

Making healthcare policies for older population: A maze game.

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Accepted on December 13, 2016

Letter

The demographic shift tickled the neurons of healthcare professionals worldwide. World is ageing at a faster pace. It is unbelievable that during the next 5 years, for the first time in history, people aged 65 years and older in the world will outnumber children aged younger than 5 years [1]. This is irreversible which puts policy makers in dilemma. A decade ago, Government policies were targeted to control the population and at present married couples are encouraged to have at least two kids. For example in China, two child policy was implemented last October [2]. The point of concern is that these policies takes time to implement and then how efficient research is done to surface the effects is entirely different ball game. It will not be a surprise if entirely new demographic trends emerge at the time when healthcare sector will evolve to absorb the present heterogeneity of present older population. Apart from demographics there is a gamut of other scenarios which makes policies on ageing a complex phenomenon.

There is an urgent need of data depositories to track the subtle demographic and socioeconomic changes. Socioeconomic trends will help policy makers to enhance healthcare financing structure of the country. However, a growing multidisciplinary international research from a range of low-income and middle-income countries supported by the US National Institute on Aging, such as WHO's study on global ageing and adult health (SAGE) [3] has slowly marked their footprints to enhance the understanding of the complex evolution of health and wellbeing, and their determinants in older adults.

From ages, the focus has always been on clinical conditions at any age of the human being. At present diseases like dementia started creeping in long term care sector which demands action from both formal and informal caregivers. Shift of focus from absence of clinical disease to functional ability [4] may fill the wide gap because if a person is functionally able in the community, he will be socially active as well which eventually improves the wellbeing of an individual.

When we talk about the wellbeing of an older population it does not isolate the quality of life of caregivers. This brings our interest on living arrangements of elders which are again heterogeneous. For example, in United States of America nearly 30% of the 40 million community-dwelling elderly live alone and about half of the community-dwelling oldest old (≥ 85 yr) live alone [5]. Whereas in Singapore, a multi-ethnic Asian country where concept of 'filial piety' still exists only 8.20% of elderly resident population in 2010 was living alone [6]. More people living alone reflect more chances of institutionalization. On another note, staying with family poses the risk of informal caregiver's burnout which means treating one individual and

preparing the future burden on healthcare sector. For this reason, policies on ageing should not target only older population but also consider the vessel from outside because population ageing is not taking place in isolation.

The next foremost thing is about the research on ageing. Until now, quantitative methods are the most preferred methods and still researchers stick to the p value while reporting their results. We need to think beyond this to understand the needs of elders. Besides quantitative research methods, qualitative research should be incorporated to feel the depth of emotions of people in the community. Scarcity in research and knowledge about the factors associated with ageing population limits policy makers to generalize their policies worldwide. Strong commitment and efficiency in research will act as a foundation to plant the idea of age-friendly world.

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