



BUILDING REGIONAL RELATIONSHIPS IN GERONTOLOGY

**Thoughts following participation in a recent
trade mission to India**

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The University of Melbourne
IFA Conference
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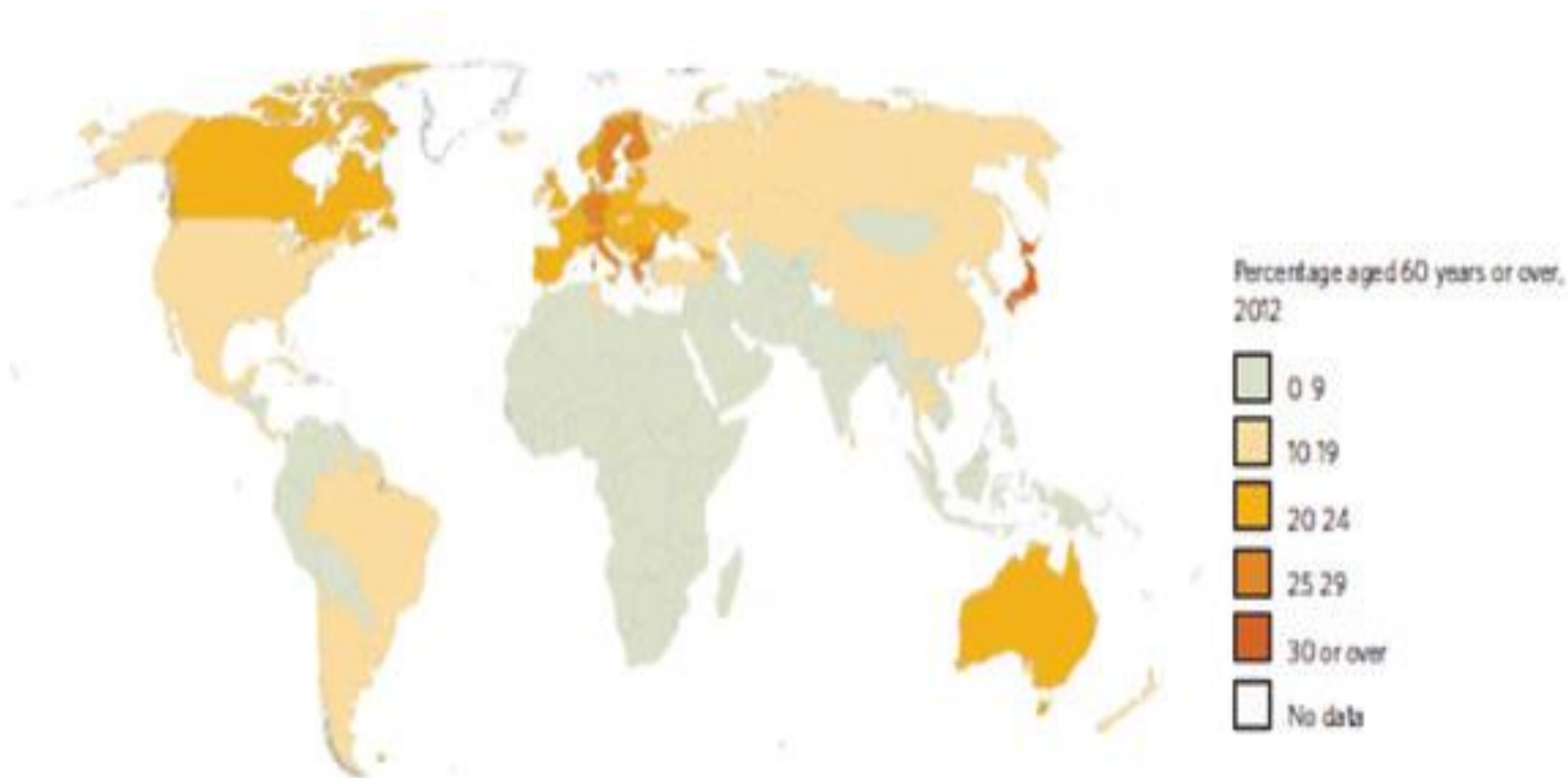


Overview

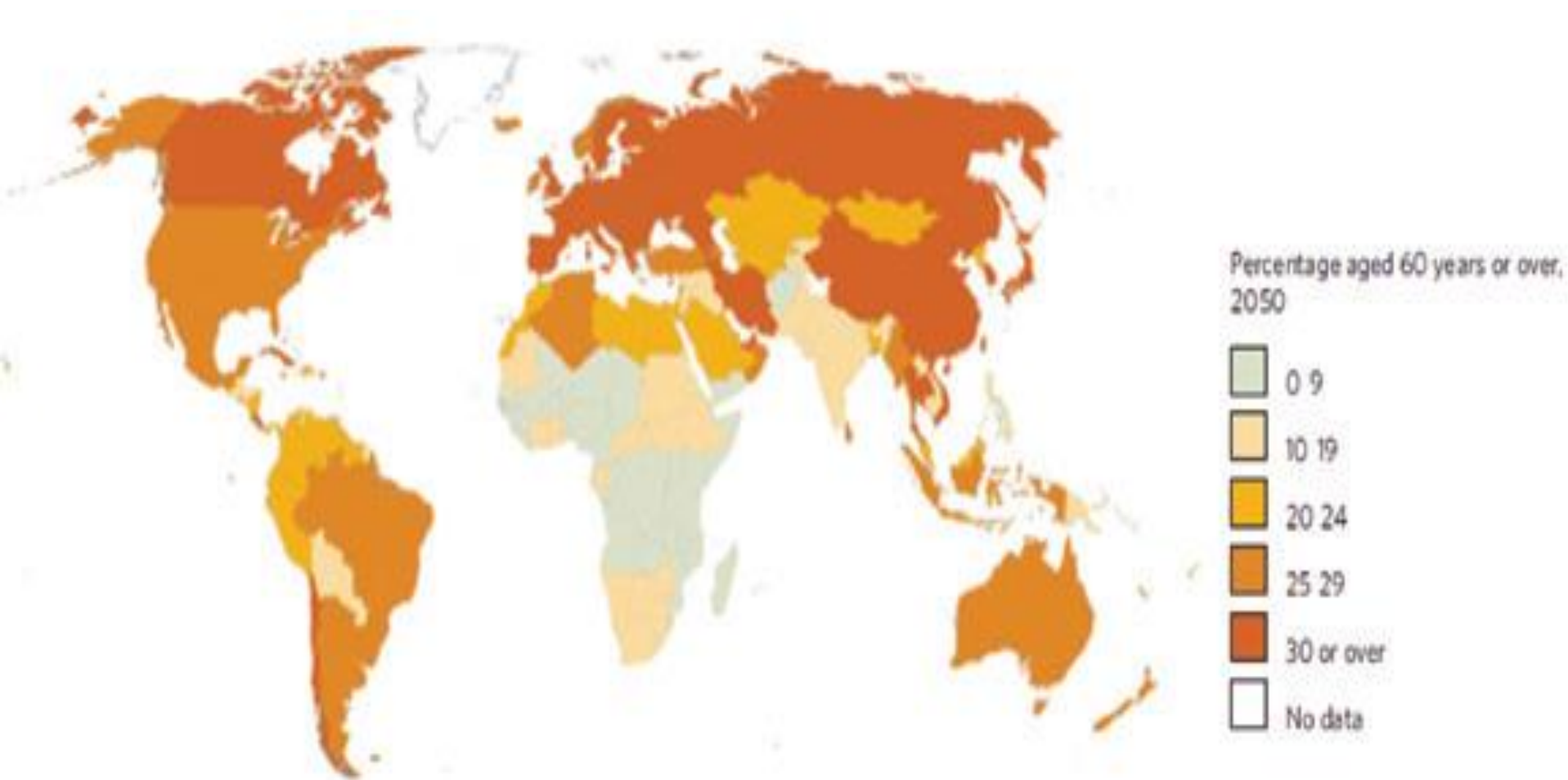


- Ageing in the Asia Century
- Opportunity presented by a recent Trade Mission in India
- Contrasting challenges in demographics of two countries
- Strengths of the Australian Health/Ageing System
- Particular strengths of The University of Melbourne in Health/Ageing area
- Identified needs/capacities in the Indian context
- Outcome of initial consultations on trade mission
- Some areas of productive collaboration going forward.

World Population Ageing 2012 - 2050



World Population Ageing 2050

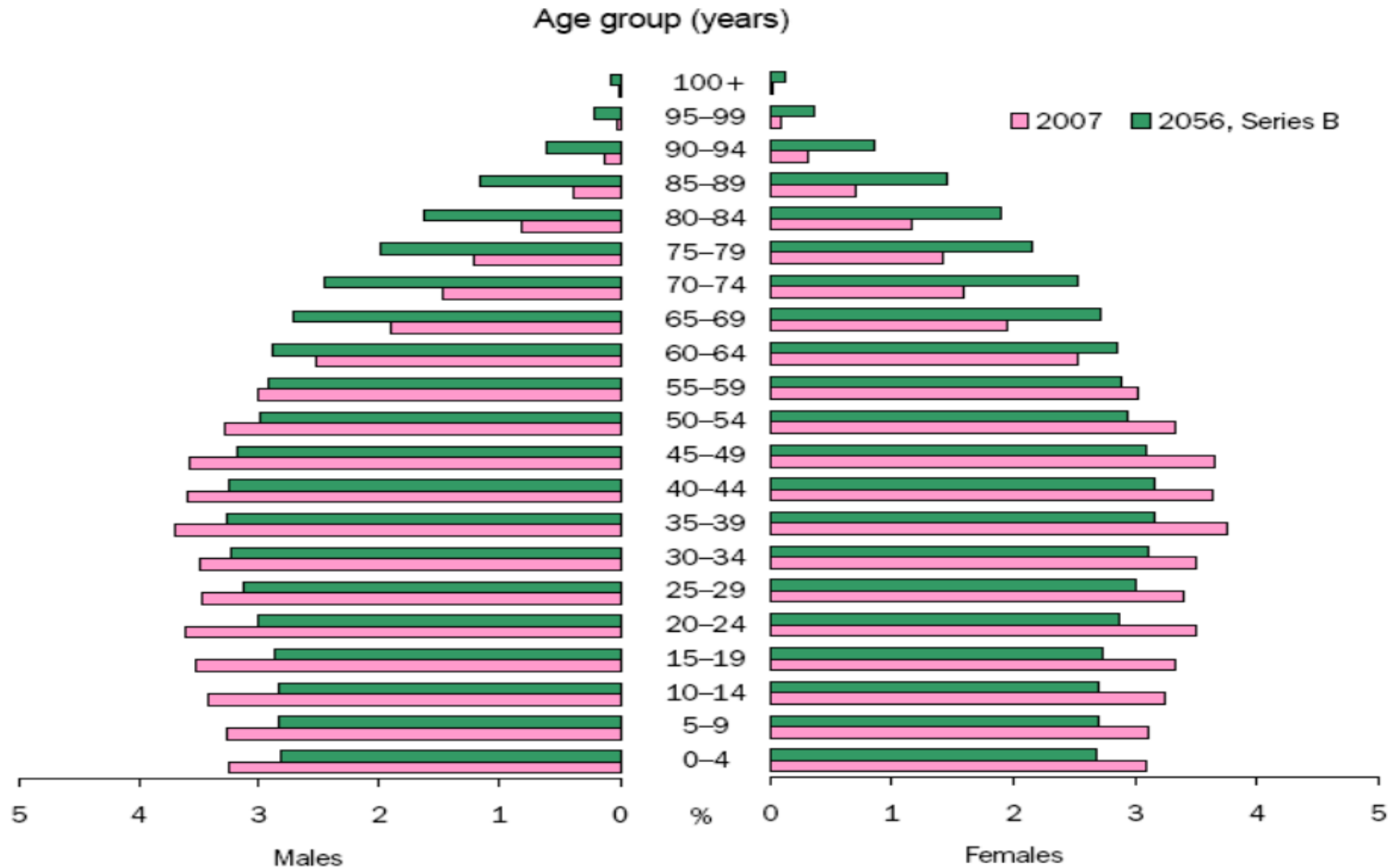


Population Ageing in Australia



- Australians, like people all over the world are living longer due to a combination of declining fertility and mortality and increased longevity.
- By 2050, 29% of Australians, or 6.1m people will be aged 65 or older, more than double their percentage of the population in 2010. Growth in this age cohort will be most rapid over the next 30 years.
- The fastest growing age group is projected to include older people aged 85+ who currently constitute about 1.8% of the total population. By 2056 it is estimated that people aged 85+ will comprise between 4.9% and 7.3% of the total population. In raw terms this represents an additional 1.7 to 3.1m people aged over 85 years.
- By 30th June 2012, the first cohort of the Baby Boomer generation (those born in 1946-47
- Australia's ageing has been gradual and government have had time to plan an appropriate policy response.

Population Ageing Australia 2007-2056



Strengths of the Australian Health/Ageing System



- Well articulated and resourced **National, State and Local Government Ageing Policy**
- **National Pension and Superannuation System** based on three pillars model
- **National Health Insurance** – Medicare
- **National Disability Insurance** – NDIA (Since 2013)
- Well developed **Geriatric and Gerontological** system
- Well **trained workforce** in health and aged care
- **High quality acute, chronic and primary health care** response system
- Well developed **specialist services** in areas of dementia/diabetes/cardiac rehabilitation
- Good **social/health programs** in areas of Elder Abuse/Homelessness/end of life care
- Well developed **advocacy and anti-discrimination** legislation and infrastructure
- Burgeoning **Public/Private Partnerships** in health/ageing



Particular Strengths of The University of Melbourne



The University of Melbourne >

- Top Medical School and School of Health Sciences with strong geriatric training stream
- Concentration of Medical Research Institutes undertaking original research into acute and chronic diseases of later life in Australia and internationally e.g. Nossal Institute, National Ageing Research Institute
- Rich interdisciplinary environment exploring the social and economic impacts of population ageing
- Currently mounting an on-line interdisciplinary Masters of Ageing to be offered internationally in 2015 (www.ageing.unimelb.edu.au)
- Australia India Institute – established 2008 www.aii.unimelb.edu.au
- AsiaLink

Capacities of the Indian Health/Ageing establishment



- Ability to capitalize on the demographic dividend of a large youth cohort
- Demonstrated leadership in technological innovation
- Large middle class ageing population demanding high quality services
- Very large low income population requiring public support and active social financial and social inclusion policies.

Incredible India



- With an ethnically and religiously diverse population of 1.2b people, India is the world's second most populous nation.
- India's population grows by the equivalent of Australia's every year.
- Its land area is around 40% of Australia's; it has 7,000 kilometres of coastline and over 14,000 kilometres of land boundaries with six other countries.
- The Indian economy has become one of the world's best performers, with average annual GDP growth of more than 8% over the past ten years, although IMF forecasts are for slower growth in 2013.
- In 2011, India became the third largest economy in the world
- However, around 500 million people in India still live on less than US \$1.25 a day, and India's GDP per person (in PPP terms) was less than half that of China.
- The middle class is growing rapidly and is expected to number more than 250 m people by 2015



- Half of India's people are under 25
- India is projected to add 12-15m workers to its labour force every year over coming decades
- The Indian Government has set an aspirational target of providing skills training to 500 million workers across 30 sectors by 2022.
- Urbanization has been rapid; while only 30% of Indians live in urban areas, urban migration and the creation of new cities are expected to lift that figure to over 50% by 2050. There are 53 urban centres with more than one million people.
- The Indian Government has estimated that US \$1 trillion needs to be spent on infrastructure between 2012-2017 to keep pace with the country's modernisation

India's Ageing Population Profile

- The population 60 years and older is projected to increase dramatically over the next four decades from 8% in 2010 to 19% by 2050
- By mid-century this age group is expected to comprise 323m people



India's Health Profile



- The ageing of India's population will give rise to the prevalence of chronic conditions such as diabetes and hypertension.
- Just under one half (45%) of India's disease burden is projected to be borne by older adults in 2030.
- Groups with high levels of chronic conditions will represent a much greater share of the total population
- A United Nations study conducted in March 2012 revealed that 13% of older Indians have some type of disability that affects at least one activity of daily living.
- 70% of the market delivered by the private sector catering to the elite. Private healthcare costs are fully borne by patients and/or their insurers.
- Public healthcare is highly subsidised by the Government.

Living Arrangements



- Gender, health status, presence of disability, socio-economic status and social arrangements all influence living arrangements.
- The traditional multi-generational family arrangement is fast disappearing, including in rural areas. With urbanisation, families are becoming nuclear, smaller and are not always capable of taking care of older generations.
- India currently offers old age homes operated by NGO's, the Government and private companies.
- These centres commonly provide basic medical facilities, however the demand for more specialised aged care facilities and services is increasing.
- A growing middle class with increased disposable incomes, both partners working, increased awareness about health conditions, and more openness towards western practices of caring for the elderly will result in greater acceptability and demand for assisted living centres and aged care facilities in India.

'Senior Living' or 'Assisted Living'

- The concept of homes for the aged has undergone a shift in recent years, as shown by the nomenclature above.
- The services such centres offer include fulfilling the social, security, healthcare, administrative, food and recreational requirements of senior citizens.
- There is also greater awareness of the different requirements across the age strata, such as what is required by a 60 year old compared to a 70 year old.
- There are currently about 30 senior living projects in India and about the same number in the pipeline.
- All projects are specifically designed to cater to the needs of the elderly and are broadly classified as independent living, assisted living, skilled or nursing care, continuing care communities.



Key Market Segments in India



Largest Segment

- Mix of wage earners in the unorganised sector as well as the rural population located in the remote areas of the country. This segment is mainly catered for by the public healthcare system and non-government organizations through conventional, traditional and complementary medicine.

Second Segment

- Middle class in rural and urban India who are increasingly ready to spend more on their healthcare needs and are demanding better healthcare infrastructure and attention. This segment depends on both public and private healthcare operators.

Third Segment

- This is the smallest segment and comprises the upper middle class and wealthy in urban India which is catered for by private healthcare providers.

Emergent Segments in Indian Market



- **Aspirational and wealthy empty nesters** wanting a better life
- **Aged retirees** facing early or advanced signs of chronic illness
- **Non-resident Indians coming back to India** for care and to be close to family at advanced age
- **Foreign seniors seeking short-term stays** of 3-6 months a year
- **Senior living projects** are coming up in the suburbs of all the main cities in the country and in some selected destinations such as Coimbatore, Goa and Dehradun which have been traditionally popular retirement destinations.

Demand for Australian Resources

- Urbanisation and industrialisation are creating demand for Australian **resources**.
- **Financial, construction and logistics services** are some of the main areas of development.
- Australian education providers are seeking to be involved in addressing India's **training needs**.
- Demands in the area of **Health and Aged Services** are also growing.



Victorian Government Super Trade Mission to India



3-7 March, 2014

Mumbai, Bangalore, Trivandrum, Delhi



The objectives of the Health and Ageing Delegation:

- Scope current services, policies and research in ageing in India (first mission)
- Scope out the major trends and the interest in business/research partnerships
- Match Victorian capabilities
- Identify possible products, services, ventures etc to pursue



- Major cities and organisations:
 - Mumbai
 - Dignity Foundation
 - Harmony for Silvers (Reliance Group)
 - Tata Institute for Social Sciences
 - Bangalore
 - Institute for Social and Economic Change (ISEC)
 - Shriram Housing



Dignity Foundation, Delhi. Visit to dementia day program.



- Trivandrum
 - Centre for Gerontological Studies
 - Centre for Development Studies
 - HelpAge India – Kerala
 - University of Kerala
- Delhi
 - UNFPA
 - Alzheimer's and Related Disorders India
 - HelpAge India



Centre for Gerontological Studies - Trivandrum

Areas Identified on Trade Mission

- **Workforce development** – Vocational to Professional
- **Housing and Retirement Community Development**
- **Expansion of Geriatric Care Capacity**
- **Increasing capacity for chronic care**, particularly in areas of diabetes, dementia, palliative care.
- **National, State and Regional Policy Development**

Areas of Possible Partnership

Melbourne University

- **Education/training** – vocational/professional/post graduate
- **Professional/academic exchange**
- **Technology Innovation** e.g. Institute for Broadband Enabled Society
- **Research Opportunities – International Research and Research Training Fund** established to facilitate collaboration with high quality researchers and institutions in India
 - Short research visits \$7,500
 - International funding applications \$10,000
 - Workshop grants \$15,000
 - Research networks and consortia \$50,000 up to 3 years

Areas of Collaboration Identified by Austrade in 'Seniors Living Industry'

Facility Management

- Managing existing assisted care living facilities
- Allied health care
- Day therapy centres
- Short-term care centres
- Carer support
- Counselling and other services

Aged care services (Home Care)

- Training and providing specialised home care services
- Developing community nursing and health centres

Training

- Specialised healthcare training
- Geriatric care
- Dementia care
- Counselling

Aged Care Facility Construction

- Design and consultation around construction of aged care centres
- Investment in upcoming facilities

Consultation Financial models

- Working with insurance sector
- Delivery models

Development opportunities

- Partnerships between operators and owners
- Knowledge and process design partners
- Equity partners

Setting Up Collaboration

First steps

- Forming short term partnership
- Forming a joint venture
- Setting up a local office

Product Distribution

- Appointing an agent or distributor
- Direct marketing or through agent

Ongoing operation

- Regular visitation
- Extensive followup email/telephone
- Participation in aged/healthcare conferences and trade shows
- Developing understanding of cultural nuances
- Preparation of information packs about products and services

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Skills Challenge: Australia and India’s Skills Training Needs – P.Kunda
Unfinished Business: Re-imagining the Australia-India Economic Relationship – Michael Moignard
China Rises, India Ponders: India’s ‘Look East’ Policy Gathers Momentum – H.V.Pant <http://www.aii.unimelb.edu.au/fearless-nadia>



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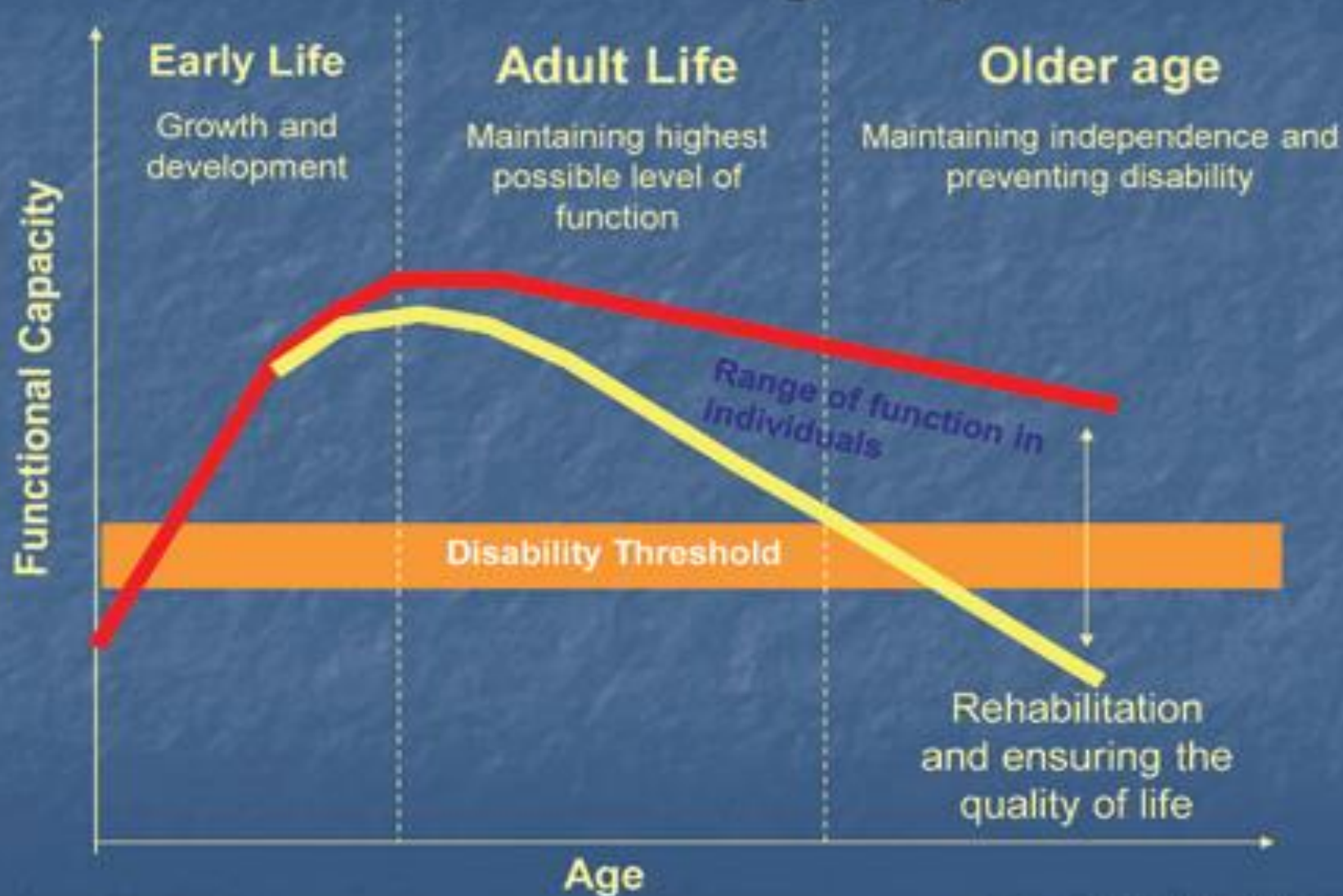
Areas of Possible Partnership

- Education/training
- Professional/academic exchange
- Technology Innovation e.g. telehealth
- Joint research

WHO Active Ageing Framework



The life course approach in relation to Active Ageing



Areas of My Own Research

- **Technology and Ageing**
 - Growing Older and Staying Connected with Benetas
 - Teledentistry with Dental School
 - Smart Companion – Medication Management
- **Ageing and Rapid Urbanization**
 - Ageing in the Growth Corridors – Dept of Health Victoria
- **Innovative Housing Designs for an Ageing Population**
 - Agile Housing Project with Architecture
 - New Models in Aged Care – Uniting Church
- **Elder Abuse**
 - Responding to Elder Abuse in Hospital Emergency Departments
- **Impacts of population ageing on family structure**
 - Ageing and the Family Project – MU grant
- **New Risks and Challenges accompanying an ageing population**
 - Risks, Social Inclusion and the Life Course – MU grant
 - Population Ageing and the Welfare State: How are governments responding

Preventative Care and Healthy Ageing

The Economist Intelligence Unit 2012 p.20-21



- Demographic Factors
- State of the nation's health
- Healthcare coverage
- Healthy Ageing and Preventive Care Initiatives
- Preventive Care
- Barriers to Preventive Care
 - Funding constraints
 - Cultural and behavioural barriers
- Other obstacles

Preventative Care and Healthy Ageing

The Economist Intelligence Unit 2012 p.20-21



IN A NUTSHELL

“India needs comprehensive policy and health-system reorientation (from primary health centres to specialty hospitals in geriatric care) to meet the challenges of non-communicable disease and adult health issues related to communicable diseases. But at the moment, there is a complete void,”

says Perianayagam Arokiasamy, a professor in the Department of Development Studies at the International Institute for Population Sciences in Mumbai.

India -The healthcare context

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



Demographic factors

India's population is undergoing a dramatic transition. The proportion of older people is expected to rise three- to four-fold in the next 40 years; its population of people aged 65 and over will be second only to China's. Even conservative estimates predict that the number of people aged 60 years and over will reach 323m by 2050. By then, people in their 50s are expected to account for 30% of the population, while those in their 60s will make up 20%.

State of the nation's health

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



Although still struggling to reduce child and infant mortality, India now faces a sharp rise in the proportion of older people in its population. This results in rising rates of chronic disease such as lung cancer and diabetes, often driven by rapid urbanisation and increasingly unhealthy lifestyles.

Moreover, chronic disease starts earlier in India. While in developed countries the average age for the onset of non-infectious disease is 55 years or older, Prof Arokiasamy says that in India the onset is premature, at around 45 years. Total healthcare spending in India was equivalent to 5% of GDP in 2011, or just US\$77 per head. With no healthcare or retirement benefits for adults and the older population, private healthcare spending accounts for more than 70% of the country's total health expenditure. Most of this is out-of-pocket spending.³⁴

Healthcare coverage

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



There is currently no social security system in India. Only retired government employees receive state pensions, and state and private-sector health insurance covers just 11% of the population.

Healthy ageing and preventive care initiatives

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



Policy commitments

It was only in the 1990s that health and social policies for the elderly in India were announced. The **National Policy for Older Persons (NPOP)** and the **National Initiative on Care for the Elderly** were formulated in 1999. Legislation also pushes families to support older relatives; since 2007, the **Maintenance and Welfare of Parents and Senior Citizens Act** means that individuals who fail to look after their parents can be prosecuted.

Preventive care

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



The Public Health Foundation of India and the Ministry of Health and Family Welfare launched a Healthy India website that highlights the challenges of ageing, in addition to promoting active ageing and preventive care.

Although such initiatives are meant to educate, few preventive care measures targeted at either older people or the general population have been implemented. For example, vaccinations target the child and maternal population, but not adults.

Barriers to preventive care

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



Funding constraints

Given the country's overstretched financial resources and other pressing priorities, India's government has had difficulty in providing even basic healthcare to many of its citizens, and little funding has been earmarked for preventive care for the ageing population. As a result, the country's elderly frequently die from preventable conditions such as asthma, bronchitis and pneumonia. Most policies relating to elderly healthcare announced by the government so far are statements of intent that receive no funding. No government department is responsible for implementation of the NPOP, and no budget is allotted to it. Private-sector healthcare services are increasing. Few can afford these, however, and low-income communities generally depend on local private practitioners, who are rarely equipped to deal with the complexity of non-infectious diseases. "The healthcare system is still heavily geared to women and child programmes", says Prof. Arokiasamy. "As a matter of policy priority, health-policy planners continue to be concerned with infant and maternal mortality, family planning and safe delivery, which take the major share of health infrastructure and financial resources."

Cultural and behavioural barriers

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



India's combination of urbanisation, increased mobility among young people, falling fertility rates and growing numbers of women in the workforce means that the support given the elderly by the extended family is starting to break down.

Meanwhile, much of the older population lives in poor rural areas, where access to healthcare is limited and long term care is absent, except where provided informally by family members

Other Obstacles

Preventative Care and Healthy Ageing
The Economist Intelligence Unit 2012 p.20-21



- India has a large human resources deficit in the healthcare sector. The country meets less than one-half of the WHO benchmark of 25 physicians and nurses per 10,000 people.
- Geriatric and gerontology research is in its infancy. “There is no sense of ageing care in the public healthcare system except in a few bigger hospitals, which have some specialisation and research competence,” notes Prof. Arokiasamy. “But in primary health centres or the next level of care, it’s hard to find anyone who can handle non-communicable diseases or geriatric care.”
- India’s end-of-life care services are particularly poor. Morphine access is extremely limited and, even in large oncologist hospitals, few staff are trained to administer painkillers, according to Human Rights Watch, a U.S.-based advocacy organisation.

India's Aging Population

Population Reference Bureau 2012 P. Scommegna



Summary

- (March 2012) India's population ages 60 and older is projected to increase dramatically over the next four decades, from 8 percent in 2010 to 19 percent in 2050, according to the United Nations Population Division. By mid-century, this age group is expected to encompass 323 million people, a number greater than the total U.S. population in 2012. This profound shift in the share of older Indians—taking place in the context of changing family relationships and severely limited old-age income support—brings with it a variety of social, economic, and health care policy challenges.
- This summary highlights some of the recent research by National Institute on Aging-supported investigators and others that can inform policy decisions as India and other developing countries plan for aging societies.

Health and Health Care

India's Ageing Population

Population Reference Bureau 2012 P. Scommegna



- The aging of India's population will lead to increases in the prevalence of chronic conditions such as diabetes and hypertension. By one measure, nearly one-half (45 percent) of India's disease burden is projected to be borne by older adults in 2030, when the population age groups with high levels of chronic conditions will represent a much greater share of the total population. Early results from the pilot phase of the Longitudinal Aging Study in India illustrate the health risks faced by older Indians. Thirteen percent of older Indians sampled have some type of disability that affects at least one activity of daily living. More than one-quarter are underweight and nearly one-third have undiagnosed hypertension. Nearly 60 percent live in dwellings lacking access to an improved sewer system. The majority of households use poor-quality cooking fuel, and the resulting smoke produced contributes to indoor air pollution and tends to have a particularly negative impact on older persons who spend more time indoors.

Living Arrangements and Social Support

India's Ageing Population
Population Reference Bureau 2012 P. Scommegna



- More than four in five older Indians live in multigenerational households with their children. But surveys find that the share of older Indians living with only a spouse or alone doubled between the early 1990s and the mid-2000s. A number of trends may explain these changes in living arrangements, including declining fertility leaving fewer children available to care for older parents, rural-to-urban migration for employment that separates families, and changing social expectations regarding intrafamily obligations.

Work, Retirement and Income Security

India's Ageing Population
Population Reference Bureau 2012 P. Scommegna



- Despite India's recent rapid economic growth, the majority of older Indians remain poor. Less than 11 percent of them have a pension of any sort, according to national surveys. Saving is difficult or impossible for a majority of Indians because earnings are low, some economic activity in the informal sector does not involve currency exchange, and a large share of the aging population lives in a rural area where banking is unavailable. With little old-age income support and few savings, labor force participation remains high among those ages 60 and older, particularly among rural Indians. Evidence suggests that not only does a large share of the elderly earn income, they also support their adult children who often live in homes and work on farms owned by their parents

India/Australia Comparison

	India	Australia
Population	1,220,800,359	22,262,501
Population Density	336.62 people per sq km	2.47 people per sq km
Largest City	Mumbai 12,691,800	Sydney 4,394,580
Primary Language	Hindi	English
Type of Government	Constitutional Monarchy	Constitutional Monarchy
Life Expectancy	67.48 yrs	81.98 yrs
Human Development Index	0.0609	0.965
GDP per capita	\$3,900 US	\$43,300 US
Literacy Rate	61%	99%

India/Australia Comparison

	India	Australia
Unemployment Rate	8.500%	5.200%
Median Age	26.7 yrs	38.1 yrs
Birth Rate	20.24 per 1000 people	12.23 per 1000 people
Death Rate	7.39 per 1000 people	7 per 1000 people
Fertility Rate	3 children per women	1.77 children per woman
Average Sex Ratio	1.08 males per female	1.01 males per female
Infant Mortality	57.92	4.76
Average Years of Schooling	5.1	10.9
Wealthiest Citizen	\$19.5bn	\$2.7bn