Current Updates in Aging

Editorial Open Access

Health Care Infrastructure and Elderly: A Perspective

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Original Submission

Received: April 01, 2017
Accepted: April 21, 2017
Published: April 25, 2017

Open Peer Review Status: Editorials, news items, analysis articles, and features do not undergo external peer review.

How to cite this article: Kshipra Jain.Martins IJ. Health Care Infrastructure and Elderly: A Perspective. Curr Updates Aging (2017) 1: 4.1

The twenty first century witnessed an unprecedented increase in life expectancy of populations, leading to a phenomenon of ageing which initially became visible in developed regions. The demographic projections have now evidenced an unmistakable trend of ageing in developing regions as well [1]. Asia is home to 54% of the world's older population and it is projected that by 2050, 82% of the older population would be residing in regions of Asia, Africa, Latin America and the Caribbean [2]. The intensity and depth of aging, varied across countries and regions but the transition of less developed regions from young to an old age structure would occur over a shorter span of time [3,4] the developing regions are getting older before being rich.

Old age is often accompanied by declining health status and studies have shown that older people consume more health services per capita than any other age group [5]. The non-communicable disease (NCD) account for 73% of deaths among older population aged 60 years and above. Not only this, elderly are at much higher risk for multiple chronic diseases associated with many adverse health outcomes which may result into mortality and their adverse impact is further exacerbated by socioeconomic deprivation and poor medical care facilities [6-8]. In India, more than half of the burden of NCDs and 25% of total disease burden occur in the age group of 45 years and above [9] which is projected to increase to more than 45% by the year 2030 [10]. These facts question the longevity revolution if it has added healthy life years or years of dependency.

Ageing is an irreversible process but a word healthy should be added to it; hence the health care infrastructure. There is a need of adequate and appropriate kind of health care infrastructure to make longevity revolution a success. The ever increasing aged population would demand for more facilities. Indeed it is not an issue for developed world but developing countries should look for reallocation of resources to ensure their elderly do not live unprotected or marginalized. The society would gradually look for geriatric hospitals catering to their needs. However, considering the unmet developmental needs and double burden of diseases on developing countries, atleast a section, if not the hospital in itself, can be created for elderly within the existing health care unit. Further it is also important to ensure that health care infrastructure is in accordance with the needs of elderly particularly in terms of accessibility, behavior of health care provider and timing of the facility. The increasing level of depression among elderly needs proper counseling; they might need more of a listener than medicines. A health care provider can bring back the lost confidence of elderly just by his/her words. As per the study* conducted in urban parts of India in 2012, 34% of elderly found the behavior of health care provider as rude. If this is the scenario in urban parts; one needs to look into rural areas where the infrastructure is a big challenge. However, mere existence of the infrastructure is just the first step and not the last step towards healthy ageing.

The needs of elderly are very different which needs to be met differently with an appropriate kind of health care infrastructure.

*The author has conducted a primary survey in urban parts of Jaipur, Rajasthan on 400 elderly aged 50 years and above as a part of doctoral work.

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