

Message from MD's Desk

The Health Care industry has been undergoing a paradigm shift in last two decades and it is now emerging as a parallel force to other important sectors. The old model of managing healthcare is shifting from "medical treatment" to "quality care and stakeholder satisfaction". The enhanced quality of health care demands more and more focus on meeting the stated and implied needs of the patient, their care takers and overall satisfaction of all the care givers of the patients. Biomedical Model is being gradually replaced with bio-psycho, social and spiritual model of disease management. While health industry is expanding, the mind set of health care providers need to undergo radical changes and build bio-social perspective of health care which requires new perspectives, policies & programming. Archeological designing of healthcare institutions need to commensurate to the changing profile of society, disease, its diagnosis & treatment. The client's profile in the hospital is no more the same what it used to be in the past. Every country has got its country specific socio-cultural realities which cannot be ignored while the architectural and functional dimensions of health care and quality are becoming our concern. Variety of emerging issues like affordability, stakeholder' satisfaction, ageing and embedded constraints of health care system needs a relook and introspection of what we have been doing. At Astron, we attempt to humbly contribute to these emerging trends in health care delivery system in India & globally. We value our reader's opinion, suggestion and look forward for future interactions.



Dr. Y P Bhatia, Managing Director

Elderly as **Resource** Not Burden

Ageing is an inevitable biological process in the life- a process marked by diminishing mental and physical abilities. Population ageing is a phenomenon involving a shift from high mortality/high fertility to low mortality/low fertility and longevity of life. It is a universal experience. The population of elderly in a country is bound to pose multiple challenges before the human society. Developing countries are facing such a growth in a much quicker time as compared to the developed world. It obviously has its impact on the individual, family, community, society at large and the nation.

The unprecedented increase in human longevity in the 20th century has resulted in the phenomenon of population ageing all over the world. In India, the population over the age of 60 years has tripled in the last 50 years. In 2001, the proportion of older people was 7.7% which increased to 8.14% in 2011 and is expected to increase to 8.94% in 2016. The expectancy of life at birth during 1996-2001 was 62.3 years for males and 63.39 years for females. The projected data for the periods 2001-2006, 2006-2011 and 2011-2016 are 63.87 and 65.43; 65.65 and 67.22; and 67.04 and 68.8 years respectively for males and females. India is a vast country both in terms of area and population. The population of the country is expected to increase from 1.2 billion to 1.4 billion during the period 2001-2026, i.e. an increase of 36 percent in twenty-five years @ 1.2 percent annually. The life expectancy which was around 29 years in 1947 is now closer to 65 years. The same is expected to increase to 71 years by 2016. The number of older persons in the



population is expected to increase by more than double from 76 million in 2006 to 173 million in 2026, an increase in their share to the total population from 7.4 to 12.4 percent. The percentage of females aged 60 years and above has always been more than the corresponding percentage of males.

The profile of the elderly population indicates that a majority of them are in rural areas, thus making service delivery a challenge. Feminization of the elderly population would take place, by the year 2016. It is projected that 51 percent of the elder population would be women and an increase in the number of the older-old, i.e. persons above 80 years, would be seen.

A silent revolution is sweeping across the world. As per an estimate 20 years were added to the average life expectancy worldwide in the last 50 years of the 20th Century. According to the UN estimates in the year there were 606 million persons aged 60 and the above across the globe making up 10 percent of the world population. By 2050 the total number of elderly population is expected to rise to 1.9 billion taking the proportion of population up to 21 percent.



As per, the National Sample Survey of 2004(60th Round) the prevalence and incidence of disease as well as hospitalization rates are much higher in older people than the total population. About 8% of older Indians were confined to their home or bed. The proportion of such immobile or home bound people rose with age to 27% after the age of 80 years. Women were more frequently affected than males in both villages and cities. A very little effort has been made to develop a model of health and social care in tune with the changing need and time. Presently in India elderly are provided health care by the general health care delivery system in the country. As the elderly population is likely to increase in future, and there is a definite shift in the disease pattern i.e. from communicable to non-communicable diseases, it is high time that the health care system gears itself to growing health needs of the elderly in an optimal and comprehensive manner. There is a definite need to emphasize the fact that disease and disability are not part of old age and help must be sought to address the health problems.

India was among the first countries to ratify UN Convention on the Rights of Persons with Disabilities (UNCPRD) which have come into effect from 3rd May, 2008. As per the provisions

under Article 25 of UNCPRD, the health services needed by persons with disabilities should be provided as close to people's own communities, including in rural areas. The issue of population ageing has to be looked at as both a challenge and opportunity. Never in the History had such a large number of people with such vast repository of experience and knowledge available to the human kind to contribute to the social development as we have today with elderly in number as never before. In traditional societies, elderly people keep working almost till the last days of their life and thus, can contribute in a more focused manner if given such an opportunity. The issue of population ageing, therefore, has to be looked at as a comprehensive development issue.

As a matter of cultural reality, the oldest of old population do not want to be burden on their family, rather prefer to live in suffering and count their last days of life. It is only economically affluent group of old people who use health services whatsoever are available in the hospitals in the public sector, although a majority of them prefer to avail services from private hospitals and nursing homes. A larger size from the economically poorer sections of the society remain at home

and live with their sufferings. Therefore, creation of minimum desirable infrastructure within the existing system of health service delivery undoubtedly demands attention of health planners and administrators. It does not mean that the present system of Health delivery cannot address the health care needs unless the ideal situation is created. Rather it is strongly felt that if the existing human resource from top to bottom adapt a mindset for the care of elderly which requires orientation to the existing human resource already working at different levels. Nation must acknowledge the contribution of the present generation of elderly who had spent their life to nurture their respective families with strong expectations that their children would provide comfortable services in return. But the process of distraction in the old roots of care is so fast, that it is becoming unrealistic to believe that elderly would receive appropriate care, attention and service, as per their expectations. There is a need to adopt a path of providing knowledge to the masses and even to the personnel who are already working in public and private sector by utilizing the fast growing knowledge of information technology (IT).

Written by: **Dr. A.M. Khan**
Director (AISS)

About Us

With our humble contribution & positioning in the field of healthcare, Astron team of dedicated professionals renders quality care in facility planning and design, quality & accreditation, public health and education in healthcare sector. We at Astron have also entered in to the world of Social Sciences recently through establishment of **Astron Institute of Social Sciences (AISS)**.



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Achievements

- Partners "Hospital Management Asia Conference & Awards", Philippines.
- Partners FICCI Healthcare Excellence awards and conducts onsite validation of short listed entries.
- Establishment & Handover of "Santokhba Durlabhji Centre for Gastric Sciences"- a state of art GE centre with four ultramodern operation theaters and critical care units.
- Successful completion of JCI accreditation project at Durdans Hospital, Colombo- 1st hospital to get JCI in Sri Lanka.
- Successful completion of MCHIP- USAID project on "Gap analysis of RMNCH+A in 33 districts of 6 states.

Astron at work



Astron Going Places

New Projects:

- Sant Nirankari Health City, Delhi
- Central Armed Police Forces Medical College, Delhi.
- Adani Medicity & Medical College, Shanti Gram, Ahmadabad
- Punjab Institute of Medical Sciences, Jalandhar
- Shri Maharaja Agrasen Hospital, New Delhi
- Sterling Cancer hospitals at Ahmedabad and Vadodara, Gujarat.
- Sterling hospital at Gift City, Gandhinagar
- Tata Hospital, Gopalpur, Odisha

Astron prominences itself in Mauritius with

Feasibility Study on the construction of a modern warehouse of international standards for Ministry of Health & Quality of Life, Mauritius.

Consultancy services for proposed ENT hospital- Vacoas, Mauritius.

We are concerned

Millennium Development Goals 2014 India Report:

- Maternity Health "On Stake, On Hold":
Though the maternal mortality rate is reduced by three quarters from past 15 years, still maternal mortality rate is alarming to (25/1,00,000 life births)
- Six states of India though are likely to achieve the IMR and U5 MR target of MDG-4: Tamil Nadu and Kerala in South, Maharashtra in West, West Bengal in the east and Punjab and Himachal Pradesh in North, still a lot needs to be done in the remaining states.

Source: <http://www.unicef.org/>

Welcoming Domains

With new governance in place, Astron enters into a "complete circle" in healthcare:

- ✦ **Sliding into larger community benefits:** Astron establishing quality in Geriatric Health- *Senior citizen care, the next entry.*

Astron taking the onus..." Improving community involvement and ownership of health care providers by:

- Publishing "Indian Journal of Geriatric Care"
 - Plans Interactive workshops on "Effective Delivery of Quality health care provisions for senior citizen" with Delhi Senior Citizen Association.
 - Organizing Seminar on "Healthy Ageing & Geriatric Care".
 - Adoption of Old Age homes to provide Quality health care to elderly.
- ✦ Astron adopts 20 children from Nangloi slums for their education.

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