122	643850	242249	72053	1957274
%age	52.1	52.2	50.9	49.0	51.9
In Speech	71612	35653	11369	3561	122195
%age	3.7	2.9	2.4	2.4	3.2
In Hearing	205691	168018	76394	23839	473942
%age	10.7	13.6	16.1	16.2	12.6
In Movement	532586	334880	129406	41638	1038510
%age	27.8	27.2	27.2	28.3	27.5
Mental	109575	50061	16187	5868	181691
%age	5.7	4.1	3.4	4.0	4.8

ECONOMIC DIMENSION

Distribution of Total Elderly Workers (2001)				As Main Workers	As Marginal Workers
Age Group	60 - 69	70 - 79	80+	% to Total Elderly	% to Total Elderly
P	37.7	25.3	17.2	32.1	8.2
M	61.5	42.5	29.9	52.8	7.4
F	15.1	7.5	5.0	12.0	8.9

Work Participation Rate amongst Elderly

For World is 40% men and 20% women

West Europe It is 13% (M) and 6% for (F)

SOCIO-CULTURAL DIMENSION

Educational details of the Elderly in India

Category	Age group	60-69	70-79	80+
Illiterate	P	62.6	64.8	67.2
	M	45.4	49.3	51.6
	F	78.9	80.8	82.0
Literate without Educational level	P	2.7	2.8	2.9
	M	3.5	3.6	3.8
	F	1.9	1.9	2.1
Below primary	P	10.5	11.5	10.9
	M	14.2	15.8	15.2
	F	7.0	7.1	6.9
Literate above Primary	P	24.2	20.9	18.9
	M	36.8	31.3	29.4
	F	12.2	10.2	9.0

HEALTH DIMENSION

Incidence of Smoking, Drinking and Chewing Pan/Tobacco in INDIA by Aged 60+ yrs (all figures in Percentage of population)

Aged Category	Chewing Pan/Tobacco			SMOKERS		Drink Alcohol	
	Chewing Pan	Tobacco only	Ex-chewer	Current Smoker	Ex-Smoker	Current Drinker	Ex-Drinker
Tot Males	18.84	13.53	3.62	33.25	4.18	20.73	3.59
Rural Males	19.96	15.38	3.67	36.1	4.22	22.5	3.88
Urban Males	15.34	7.73	3.43	24.2	4.05	15.19	2.68
Tot Females	15.44	4.74	3.18	4.24	0.5	4.06	0.36
Rural Females	16.46	5.55	3.21	4.65	0.53	4.6	0.4
Urban Females	12.21	2.19	3.07	2.94	0.42	2.37	0.21

Source :SRS, 2004, RGI₂₄

MEASURES of AGEING

Old-Age Support Ratio (the number of people 15-64 years per person above 65 years)

- **of the world is 9 in 2009 and will remain only 4 by 2050**
- **In Europe is 4 and will fall to 2 by 2050**
- **In India it is 13 but will fall to 5 by 2050**

**Table4: Dependency Ratios and Indices of Ageing,
India 1951-2001**

Year	Dependency ratio			Ageing Index
	Child	Elderly	Total	
1951	68.49	9.80	78.29	14.31
1961	76.97	10.56	87.53	13.72
1971	80.82	11.47	92.29	14.20
1981	73.64	11.92	85.56	16.18
1991	61.43	11.31	72.75	18.42
2001	62.08	13.08	75.16	21.07

Elderly Sex Ratio in favour of females

- **World has 1205 women per 1000 men at 60+**
- **At 80+ sex ratio is 1695 women per 1000 men.**
- **West Europe this sex ratio is 1282 (at 60+) and only 2127 (at 80+)**
- **India it is a relatively comfortable 1099 (at 60+) and 1205(at 80+)**

Haryana : Sex Profile of Elderly

Haryana 2001 : Age-Group-wise SEX RATIO			
Age	Total	Rural	Urban
All ages	861	866	847
60-69	1093	1104	1062
70-79	855	829	939
80+	884	841	1043

Living Alone...at 60+ age

- **World-over is 9 % (M) and 19% (F)**
- **West Europe 15% (M) and 41% (F)**
- **India it is 3% (M) and 8%(F)**

Widow-hood Haryana

- Amongst the widowed persons above 60 yrs, the males constitute only 10% as against 39.7 % for females.
- In the 45-49 yrs age group the proportion of widowed females is 4 times that of males at 10.2%.
- So females need to be trained and empowered to look after themselves after the prime of their lives are over.

Special Characteristics of Indian Elderly

- **90% have been Informal/Agricultural Sector Workers: No Pensions**
- **Work Participation at 60+ remains high**
 - **Males:60%**
 - **Females:21%**
- **Usually females have little Property Security or Savings**
- **Rural is a high:75% relatively poor connectivity and Infrastructure**
- **Children Migrating out within/out of India**

Scarcity of Data Sources

- **Census of India, 2001,2011**
- **2005-06 NFHS 3**
- **SRS, 2004**
- **NSSO 42nd Round (1987), 52nd Round(1996) and 60th Round(2004)**
- **Now LASI (Longitudinal Ageing Study for India)**
- **Some Individual studies**

Old Age homes in India

States	Total	Free	Free, Pay & Stay	Pay & Stay No data	No data
All India	1444	472	165	211	596

Bed Capacity at Old Age homes in India

All India Elderly	Total Est Beds	Avg Beds	OAH With Data	OAH No Data
93 m	72722	50	829	616

The Indian Scene vs EU

Way of Life of older persons in :

S	EU (West Europe)	India
1.	Independence (e.g., avoid care from children)	Interdependence (e.g., prefer care from children)
2.	Opportunity to develop aspects of the self	Closer links to family (Life revolves around children)
3.	“Life prolongation” techniques; “anti-ageing” medicine	Preparing for dying in ways regarded as natural and positive, e.g. cultivating spirituality

The Indian Scene vs EU

Way of Life of older persons in ::

S	EU (West Europe)	India
4	Money needed to support enjoyable, active retirement available	Relinquishing financial assets to children in late life, rather than waiting until after death
5.	High expectations from state, pay to state taxes etc regularly	90% elderly have no pension
6.	Demand Service, get it. Better Organized, connected	Do not demand from State, expect from Family (children). Hardly organized
7.	Physically active Lifestyle Overall Health better,	Active for Working Males, Non-working women have a lot of health issues when old

The Indian Scene vs EU

Way of Life of older persons in :

S	EU (West Europe)	India
8.	Highly aware and prepared for Healthy Ageing	Hardly any preparation. No institutional/ organizational set up
9	Hardly any Rural Urban or Divide, or difference in access to Males/Females	Huge Difference between Rural and Urban ,Male and Female
10.	Work Participation rates Male: Female: When Old:	Work Participation rates Male: Female: When Old:

1-4 (Jennie Keith et al, 2004)

Different Determinants of Living Conditions

Determinants of living Conditions	EU	India
Potential support an elderly person can expect From : a partner	High	High
From : children	Low	High
Socio-economic capacity	High	Low
Gender Differential	Equal	Females V. susceptible
Cultural norms	Indep.	Strong dep
State policies toward the elderly	Strong	Weak
Status of Health	Strong	Weak

Future of Care in Next 30 years (2008-40)

Issue/Factor	EU	India
Couples will live together longer will offer potential support to each other	Yes	Adverse Sex Ratio, Unmarried Males, Widows
More surviving children :Isolation will be lesser	Yes	Yes, Rural Migration an issue
Human resources available for care will be of better quality	Yes	No Beginning yet
More Personal capacities to face poor health	Yes	Little institutional effort on this

Future of Care in Next 30 years (2008-40)

Issue/Factor	EU	India
Growth in those needing care will be lower than the growth in elderly population itself.	Yes	Not necessary
vulnerable groups such as low educated/ unmarried/ childless people will grow more slowly/shrink	Yes	Not necessary, population momentum will go on
Most of the extra dependent population will be of older people living with a partner	Yes	Not yet. Unmarried males will depend on whom?

Future of Care in Next 30 years (2008-40)

Issue/Factor	EU	India
The Need for care	Substantial increase, Demand supply Gap possible	Gap will be smaller, May use Demographic dividend.
Strategy	Maintaining independence and encouraging people to stay at home	-ditto-.Little scope of State investment in Instt. Care Civil Society/Pvt Role will be big
State support to Care-givers	Possible	Will be Privately financed
Tech Innovation	Robots Possible	Far away

Context of Elderly in China and India

Item	China	India
Family Ties-Elderly Care	Strong family ties and widespread expectation that family members will care for the elderly; this responsibility is also a legal one.	-do-
Literacy	Unusually high levels of literacy	Low Literacy, not adequately equipped to deal with rapid economic changes
Workforce	High labor force participation among men and women.	-do-

Context of Elderly in China and India

Item	China	India
Quality of Life	Compared to most developing countries, China's people have better access to housing, food, land for growing food, and other basic needs.	Poor quality of life, especially in rural areas.
Govt Capability	The Chinese government is reasonably competent and actively dealing with issues of an aging population.	Some states are capable, others not. Lack of awareness.
Time Frame	China has plenty of time to learn from other countries	Has plenty of time to learn from other countries, but some states already have large numbers.

EU: Good/ interesting practices

LONG TERM CARE

- Austria provides universal care depending upon degree of care needed but income and asset tests
- Germany has a very good LTC Insurance system covering 90% of the population
- Sweden offers three types of support to Home Carers
 - (i) Respite and relief services
 - (ii) Support and educational group for carers and
 - (iii) economic support for caring

EU: Good/ interesting practices

LONG TERM CARE

- Work is usually decentralized
- Means tested
- Contributory
- Insurance based works best
- That LTC is not a “free good” but public has shared the contributions over their entire life”
- None of the schemes burdens only the working population and employers. The pensioners too have to contribute

EU: Good Practice-Home care services

- include some health care
- such as rehabilitation,
- supportive,
- technical nursing care both for acute and chronic conditions,
- occupational and physiotherapy as also
- health promoting and
- disease preventive care
- Has good RESPITE CARE Back up available

EU: Increase in Demand for Home Care

- **Demographic**
- **Social**
- **Migration**
- **Epidemiological** (NCD increase)
- **Technical innovations** Home Caring Robots are coming, but adapted toilets, showers, baths and lifting equipment as also special beds etc for elderly
- **Attitudinal Changes and Expectations**
- **Policy Priorities and Choices**

HOME CARE of ELDERLY

- Europe: In rural areas the intergenerational family groups look after the older and the disabled members
- Home care is seen to emerge as a sustainable alternative to unnecessary institutionalization for long term care by policy planners
- provided by formal and informal caregivers on a continuous basis in a balanced and affordable manner.

Discussion: Old Age is not a Disease: Elderly need **Healing** not Treatment

- Healing is multidimensional and holistic
- Healing is a process (or a journey)
- The goal of healing is recovery or restoration
- Healing requires the person to reach a personal balance and acceptance
- Using the SPIRITUAL WEALTH of INDIA
- Yoga, Ayurveda, Sidha, Unani Systems of medicine are more acceptable

Healing: Role of Indian System of Medicine

- Practitioners of ISMH are 704024 (2003-04) as against 1,78,000 members only of Indian Medical Association in 2010
- Budget allocation on Medical Health was 1899 Cr in 2001-02 compared to Rs 113 Cr on ISMH
- **SPIRITUAL Impact very big....**
- Yoga Should be tapped for Healthy Ageing

The Long Term Care VISION

**“With Proper Planning
People Could Remain
in Their Homes for the
Rest of Their Lives”**

www.longtermcarelink.net

Estimating the number of caregivers

- **USA has 34 million adult Carers**
- **Europe, over 9.6 million carers, only 1 million nurses**
- **Second European Quality of Life Study, the number of informal carers is estimated at 125 million for the EU in a population of 831 million**

Demand Pull by Indian Middle class

- **Indian middle class has been estimated between 50 m to 300 million**
- **22% of the population in the highest quintile has 76% of the surplus household income**
- **More than 11.5 m elderly will belong to the upper class (normally richer and more educated live longer).**

DEMAND for Home Care Givers: India

- Of the 11.5 m rich elderly even if 5% (going by the European thumb rule) need home care support then **0.55 million jobs can be made available.**

Present output only 1000 p.a. of Care-givers

- **Fortune at the Top of Age Pyramid**

Window of opportunity: Get carers from India : then send them Back like Gulf

- **Italy for instance that only 700,000 out of the 2 million care-givers work formally and the rest operate in grey market**
- **by 2006, almost 83% of caregivers were born out of Italy, up from 20% of 2001**
- **Internal & External Demand is HUGE**

Strategies for India

- **Train Train Train..Care Givers**
- **For Urban Elderly pick up caregivers from slums/villages and train**
- **In Rural areas from within the village**
- **Separate for Male and Female elderly**
- **Train at least 4 months , then exam and Certificate**
- **Home Help workers can be called once a week and trained.**

Technological Strategies / Best

Practices: use Demo Dividend

- Train any girl/widow or boy who has done 7 years of schooling (1st drop out stage) as '**Geriatric caregivers**'.
- Include, all the ANMs (Astd Nurse Midwife), ASHA workers and Anganwadi workers, their helpers to identify Geriatric Health conditions
- Employ through village Gram panchayet (elected body) under the **National Rural Employment Guarantee** to look after 10 poor BPL Elderly
- Can be partly paid by the family as well in cash or kind

Strategies for India

- **Employ caregivers under National Rural Employment Guarantee Program in Rural/Urban areas.**
- **National Skill development Program should support in a big way.**
- **Have a database of Caregivers developed and circulated to major NGOs**
- **Dual training: Child-keeping and Elderly care too.**
- **Especially tune for Non-Resident Indians**

TRAIN Home Care Providers

- a mix of professional and non-professional care providers.
- Nurses,
- Physical, Occupational and Speech Therapists,
- Home Care assistants,
- Social workers,
- Physicians,
- dieticians,
- Homemakers,
- companions,
- volunteers and others.
- Elderly themselves for Healthy Ageing

Strategy for India : Plan for Home Care

- Families must look after elderly
- Open Day Care Centers
- Have recuperation/Rehabilitation Centres for Short term Institutional care for elderly
- Respite care for Care-givers be also included
- **Give a Face to Informal carers**
 - Train them
 - Organize them
 - Recognize Socially
- Involve the Unemployed Youth/Students as stay-in Guests/Paying Guests etc.
- Modify the Residences for the Elderly to stay on..

ACTIONABLE BEST PRACTICES/STRATEGIES

- All Levels Micro, Meso, Macro be addressed
- Promote NETWORKING
- Involving
 - the DIASPORA
 - the Corporate Sector
- Give TAX BREAKS
- Promote FINANCIAL PLANNING

Strategies : NETWORKING

- **Roping in the NGOs / Foundations/NETWORKS**
- **NETWORKS for the ELDERLY**
 - **INTERNATIONAL NETWORKS**
 - **NATIONAL NETWORKS**
 - **REGIONAL NETWORKS**
 - **SUB-NATIONAL NETWORKS**
 - **LOCAL LEVEL NETWORKS**
- **SUBJECT BASED NETWORKS**

Social Strategies / Best Practices

- **Recognizing and honoring informal caregivers**
- **Recognition of Formal Home Carers**
- **RWAs/Gram Panchayets may hire physiotherapists/ occupational therapists/care-givers**

Social Strategies / Best Practices

- **Adopting the aged** by young adults
- **Live-in with the aged** (Intergenerational living)
- **Geriatric Health Program** (like School Health program) once in 3 m in slums/villages
- **Recognize** :Those found taking good care of themselves by giving a Certificate of Honour etc.

Generating Awareness:

- **The caregivers and if possible the entire adult family** should be trained and upgraded at least once a year even before they become caregivers
 - on geriatric care requirements
 - **healthy ageing**
 - **Past caregivers** can be asked to **share their experiences**
 - **Good caregivers should be honored** in these trainings.
-

Upgrade Quality

- **Special /follow up training sessions** once a quarter to Master trainers and Formal/Informal caregivers
- on CPR,
- Food Poisoning,
- End of Life Handling
- get feedback
- carer stress

Technological Strategies: Retro-Fitting

- Given certificates to acknowledge training : **Employability through Security companies**
- **adapting of house as 'Elderly friendly home'** a subject at ITIs.
- **training on retro-fitting** to Hardware merchants and their assistants
- **Hardware Manufacturers and Traders associations to start manufacturing and R& D on elderly friendly adaptations**

Innovations for Elderly Care: EU

- ICT products
- CARE ROBOTS
- **Telecare**
- Tele-Medicine
- Smart card-Medical History
- Tele-monitoring/Chat through Skype /Chat services
- Stair climbing Wheel Chairs

Technological Strategies / Making Life Easier

- Food is most Critical need of Elderly : **Meals on wheels** specialized service e.g. by Dabbawallahs of Mumbai,
- **Respite care** through vacant beds in the CHCs /PHCs
- **Early detection of Problems** by training **para-medical staff** on use of certain checklists/Assessment tests

Best Practices: giving OPTIONS

- **Day care centers** run privately in residential areas/community centers /in Parks etc (like crèches)
- In villages in the community chaupals or Dharamshalas through NGOs
- **Night Homes** for Single lonely elderly
- **Interdisciplinary care**

Relief to **INFORMAL** carers

- Training them
- **special equipments** for elderly care on rent/subsidy/buyback
- paid carer leaves
- Flexi hours or work
- Formal caregivers as substitutes for Respite
- Running good Day care centers
- Home Adaptation subsidy

Legal Strategies / Best Practices

- Authentication of life through the medical officers of PHC and Indian System of Medical Doctors
- Chip based National Identity card
- **The Maintenance and Welfare of Parents and Senior Citizens Act in 2007**
implementation be delegated

Political Strategies / Best Practices

- **Involvement of Indian System of Medicine and Homeopathy (ISMH) / Naturopathy/Ayurvedic doctors as the first referral point.**
- Keep penal provision in the health insurance schemes for those who smoke or drink
- alternatively those who look after themselves well should get a no claims bonus or discount.
- **Elderly Honor Medals and Gifts**

Political Strategies / Best Practices

- increase the Retirement age to 65 years
- Check **Elderly Abuse**
- **Pre-Retirement Training** for all :
Empowerment for a meaningful /Golden
Sunset

Social Strategies / Best Practices

- Training of Journalists and Media on Ageing
- Press Council of India to curb Negative reporting on 'elderly as a class'
- half a page/supplements to elder issues
- weekly magazine for the elderly

Social Strategies / Best Practices

- The Satsang/ Kirtan Mandalies/ Church/ Gurudwara organizations must be encouraged to organize frequent neighborhood satsangs
- **Recognizing** and training the **Community Touchpoints** of elderly on Healthy Ageing/Fall prevention etc

HEALTHY AGEING

- school based interventions,
- mass media campaigns and
- worksite interventions
- Anti smoking campaign
- Anti-alcohol campaign

The Peaceful Union

- Encourage spiritual practices in Elderly care institutions
- Not stifle them in the name of secularism
- Like churches abroad, all religious institutions be encouraged to take up elderly care institutions.

Thank You

Any Questions??

Sunil Kumar Gulati IAS

PhD Student

Email:

sunilaol@gmail.com

Please do Visit India soon..

-
- 20 million strong diaspora
 - Huge Corporate Sector
 - advocacy,
 - capacity building,
 - implementation of healthy ageing practices,
 - care products development,
 - building and managing of residential care facilities on PPP basis or BOT Basis

Economic Strategies: TAX BREAKS

FINANCIAL PLANNING

- **Subsidy or tax exemptions** for Home Adaptations for Elderly
- **VAT exemption** for Elderly Products
- **Provision of Respite care**
- Senior citizens with no male issue
- Financial planning for the elderly
- Second demographic dividend

Social Strategies / Best Practices

- **Recognizing and honoring informal caregivers**
- **Recognition of Formal Home Carers**
- **RWAs/Gram Panchayets may hire physiotherapists/ occupational therapists/care-givers**

Social Strategies / Best Practices

- **Adopting the aged** by young adults
- **Live-in with the aged** (Intergenerational living)
- **Geriatric Health Program** (like School Health program) once in 3 m in slums/villages
- **Recognize** :Those found taking good care of themselves by giving a Certificate of Honour etc.