

# Examining the state of the Indian health system's responsiveness to the most-in-need and most vulnerable older people



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## BACKGROUND

### Indian older people

- Home to appr. **150 million** older persons
- Most-in-need:** those with functional limitations (ADL/IADL difficulties) and/or multimorbidity
- Most vulnerable:** those with lower wealth quintile and/or lower social caste



**Aim: Assess the state of the Indian health system responsiveness to the most-in-need and most vulnerable older people**

### Health system responsiveness

- One of the **goals** of all health systems
- Refer to **non-medical** aspects of the care
- Key domains:** prompt attention, dignity, communication, confidentiality, provider choice, and quality of amenities

## METHODS



**Data source:** Longitudinal Aging Study India (LASI) Wave 1 (2017-2018)



**Settings:** Across all 36 states and union territories of India



**Sample:** Older people 60+ who used outpatient and inpatient care (Figure 1)



### Respondent characteristics:

- Functional limitation:** 54.4% outpatient, 61.5% inpatient
- Chronic disease:** 59.5% outpatient, 72.1% inpatient
- Lower caste:** 26% outpatient, 26.3% inpatient
- Lower wealth quintile:** 40.9% outpatient, 33.4% inpatient.

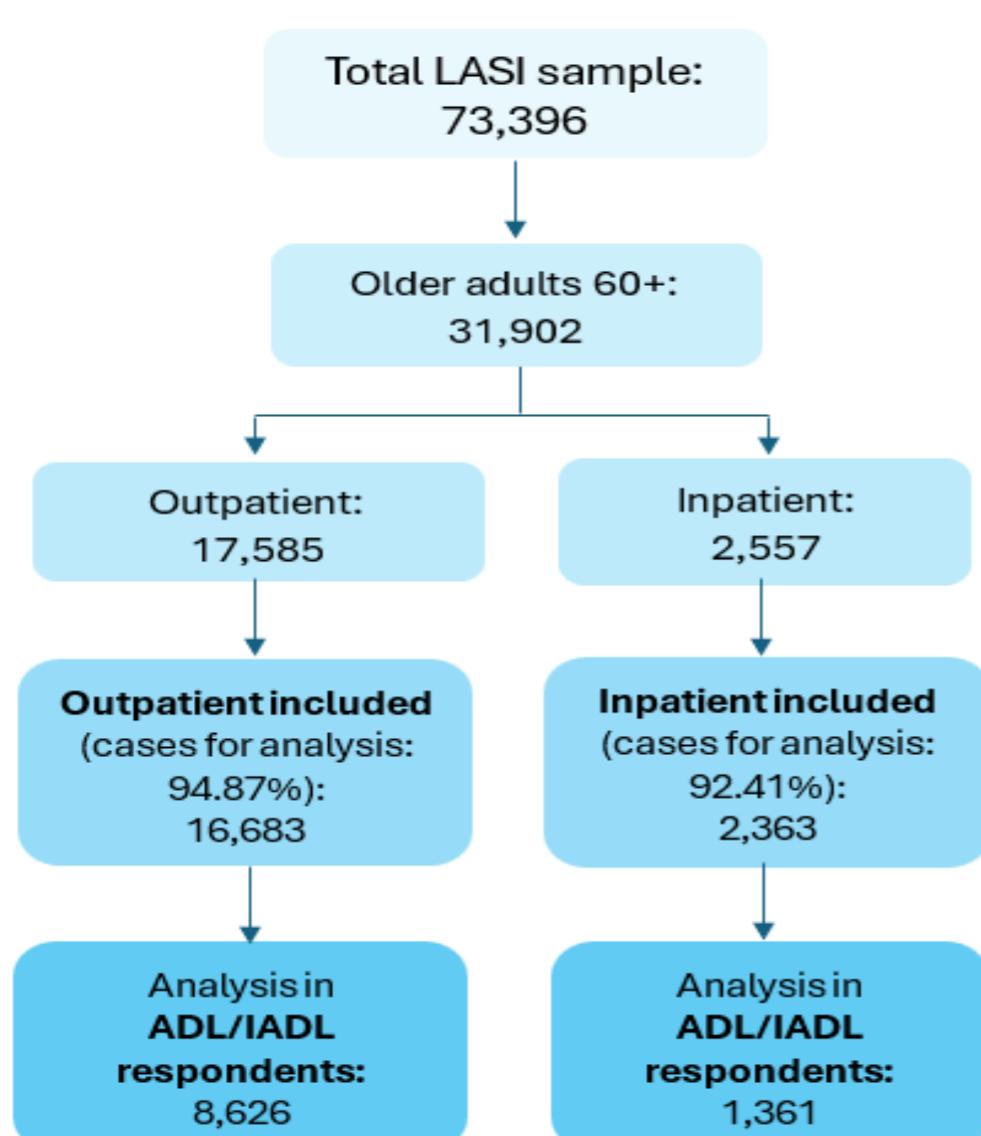


Figure 1:  
Study  
Sample

## FINDINGS

- Older people with functional limitations were more likely to experience poor responsiveness in 5 domains for inpatient care and 3 domains for outpatient care (Table 1).
- Those with multimorbidity reported poorer responsiveness in prompt attention and communication for outpatient care.
- Respondents with higher number of ADL/IADL difficulties rated responsiveness more poorly across 5 domains.

**Table 1:** Multivariable logistic regression model of poor responsiveness

Conditions	Outpatient (OR - 95% CI)	Inpatient (OR - 95% CI)
ADL/IADL (reference: no difficulty)	- Prompt attention: <b>1.53***</b> (1.2 - 1.9) - Dignity: <b>1.59**</b> (1.2 - 2.2) - Provider choice: <b>1.5*</b> (1.02 - 2.1)	- Prompt attention: <b>2.2*</b> (1.2 - 3.9) - Dignity: <b>2.4**</b> (1.3 - 4.4) - Communication: <b>2*</b> (1.02 - 3.9) - Provider choice: <b>2*</b> (1.1 - 3.6) - Quality of amenities: <b>2.4**</b> (1.3 - 4.5)
Multimorbidity (reference: no chronic disease)	- Prompt attention: <b>1.4*</b> (1.03 - 1.9) - Communication: <b>1.6*</b> (1.04 - 2.6)	No significant association
Control variables	Residence, Gender, Age group, Education, Marriage, Religion, Caste	

**Significance level:** \* $p<0.05$ , \*\* $p<0.01$ , \*\*\* $p<0.001$ .

### Among those with functional limitations:

#### Wealth quintile

**Outpatient:** Lower-quintile persons reported poorer responsiveness in confidentiality.

**Inpatient:** Lower-quintile persons reported poorer responsiveness in quality of amenities.

#### Social caste

**Outpatient:** Lower-caste persons had poorer ratings of quality of amenities.

**Inpatient:** Lower-caste persons had poorer ratings of provider choice and quality of amenities.

## CONCLUSIONS

- Functional limitations and multimorbidity** among older people are associated with poorer responsiveness across several domains.
- Socio-economic disadvantages** further exacerbate inequities in care experience.
- Persistent gaps signal a **need for health systems to strengthen** equity-oriented responsiveness.
- Improving responsiveness** of the health system is essential for enhancing outcomes in India's rapidly ageing population.

**Enhancing responsiveness to older people should be a priority for health systems globally.**