

INTERNATIONAL CONFERENCE ON

“ENVIRONMENT, AGRICULTURE & HUMAN WELFARE: AN OVERVIEW OF SUSTAINABLE GOALS OF FUTURE”

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Economic Sustainability and Safety Protocols in Elder Care: Insights from East Vidarbha

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Abstract

In this study, we look at how safety measures and financial viability interact in East Vidarbha's nursing homes for the elderly. With an ageing population comes a rise in the complexity of managing an elderly care facility, which calls for a holistic strategy that takes into account both financial stability and safety and security concerns. The present practices and problems in elder care management in East Vidarbha are examined via a qualitative research technique that includes case studies and interviews with key stakeholders.

Funding sources, cost-effectiveness of care models, and financial management techniques are some of the economic aspects that this research examines, as they pertain to the operational sustainability of elder care institutions. Additionally, it takes into account local socio-economic dynamics and legal frameworks to analyse safety standards that are put in place to guarantee the protection and security of older citizens. Findings from this research provide recommendations for how elder care facilities may better manage financial sustainability and safety by combining ideas from actual data with current literature. The results provide light on the nuances of managing elderly care in East Vidarbha and provide actionable advice for improving the region's economic viability and safety measures in order to aid its ageing population.

Keywords – aging population, financial management, funding sources, cost-effectiveness, well-being

Introduction

In light of the worldwide trend towards an ageing population, there are considerable obstacles to the administration of East Vidarbha's elder care facilities. With an ageing population comes the critical need to make sure that facilities providing care for the elderly are financially stable and have strong safety measures in place. This study looks at how safety standards and financial considerations interact in East Vidarbha's senior care facilities. Financial management tactics, financing sources, and cost-effectiveness of care models are all part of what it means to provide elder care in a financially sustainable way. To keep providing high-quality services to seniors while keeping elder care facilities operationally viable, these aspects are vital. Simultaneously, there must be strict standards to handle physical safety, health concerns, and emergency readiness in order to guarantee the protection and security of the older members of the community.

East Vidarbha has particular potential and problems for the administration of senior homes due to its diverse socioeconomic dynamics and legal frameworks. In order to craft customised strategies that strike a balance between economic stability and effective safety measures, it is crucial to understand the local situation. The purpose of this study is to examine present practices, identify gaps, and provide suggestions for improving economic sustainability and safety standards in elder care facilities using qualitative research methodologies, such as case studies and stakeholder interviews. Policymakers, practitioners, and stakeholders engaged in elder care provision in East Vidarbha and comparable settings internationally might benefit from the study that intends to bring useful insights to the literature on elder care management by exploring these essential features. Understanding the complex interplay between financial management and safety standards in senior care homes is crucial for creating an environment that is both sustainable and safe for residents.

Literature review

There will be major consequences for healthcare systems and social structures as the proportion of the global population aged 60 and more is projected to almost double from 12% to 22% between 2015 and 2050, according to the World Health Organization's (2015) World Report

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on Ageing and Health. The world's population is becoming older at a rapid pace, and nations are realising they need to cater to the requirements of their elderly citizens. About 104 million individuals, or slightly more than 10% of the total population, are considered senior citizens in India. This group includes those who are 60 and older.

By 2025, this demographic is expected to have grown to 158 million, making it the fastest-aging in the world, according to the United Nations Population Fund (UNFPA). The predicted increase in the old population to 319 million (19.5% of the total population) by 2050 is seen in Fig. 1.1A. In addition, the total dependence ratio is predicted to gradually decline from its 2020 level of 56.92 to the 2030s as the proportion of the working-age population rises. However, by 2050, it is anticipated to grow again, reaching 61.22.

Rapid increases in the median age, total population size, proportion of people aged 65 and over, widowhood, and reliance on government assistance due to old age are all consequences of the demographic transition in emerging nations (WHO 2011; Fuster 2017; Isherwood et al. 2017). Societal shifts, increased economic instability, and an increase in the illness load among the elderly are all results of these demographic shifts. They are also linked to more mobility, more individualism, and more nuclear families (Bianchi 2014). The elderly are particularly at risk because of their diminished or nonexistent income, declining health, increasing disease burden, increased familial responsibilities, social isolation, and retirement from the workforce (UN 2013; Bloom et al. 2003; Sheiner 2014; Maestas et al. 2016; Kämpfen et al. 2018). According to Mohanty et al. (2014), Prince et al. (2015), and Arsenijevic et al. (2016), there is a considerable age gradient when it comes to disease burden and financial disaster.

According to Szotlysek et al. (2011) and Hughes and Waite (2002), the decrease in intergenerational co-residence is accelerated by socio-economic development and urbanisation. The nuclear family has surpassed the traditional family structure as the norm due to rising levels of development (Chakravorty et al. 2021). More and more people in their middle and later years are choosing to live alone, with their partners, or with their adult children who have not yet tied the knot (Ruggles and Heggeness 2008). Financial security, physical and mental health, and happiness in later life are all impacted by where people choose to live (Zimmer and Das 2014). Szotlysek et al. (2011) found that the trend of independent living arrangements among the elderly is being driven by factors such as rising earnings, greater coverage of social support systems, increased mobility, and diminishing reliance on agriculture.

Changing patterns of marriage, cohabitation, and divorce, as well as social networking, internal migration, and younger couples' need for privacy are all influencing the demographics and social dynamics of the home (Taylor and Bain 2005; Kaur and Singh 2013). Financial security and social capital are correlated with life happiness among the elderly (Yeo and Lee 2019). Another important factor that determines the mental health and well-being of the elderly is household income (Jeon et al. 2007). In 2020, 10% of India's population was 60 and above, with 136 million people falling into this category. According to the MoHFW (2019), this country's ageing population is making it the second biggest in the world. In India, the old population is expanding at a pace of 3.5% while the youth population is growing at a rate of just 0.07% (MoHFW 2019). Across India's several states and socioeconomic classes, the average lifespan of the elderly has been on the rise. While half of the elderly rely on others for financial support, half of them do not have a job (Kulkarni et al. 2016).

According to Maestas et al. (2016), just about 10% of the Indian workforce is employed by organised entities, and the country's pension coverage is severely lacking. Households headed by an older person are more likely to live in poverty than those headed by a younger person (Srivastava and Mohanty 2012). According to Panday et al. (2018) and Kastor and Mohanty (2018), there is a substantial correlation between the likelihood of hospitalisation and out-of-pocket expenditure (OOPE). Households headed by older adults are more likely to experience

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high OOPe and catastrophic health expenditures. Regardless, those with chronic illnesses and the elderly are often left out of health coverage in India.

Good initiatives taken in India

Sulabh International’s work with the widows of Vrindavan started early in 2012 and has now spread to Varanasi, and Deoli, Uttarakhand. Vrindavan has been known to harbour a large number of aged women, mostly widows, abandoned by their families, living in poor conditions at ashrams with no healthcare or sustainable income. The plight of these women was such that the Supreme Court requested Sulabh International to initiate an intervention in Vrindavan to improve their dreadful condition. Sulabh International began by providing financial assistance to make these widows economically independent; later they also started providing medical facilities such as ambulances and covering the cost of prescription drugs and treatment of ailments, providing vocational training as well as language classes, and a helpline for widows in need of assistance. The project was implemented across eight ashrams (homes), covering approximately 800 widows. As a result of this intervention, there is a marked difference in the lifestyle of these women. They live independently, work on various vocational projects and are more aware of their rights. All these are signs of active ageing which Sulabh International has been able to bring about in the lives of these widows.

Ekal Nari Shakti Sangathan (ENSS) is a collective for widows and other single women in the tradition-bound and highly patriarchal state of Rajasthan. The social and economic isolation faced by widows in India led to the establishment of this organisation that now challenges the patriarchal system and helps organize women who are abandoned or rejected by their families and societies. Ekal Nari Shakti Sangathan was established in 1999 and currently has 43,006 members from both rural and urban areas of Rajasthan. The organisation believes in ‘collective power’ i.e., if people unite and organize themselves, they can bring about reform in social customs and policies. They deal with social problems of women at the community level and issues of entitlement directly with the administration. ENSS aims to help as many single/widowed women as possible to help them claim their rights and lead a dignified life in the community.

The International Longevity Centre-India (ILC-I) is a voluntary organisation in Pune working on issues of Ageing since 2003. ILC has initiated many activities with the aim of providing a healthy, productive and participatory life to the elderly, especially women. There are currently three projects – Aajibai Sathi Batwa, a unique field project providing partial medical assistance to needy elderly women through sponsorship; ‘Elders’ Volunteers Bureau, a group of senior citizens working on a voluntary basis on various projects that give them financial independence which also helps in addressing loneliness; and Athashri Housing project which are residential complexes built exclusively for the aged. ILC’s successful and innovative projects have provided a platform for other NGOs to replicate and enhance them at the national level.

The Calcutta Metropolitan Institute of Gerontology (CMIG), Kolkata was started in 1988 with the objective of promoting research in the field of gerontology and implementing the findings. Kolkata is home to one of the largest number of aged persons, mostly women living in poor conditions. Social security is almost non-existent in the state and very few programs are initiated by the Government to support these women. Though a research institute, CMIG believes in turning its knowledge and values into actionable goals. A wide range of programs have been initiated, ranging from day care centres to provision of livelihood and a holistic healthcare system by running mobile clinics in slum areas. CMIG’s unique and successful approach has been recognized by the Ministry of West Bengal for its positive impact on the lives of the elderly in West Bengal.

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Analysis and discussion

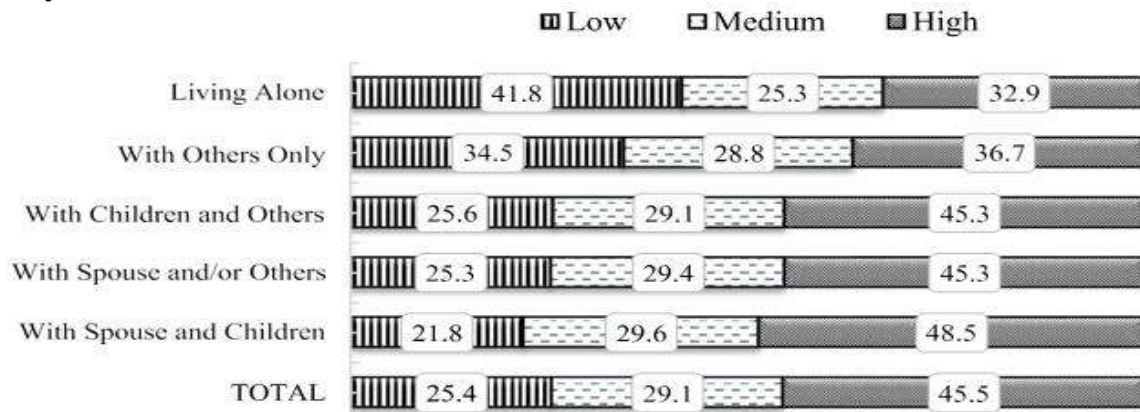


Figure 1 - Distribution of elderly people's LS levels across all housing types as a percentage

Based on their living arrangements, the accompanying figure shows that older folks' economic stability levels are distributed as low, medium, or high. Individuals may be classified according to whether they live alone, with others only, with children and others, with a spouse and others, or with children and a husband and others.

According to the statistics, the percentage of people with poor economic stability is greatest among those who live alone (41.8%), followed by those who live in shared housing (34.5%). On the other hand, those who are married or have children living with them had the lowest rate of poor economic stability, at 21.8%.

Across all housing configurations, the distribution for medium economic stability is quite stable, ranging from 25.3% to 29.6%. Among those who are married or have children living with them, 29.6% report a medium level of economic stability, but just 25.3% report living alone.

Living with a spouse and children is associated with high economic stability for 48.5% of people, whereas 45.3% of those in a similar situation report the same. People who live alone have the lowest rate of strong economic stability at 32.9%.

As a whole, the distribution reveals that 45.5% of the elderly have very stable economies, 29.1% have medium-stable economies, and 25.4% have low-stable economies. This suggests that the financial security of the elderly is greatly affected by their living arrangements; those who live with family members, especially a spouse and children, have it better than those who live alone or with strangers.

Conclusion

The administration of senior residences in East Vidarbha is the focus of this critical analysis of the relationship between financial security, health, safety, and security. We have derived important insights on how these elements jointly impact the quality of life for senior people of this area from a thorough literature study and qualitative research.

The research shows that long-term financial viability is critical for nursing homes to be successful. The capacity to provide high-quality services and keep operations viable is directly affected by financial stability, which is created via a variety of financing sources and cost-effective care models. Significant obstacles to attaining and maintaining high standards of care are economic in nature, including inadequate financing and expensive operating expenses.

Economic stability and the execution of strict safety standards are intimately related to the health well-being of residents in nursing homes. Buildings that are financially stable are in a better position to provide their inhabitants with all-encompassing healthcare, which benefits their mental and physical health. Furthermore, it is essential to include safety and security measures to protect the elderly from a range of threats, such as health hazards, physical injuries, and crises. Incorporating reliable safety measures improves the quality of life for inhabitants by making them feel more secure.

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Living arrangements have a major impact on the financial stability of the elderly, according to the chart study. Living with family, especially a spouse and children, is associated with more financial security than living alone or with someone from outside the family. This exemplifies how crucial family support networks are for improving the financial security of the aged.

Financial limitations, regulatory obstacles, and socioeconomic inequities are among the difficulties highlighted by the report as affecting East Vidarbha's senior care facilities. Regardless of the obstacles, the research reveals new methods that combine resident-centered care with economic factors, as well as best practices. Among them, you may find health and safety management best practices, individualised financial plans, and effective use of available resources.

Ultimately, this study's findings and the filling of the identified research gaps may educate everyone engaged in elder care management, including practitioners, policymakers, and others. Better financing systems, more accommodating regulatory frameworks, and the advocacy for long-term, fair care for the elderly are all possible policy suggestions. It is imperative that these intersections be further investigated in future studies in order to develop more effective methods of promoting long-term sustainability in elder care throughout the world. A comprehensive grasp of the interconnected nature of elder care facilities' financial management, residents' health and safety, and security is necessary for the ultimate goal of creating an environment that is both sustainable and safe for the inhabitants.

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