Health care development of geriatrics in the Asian countries.

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Abstract

Some countries are aging rapidly (People's Republic of China, Sri Lanka, Thailand, Vietnam, etc.). Their demographic change has come before per capita incomes have risen, and the development of social protection systems has provided adequate support for older people and their families, increasing fraud and increasing vulnerability. Other countries, such as the Philippines, are aging less rapidly, but need to develop long-term care systems to support the elderly. Many countries in Asia will benefit from improved labour migration policies in the region. This allows us to provide new employment opportunities for skilled caregivers in this rapidly growing field.

Keywords: Geriatrics, Diseases, Caucasians, Socioeconomic problems, Social protection.

Introduction

Endocarp points out those major changes in the aging population are hitting the country's healthcare system. This major shift has resulted in a dwindling healthcare workforce and scarce resources to meet the needs of a growing aging population. Hospitals and health systems are increasingly partnering with other providers to ensure continuity of patient care [1]. Hospitals are hiring and increasing numbers of medical professionals to address diseases and conditions that affect an aging population, such as chronic illnesses and hospice care, and are using technology to help coordinate care.

Changes in the racial diversity of the population contribute to a range of socioeconomic problems, including lack of insurance, reduced access to health services for certain ethnic groups, and predisposition to certain diseases, Caucasians are less likely to develop diabetes and have lower maternal mortality than African Americans. Hospitals and healthcare systems are turning to population assessments to address specific health and socioeconomic needs.

Cultural and religious factors

Cultural and religious differences also affect healthcare. For example, some cultures use complementary and alternative medicines, which can have detrimental effects when combined with traditional medicines, explains Ensure [2].

The cross-border movement of Asian people is a key component of the region's deeper economic integration. Efforts to facilitate the seamless movement of skilled workers in ASEAN began with several Professional Services Mutual Recognition Arrangements (MRAs) that allow professionals to practice in other ASEAN countries through mutual recognition of qualifications. However, the ASEAN MRA on Nursing Services, signed and entered into force in December 2012, has facilitated the mobility of nursing staff in only a few countries. Some countries actively recruit foreign nurses, while others regulate foreign workers. This research project explores the cases of Filipino, Indonesian and Indian nurses to better understand human resource flows in the nursing and aged care sectors [3].

In some Asian countries with rapidly aging populations, the elderly have traditionally been expected to be cared for by family members. However, current demographic, economic and social changes are making it difficult for some families to care for the elderly. We compare countries that currently accept foreign nurses, such as Japan and Malaysia and analyse the people involved in nursing care and nursing care in each society. In addition, Thailand is rapidly aging, so it will be

Considered from the perspective of elderly care, amid these demographic and cultural shifts, Asian governments continue to promote the idea that families should primarily care for the elderly [4]. But for many adult children, the pressure to meet filial piety requirements is immense. People who cannot provide care due to work needs or their own family responsibilities often find it emotionally difficult to get their parents or grandparents into institutional care.

The aged care market is evolving from a traditional nursing home and general hospital focus to a more community-based model of care. This means caring for older people in their homes, communities and familiar spaces [5]. Community-based health care (CBHC) models can bring much-needed healthcare services to seniors in the comfort of their familiar surroundings, their own home, and within their social support networks.

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***Received:** 14-Oct-2022, Manuscript No. AAGP-22-82344; **Editor assigned:** 17-Oct-2022, PreQC No. AAGP-22-82344(PQ); **Reviewed:** 31-Oct-2022, QC No. AAGP-22-82344; **Revised:** 03-Nov2022, Manuscript No. AAGP-22-82344(R); **Published:** 10-Nov-2022, DOI: 10.35841/aaagp-6.6.129*

***Citation:** Yueh F. Health care development of geriatrics in the Asian countries. J Age Geriat Psych. 2022;6(6):129*

Conclusion

One of the enabling factors in this development is digital technology which can help to integrate care services, data collection and interpretation, information flow as well as payment process management in elder care. On the side of the care services and how they are performed, the field of IoT ("Internet-of-Things") is leading the way into more *in situ* diagnosis and therapy through the deployment of continuous-monitoring wearable's that measure vitals and raise alerts, communicate with central support functions, initiate live interactions and much more, all in the name of process integration and improved quality, speed and affordability of care. The integration of care across physical boundaries and between providers, insurers and patients will lead the way into a new way of caring for the elderly. This emerging segment of healthcare represents a world of opportunity for investors and entrepreneurs looking to impact healthcare for the elderly.

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Citation: *Yueh F. Health care development of geriatrics in the Asian countries. J Age Geriat Psych. 2022;6(6):129*