

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.

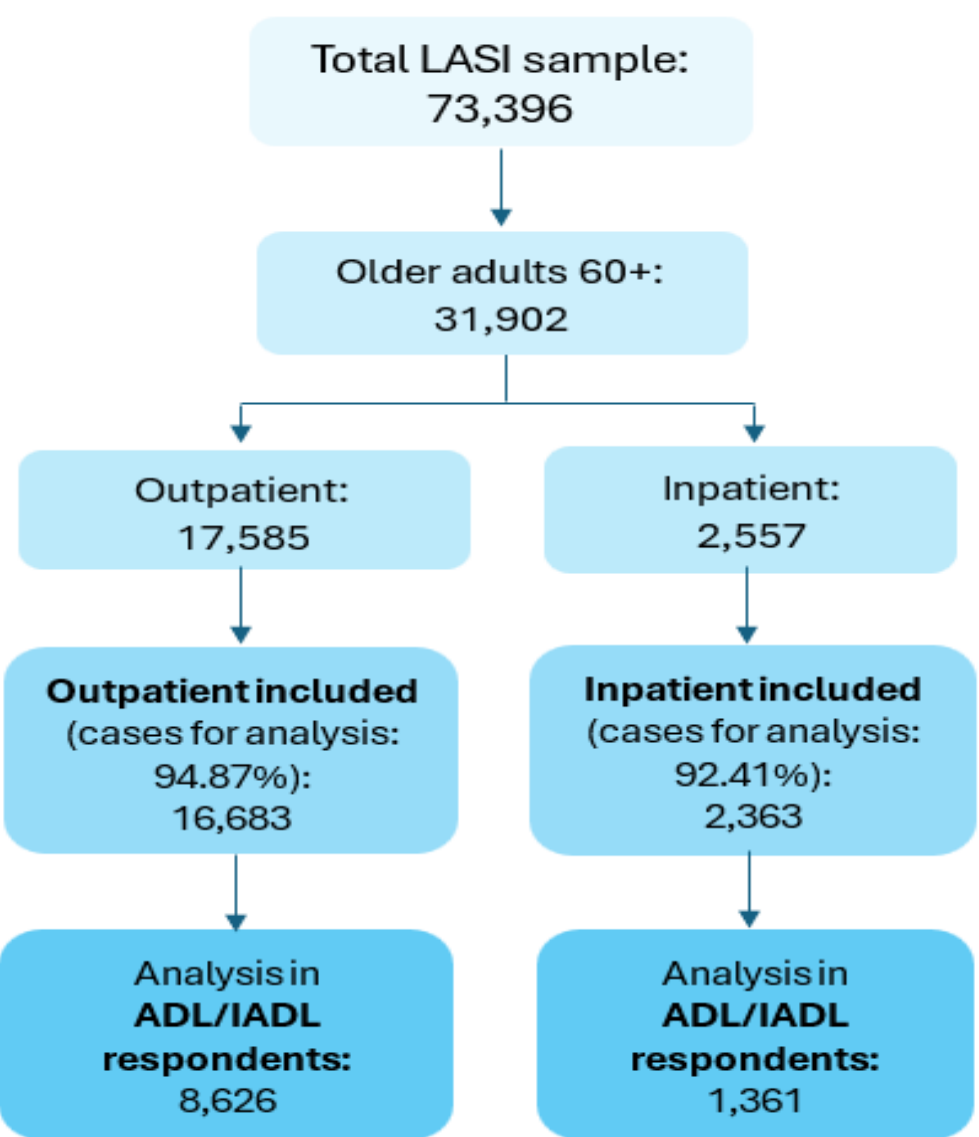


Figure 1:
Study
Sample

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: 1.53*** (1.2 - 1.9) - Dignity: 1.59** (1.2 - 2.2) - Provider choice: 1.5* (1.02 - 2.1)	- Prompt attention: 2.2* (1.2 - 3.9) - Dignity: 2.4** (1.3 - 4.4) - Communication: 2* (1.02 - 3.9) - Provider choice: 2* (1.1 - 3.6) - Quality of amenities: 2.4** (1.3 - 4.5)
Multimorbidity (reference: no chronic disease)	- Prompt attention: 1.4* (1.03 - 1.9) - Communication: 1.6* (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.