GOLDEN YEAR'S HEALTH

SNAPSHOTS

2023-2024

Patna Municipal Corporation,
Patna, State capital of Bihar

60+ Care and Research Foundation

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Basic Objectives of study

The primary objective of health-based study of the elderly is to understand and improve the health, well-being, and quality of life of older adults in our intervention area.. This involves a multifaceted approach that includes assessing health status through evaluating physical , mental and emotional health of seniors and also refers to:

1. **Assessing Health Status** by identifying common diseases and conditions affecting the elderly, such as cardiovascular diseases, diabetes, arthritis, and cognitive decline.
2. **Understanding Aging Processes**, investigating the biological, psychological, and social aspects of aging, studying the impact of genetic and environmental factors on aging and longevity contributes a lot in understanding health care issues.

3. **Promoting Preventive Health**, developing and implementing strategies for disease prevention and health promotion also understanding various aspects of healthy lifestyles, including proper nutrition, regular physical activity, and mental health care are vital issues to take care of.
4. **Enhancing Healthcare Services** through assess the existing s cenario and practices, improving access to and the quality of healthcare services for the elderly through addressing disparities in healthcare delivery and evaluating the outcomes among different populations of older adults greatly helps in deriving the future course of action.

5. **Evaluation of impacts of Existing support** givers: understanding the needs and challenges faced by caregivers of the elderly. Identify scope for providing resources and support to enhance the care giving experience and reduce caregiver burden are the issues which requires close monitoring for deriving impactful line of action.
6. **Having the base data related with Quality of Life, it is required to identify the** assessing factors that contribute to life satisfaction, to enhance social engagement, mobility, independence and well-being in older adults.

7. **Understanding** public health policies and programs aimed at supporting the aging population identifying the spaces for advocating which address the specific needs and rights of older adults becomes easier.
8. **To undertake longitudinal studies** which include conducting long- term studies in phased manner to track changes in health and functioning over time is very important in determining the monitoring indicators. It also helps in Identifying predictors of healthy aging and adverse health outcomes.

These objectives is also going to help create a comprehensive understanding of the aging process and contribute to the development of effective interventions and policies to support the health and well-being of the elderly

Structure of Study:

No of respondents: 500

All respondents belongs to different wards of Patna Municipal Area Details are:

Circle No: 1 Ward No: (1,2,5,6)
Circle No: 2 Ward No: (29,30,31,32)
Circle No: 3 Ward No. (36,38,39,40)
Circle No: 4 Ward No: (52,53,54,56)

Respondents are from all age groups above 60 years of age and from all type of income group strata. Selection of area is also from all type of residential colonies including slums from few locations.

1st phase of study: Study on geriatric health and management is the basic objective which requires series of studies. This exercise can be understood as first phase of study, which would give the content of future studies and also provide direction to our forthcoming intervention.

Study findings: (snapshots)

Findings consisted of three parts where health issues related with

Part 1 HERE (question 4 to 9) most of the questions are tangible by nature or it can be said that such diseases can be easily identifies and commonly known among all.

Part 2 HERE (question 19 to 16) exercise was to identify various types of prone/ fears about certain mishaps among **elderly.**

Part 3 HERE (question 17 to 23) features which reflect visible physical changes among elderly or can be captured through their own experiences were tried to collect and compiled.

Part : 1

SN	TYPES OF DISEASE	% Iin sample			
	Age group	**60-65**	**65-70**	**70-75**	**Above 75**
1	Cataract &Visual impairment	**52**	**55**	**60**	**71**
2	Arthritis &locomotion disorder	**41**	**55**	**61**	**65**
3	Cardio vascular disease &Hyper tension	**32**	**35**	**41**	**51**
4	Neurological problems	**21**	**36**	**39**	**57**
5	Respiratory problems /Chronic bronchitis	**26**	**35**	**38**	**41**
6	Gastro intestinal problems	**29**	**42**	**56**	**72**
7	Psychiatric problems- 9%	**19**	**25**	**32**	**36**
8	**Loss of hearing**	**27**	**31**	**35**	**61**

Part: 2

Prone behavior in the elderly refers to the tendency of older adults to exhibit certain patterns or types of behavior that can be characteristic of their age or health status. These behaviors can be influenced by various factors such as physical health, cognitive function, social environment, and psychological state. Here are some common types of prone behavior in the elderly:

Apprehension/ prone among GERIATRICS in order

1. Fear to fall in bathroom/ kitchen / stairs.
2. Prone for infections due to gradual decrease in body immunity.
3. Prone of most dangerous disease ie cancer
4. Prone for injuries while walking or passing through roads/streets.
5. Prone for psychological problems(ie sence of ignorance)
6. Prone for degenerative disorders or risk of death.
7. Prone for special assistance(while getting in bathroom, using stairs)
8. Prone risk for communicable disease
9. Prone risk of disability (ie getting blind, paralysis etc)

Understanding these behaviors is crucial for caregivers and healthcare professionals to provide appropriate support and interventions, aiming to enhance the quality of life and well-being for elderly individuals and also in prioritizing the issues to address and tools to be used while address it.

Part: 3

The very purpose of study is to understand the challenges they face due to the natural aging process and various health conditions. These problems can vary widely based on individual health, genetics, lifestyle, and other factors, but some common age-related physical issues we captured through our comprehensive exercise (Group Discussions, Survey and secondary studies) from our respondents. Our team categorically identified the common diseases and related issues with help of qualified physician with a view to understand the symptoms, periodic changes in Elderly and its impacts on their quality of life.

1. Joints related problems:

Our symptom based findings

Osteoporosis: A condition where bones become weak and brittle, increasing the risk of fractures.

Arthritis: Inflammation of the joints, which can cause pain, stiffness, and reduced mobility. Common types include osteoarthritis and rheumatoid arthritis.

Sarcopenia: Loss of muscle mass and strength, leading to frailty and increased risk of falls.

2. Cardiovascular Problems

Our symptom based findings

Hypertension (High Blood Pressure): Often becomes more common with age and can lead to other health issues like heart disease.

Heart Disease: Including coronary artery disease, heart failure, and arrhythmias.

Atherosclerosis: Hardening of the arteries due to plaque buildup, which can lead to heart attacks and strokes.

3. Respiratory Issues

Our symptom based findings

Chronic Obstructive Pulmonary Disease (COPD): A group of progressive lung diseases including emphysema and chronic bronchitis.

Reduced Lung Functions :Decreased efficiency in oxygen exchange and respiratory function.

4. Gastrointestinal Problems

Our symptom based findings

Constipation: Common due to slower gastrointestinal motility, reduced physical activity, and dietary changes.

Gastroesophageal Reflux Disease (GERD): Acid reflux that can cause discomfort and damage to the esophagus.

5. Neurological Conditions

Our symptom based findings

Cognitive Decline: Includes conditions such as dementia and Alzheimer's disease, affecting memory, thinking, and reasoning.

Parkinson ’s disease: A progressive neurological disorder affecting movement and coordination.

6. Sensory Impairments

Our symptom based findings

Hearing Loss: Age-related hearing loss (presbycusis) can make it harder to hear high-frequency sounds and understand speech.

Vision Problems: Includes conditions like cataracts, glaucoma, and macular degeneration, which can impact vision clarity and depth perception.

7. Endocrine Disorders

Our symptom based findings

Diabetes: Type 2 diabetes becomes more common with age, affecting blood sugar regulation and increasing the risk of complications like cardiovascular disease and neuropathy.

Thyroid Disorders: Both hypothyroidism (underactive thyroid) and hyperthyroidism (overactive thyroid) can occur and affect metabolism and energy levels.

8. Urinary Issues

Our symptom based findings

Urinary Incontinence: Loss of bladder control can lead to frequent or urgent need to urinate and may cause embarrassment and social issues.

Benign Prostatic Hyperplasia (BPH): In men, the prostate gland may enlarge, leading to urinary difficulties.

9. Skin Changes

Our symptom based findings

Thinning Skin:Reduced elasticity and increased fragility, making skin more prone to bruising and injury.

Age Spots: Dark spots or hyperpigmentation due to sun exposure and aging.

10. Immunity Changes

Our symptom based findings

Weakened Immune System: Aging can lead to a less effective immune response, making older adults more susceptible to infections and illnesses.

11. Balance and Mobility Issues

Our symptom based findings

Increased Risk of Falls: Due to factors such as muscle weakness, balance problems, and decreased pro preconception.

12. Psychological issues:

Our symptom based findings

This section of study was very difficult for our team to identify because such issues are very less recognized among family members or addressed by their and dears.

Emotional issues: which may include Suicidal tendency, Senile dementia, Alzheimer disease etc.

13.Social Issues:

Our symptom based findings

This includes **Loneliness, and Isolation**, which is actually going to be a big problem in coming days

No social platforms where they can address their social issues either within family or extra family affairs.

Least awareness about government provisions.

Disappearing Joint families from our societies.

Small family culture

Frequent migration for search of job

Elder abuse related issues:

Learning and our plan of action:

As a learning coming out of study we defined the plan of intervention which includes various levels of activities to strengthen our implementation, these are:

a. Primordial prevention

Pre geriatric care: to set up a structure which addresses pre geriatric educational programs at various localities through various tools ie act play, IEC etc . this may include

i. Primary prevention
ii. Health education
iii. Yoga and Exercise

b. Secondary prevention

i. Annual health check-up of pour members and maintain their recors both at our governing office and also with each members at his house to be kept at distinguished place.
ii. Early detection (Universal approach, Selective approach): the basic objective is early detection of disuse and cure it with less cost and less efforts.
iii. Easy and smooth Treatment: Early treatments is generally locally available and one would need not to rush to some super specialty center .

c. Tertiary prevention:

Apart from some necessary prevention we have to plan with our elderly about various sort of activities which may keep them engage and happy doing something worth and tangible. This would also include:

i. Welfare activities
ii. OPD like structure at their door step / first aid services
iii. Engage in activities improving their self- esteem and which address to their quality of life.
iv. Organizing and holding periodic Cultural programme and Old age club
v. Meals-on wheel service for nuticious diet to our seniors.
vi. Home help : Depending on demand and availability a pull skilled health care support staff has to be created.
vii. Old age home for those who are homeless.

viii. Counseling and Rehabilitation

However like other section of society our seniors may also require to have all those requirement which makes their life easy, safe . protected and definitely with full of dignity. Considering above all issues and learning our organization decided to create umbrella of services collecting credible service providers together and closely monitored by our experts on predefined monitoring indicators to get desired results.

D. **Effective government can address the issues related with Elderly in following ways:**

(Outcome of series of group discussions held among elderly)

I. Government should create a dedicated centrally located portal to associate registered Senior Citizens groups to address their complains, grievances, disseminate vital information's etc at regular interface.
II. Notify the policy related with geriatric care and accredited hospitals and other service providers across the state and publicize it.
III. Create a pull of geriatric care training institutions to produce sufficient number of professionals and supportive staffs to bridge the huge gap between demand and supply,
IV. Promote and accredit the Civil Societies, CBOs in the field of geriatric care.
V. Carry out or support series of survey & research in the field of geriatric care in phased manner.
VI. Promote entrepreneurships in the sector of service delivery dedicated for elderly population.
VII. Define accountabilities towards all related government department ie Health Dept/social welfare department/department of Home etc.
VIII. Explore Single window solutions for our Elderly through convergence of all concerned functionaries and institutions at state level.

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