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Letter to the Editor

Healthy ageing in India: strengthening community-based senior care beyond longevity

Sir,

India is undergoing a profound demographic transition with a steady increase in the population aged 60 years and above. Declining fertility rates and improvements in life expectancy have reshaped the population structure, making older adults one of the fastest-growing demographic groups in the country.[1,2] According to national projections, the ageing population is expected to continue expanding over the coming decades, creating substantial implications for healthcare systems, social protection mechanisms, and long-term care services. This demographic shift necessitates a transition from episodic, disease-centred healthcare toward integrated, person-centred approaches that preserve functional ability, independence, and overall wellbeing in later life.[3,4]

The concept of healthy ageing, as defined by the World Health Organization (WHO), refers to the process of developing and maintaining functional ability that enables wellbeing in older age.[3] Functional ability extends beyond physical health and encompasses mobility, cognitive function, emotional wellbeing, social engagement, and the ability to participate meaningfully in society. Healthy ageing therefore emphasizes enabling environments and supportive systems rather than merely preventing disease. This approach aligns with the United Nations Decade of Healthy Ageing (2021-2030), which calls for strengthening communities and healthcare systems to ensure dignity, autonomy, and quality of life for older adults.[3]

However, achieving healthy ageing in India remains challenging due to the increasing burden of chronic disease and age-related functional decline. Findings from the Longitudinal Ageing Study in India (LASI) indicate a high prevalence of multimorbidity, limitations in activities of daily living, depressive symptoms, sensory impairments, and reduced life satisfaction among older persons.[4,5] Chronic conditions such as hypertension, diabetes mellitus, cardiovascular diseases, musculoskeletal disorders, and cognitive impairment further contribute to disability and dependency.[4,6] These conditions increase caregiving demands on families and lead to rising out-of-pocket healthcare expenditure.

Recognizing these concerns, India introduced the National Programme for Health Care of the Elderly (NPHCE) to strengthen geriatric services across primary, secondary, and tertiary healthcare levels.[7] The programme promotes geriatric outpatient clinics, dedicated inpatient services, rehabilitation units, physiotherapy services, referral mechanisms, and capacity building for healthcare personnel. Recent reforms have further emphasized preventive health services, community awareness, early screening, counselling, rehabilitation, and continuity of care for older populations.[7,8] Such initiatives represent an important policy foundation for addressing population ageing.

Despite these several policy developments, implementation challenges persist. Access to geriatric healthcare remains uneven across regions, particularly in rural and underserved areas where health infrastructure and specialist availability are limited.[1,7] Current service delivery models continue to focus predominantly on treatment rather than prevention and maintenance of functional capacity. Routine geriatric assessment, rehabilitation services, long-term care planning, and caregiver support remain inadequately integrated into primary healthcare systems. In addition, shortages of trained geriatricians, nurses, rehabilitation professionals, and community health workers limit the reach and sustainability of elderly care services.[8]

Beyond healthcare, social determinants play an equally important role in shaping ageing outcomes. Rapid urbanization, migration of younger populations, and changing family structures have weakened traditional caregiving arrangements and increased social isolation among older persons. Vulnerability is particularly pronounced among older women, economically disadvantaged populations, individuals living alone, and those experiencing functional limitations.[9,10]

Studies from India suggest that stronger social participation, community trust, and local support systems are associated with improved physical and mental health outcomes among older adults.[9]

From a public health perspective, strengthening community-based senior care offers an opportunity to bridge existing gaps and support ageing in place. Community-oriented strategies should include integrating routine geriatric screening and functional assessment into primary healthcare, expanding home-based medical and rehabilitation services, promoting telehealth and digital inclusion, strengthening vaccination coverage, improving nutrition counselling, and developing caregiver training programmes.[7,8] Community participation through self-

help groups, local governance institutions, volunteer networks, and intersectoral collaboration can enhance social connectedness and reduce dependency among older adults.[10]

Creating age-friendly communities with accessible infrastructure and supportive environments is equally essential to maintaining independence and dignity.

The recent senior care reform recommendations proposed by National Institution for Transforming India (NITI)-Aayog further highlight the need for integrated community-based models that combine healthcare, social support, digital solutions, and long-term care planning. Strengthening coordination between public health systems, local governments, civil society organizations, and families can improve accessibility and sustainability of elderly care services.

India's demographic transition should be viewed not solely as a challenge but as an opportunity to redesign health and social systems around functional ability, independence, and quality of life. Aligning WHO healthy ageing principles with effective implementation of NPHCE and community-driven senior care reforms can foster resilient communities and enable older persons to age with dignity, purpose, and wellbeing.

Karthikayini Sasinthar[1]*, K. P. Vishruth[2]

[1]Research and Development Wing, Lakshmi Hospital, Madurai, Tamil Nadu, India
[2]TVS Mobility and Lakshmi Hospital, Madurai, Tamil Nadu, India

***Correspondence to**
Dr. Karthikayini Sasinthar,
E-mail: dr.karthikayini@gmail.com

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