

Dissertation

On

**An assessment of health needs and home-based care solutions for the Urban
Geriatric Population in Bhopal**

by

Jayesh Khatri

PG/22/042

Under the guidance of

Dr. Vinay Tripathi

PGDM (Hospital and Health Management)

2022-24



International Institute of Health Management Research

New Delhi

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FEEDBACK FORM

Name of the Student: JAYESH KHATRI

Name of the Organization in Which Dissertation Has Been Completed: EMOHA ELDERCARE

Area of Dissertation: ELDERCARE

Attendance: 100%

Objectives achieved: Yes

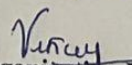
Deliverables: Yes

Strengths: Hard working, Proactive in learning

Suggestions for Improvement: NIL

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

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Date: 20/07/24

Place: New delhi

The certificate is awarded to

Name: Jayesh Khatri

in recognition of having successfully completed his internship
in the department of

and has successfully completed his Project on

**An assessment of health needs and home-based care solutions for the Urban Geriatric
Population in Bhopal**

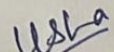
Date: 21st March- 21st June

Organization: Emoha, Bhopal

He comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning.

We wish him all the best for future endeavors.

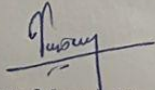

Training & Development


Zonal Head-Human Resources

Certificate from Dissertation Advisory Committee

This is to certify that **Jayesh Khatri**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "**An assessment of health needs and home-based care solutions for the Urban Geriatric Population in Bhopal**" in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Institute Mentor Name, **Vinay tripathi**

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TO WHOMSOEVER IT MAY CONCERN

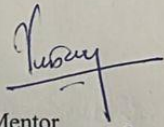
This is to certify that **Jayesh Khatri**, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **IIHMR, Delhi** from **21/03/2024** to **21/06/2024**.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi


Mentor
Vinay tripathi
IIHMR, New Delhi

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH, NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“An assessment of health needs and home-based care solutions for the Urban Geriatric Population in Bhopal”** is submitted by

Jayesh Khatri, Enrollment No. **PG/22/101** under the supervision of
Dr. Vinay Tripathi

for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **21st March 2024** to **21st June 2024** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


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Title of the Dissertation/Summer Assignment	An assessment of health needs & home-based care solutions for the Urban Geriatric Population in Bhopal		
Plagiarism detect software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	6%		
Date of validation (DD/MM/YYYY)	23/07/2024		

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My sincere efforts have helped me to accomplish the task of completing this project. However, it would not have been possible without the support and help of many individuals. I would like to express my sincere gratitude to my mentor **Dr. Vinay Tripathi** for her continuous guidance and support.

I would also like to give a special thanks to the faculty of IIHMR for their support and guidance in providing such a great opportunity which helps in to grow and learn about many interesting aspects.

And I would also like to thank my Parents and my Friends who have been a constant support.

Jayesh Khatri

(PG/22/042)

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ABOUT THE ORGANIZATION

EMOHA

We are a bunch of dreamers who believe seniors are the world's biggest asset. We are also senior care experts who have a combined experience of 50+ years globally. More importantly we are sons and daughters who know the challenges of taking care of our parents while pursuing professional passions. We wanted to give our parents the best life in the comfort of their home but didn't know how.

And so, Emoha was born.

At Emoha, we help seniors, and their families enjoy the many possibilities life has to offer, While we take care of the rest.

Who We Are

Emoha is not just an elder care service; it is a celebration of love, respect, and appreciation for the ones who paved the way for us. We are here to provide your parents with support, companionship, and professional care, so you can rest easy, knowing that they are in loving and capable hands. After all those who made us deserve nothing but the best!

DISSERTATION REPORT

AN ASSESSMENT OF HEALTH NEEDS AND HOME-BASED CARE SOLUTIONS FOR THE URBAN GERIATRIC POPULATION IN BHOPAL

ABSTRACT

This study assesses the health needs and explores the potential of home-based care solutions for the urban geriatric population in Bhopal, India. The urban environment presents unique challenges for older adults, and understanding their specific health care requirements is crucial for promoting their well-being.

The research employs a survey approach to gather data on the health status, living arrangements, and awareness of home-based care services among older adults in Bhopal. The analysis will explore the prevalence of chronic health conditions, the need for assistance with daily activities, and the factors influencing the utilization of home-based care.

The findings of this study will provide valuable insights for policymakers, healthcare providers, and families caring for older adults. By identifying unmet needs and exploring the acceptability of home-based care solutions, this research aims to contribute to the development of effective strategies to ensure a better quality of life for the urban elderly population in Bhopal.

INTRODUCTION

Urban aging is a growing field in social and health sciences, with ramifications that extend well beyond these fields. It addresses both population aging and urbanization. The general population's increased life expectancy is one of contemporary society's greatest achievements. Population ageing and urbanization are the results of successful human growth, making societal ageing a beneficial yet problematic issue.

Understanding the link between population ageing and urban transformation, as well as the need to foster supportive urban communities, are critical concerns for public policy. There is a growing realization that preparing for later life does not imply viewing aging in place as 'staying put' throughout the life course. Instead, urban design is now emphasizing on so-called active ageing, with older persons viewed as customers and in different sorts of work. In terms of urban ageing, there should be an emphasis on increasing mobility within cities (such as walkability and the use of public transportation), encouraging safety and security, and empowering older people in their communities.

Door-to-door visits, nursing and cleaning, companions to physicians' appointments, rehabilitation, and daily shopping are all care requirements for the elderly.

Home-based care for the urban geriatric population poses a complex set of difficulties that must be addressed in order to enhance quality of life and health outcomes for older persons who are aging in place. Understanding these challenges becomes increasingly important as urban

populations age and cities expand. The numerous challenges include restricted access to healthcare services, social isolation, budgetary restraints, and the complex health demands of older persons. Furthermore, concerns such as housing insecurity, transportation challenges, and caregiver exhaustion limit the delivery of efficient home care.

Bhopal's urban landscape is changing dramatically, as a growing proportion of its citizens reach elderly age. This demographic change presents a slew of health concerns that demand a more sophisticated knowledge of the senior population's needs, as well as the creation of specialized care solutions. As the population ages, it is critical to examine and rethink healthcare delivery systems to ensure they are capable of meeting the unique health needs of older persons.

Geriatrics in metropolitan places like Bhopal frequently experience a variety of health difficulties, including chronic illnesses, mobility disabilities, cognitive decline, and mental health problems. These difficulties are exacerbated by circumstances such as social isolation, lack of mobility, and limited access to healthcare services. The traditional healthcare system, which is generally focused on hospital-based treatment, may not be adequate to satisfy the demands of the elderly, who want more customized, continuous, and accessible care alternatives.

Home-based care solutions provide medical and supporting services directly to the elderly in their homes, making them a viable alternative to traditional healthcare delivery systems. These solutions not only assist seniors manage chronic diseases and avoid hospitalizations, but they

also improve their overall quality of life by allowing them to age in place with dignity and independence.

This study seeks to offer a complete review of the health requirements of Bhopal's urban elderly population, as well as the efficacy of current home-based treatment methods. The project aims to educate policymakers, healthcare professionals, and community stakeholders about the important steps required to improve aged care by studying existing health trends, identifying care gaps, and investigating novel home-based care options. The objective is to create an integrated care framework that addresses the elderly's particular health issues, ensuring they receive the support and resources they need to live healthy, full lives at home.

Through this assessment, we hope to contribute to the ongoing dialogue on geriatric care in India and highlight the urgent need for sustainable, scalable, and patient-centered care solutions that prioritize the health and well-being of our aging population.

OBJECTIVE OF THE STUDY

1. To examine the healthcare-seeking behavior of the urban geriatric population.
2. To assess the socioeconomic status and clinical needs of the urban geriatric population.
3. To examine the home-based care models.
4. To identify challenges faced by the urban geriatric population in accessing home-based care.

RESEARCH METHODOLOGY

Duration of the Study- 3 months

Study Type- Cross-sectional Study

Sampling Method- Convenience Sampling

Sample Size- 85

Study Population- 60+ years old

Inclusion Criteria- 60+ years old

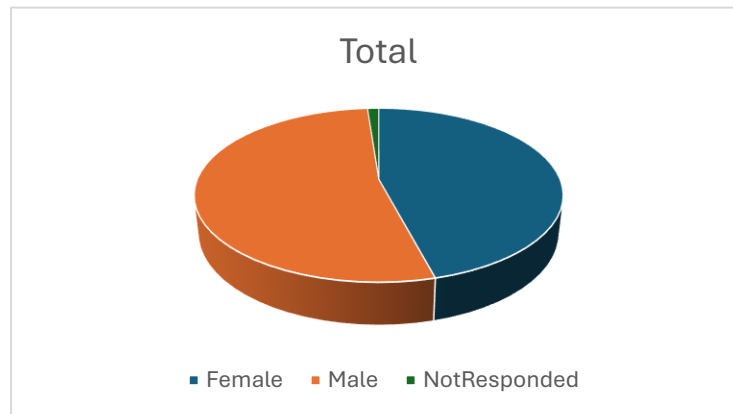
Exclusion Criteria- Infants, Children, Young Adults

Study Tool- Questionnaire for Geriatric Population

RESULTS

In this study we've interviewed 86 people about the opinions on the home base care services in Bhopal

1. Gender Proportion of People



This pie chart represents the distribution of respondents based on gender. The data includes three categories: Female, Male, and Not Responded (which likely refers to individuals who chose not to disclose their gender).

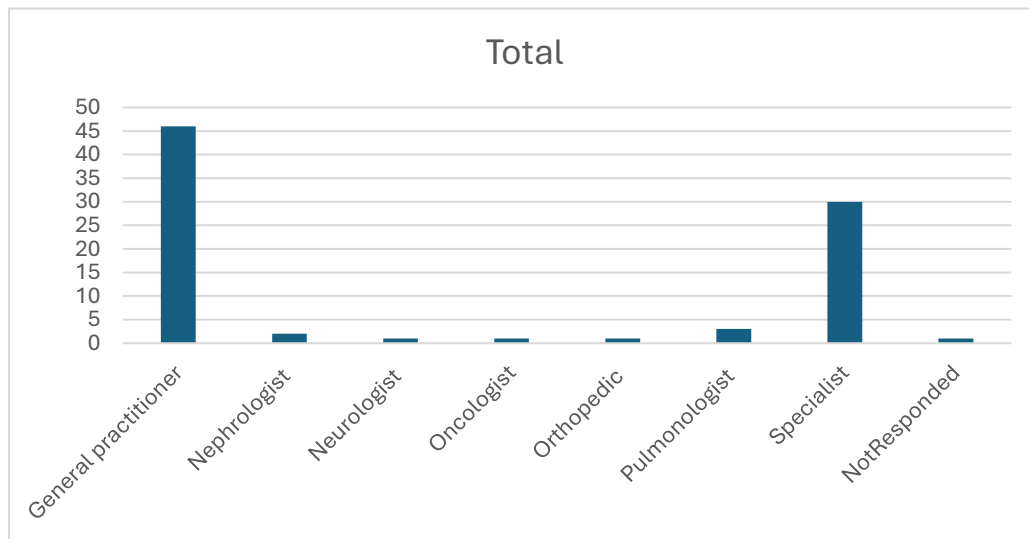
Breakdown:

- **Female:** There are 39 females, which constitute approximately 46.4% of the total respondents.
- **Male:** There are 45 males, making up approximately 53.6% of the total respondents.
- **Not Responded:** There is 1 individual who did not respond, representing about 1.2% of the total.

Interpretation:

- **Majority Male Respondents:** The data shows that a slightly higher number of respondents identified as male compared to female, with males accounting for just over half of the responses.
- **Balanced Gender Representation:** Although there is a higher percentage of male respondents, the gender representation is relatively balanced, with both genders making up nearly half of the total responses.

2. What type of healthcare professional do you see most often?



This chart represents the distribution of the types of healthcare professionals that respondents see most often.

Breakdown:

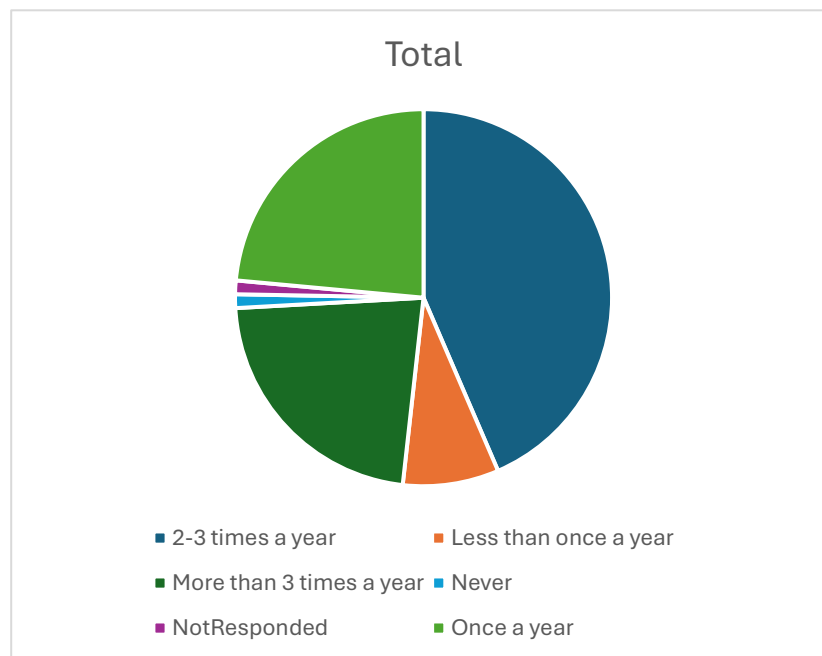
- **General Practitioner:** 46 respondents (57.5% of total)
- **Nephrologist:** 2 respondents (2.5% of total)
- **Neurologist:** 1 respondent (1.25% of total)
- **Oncologist:** 1 respondent (1.25% of total)
- **Orthopedic:** 1 respondent (1.25% of total)
- **Pulmonologist:** 3 respondents (3.75% of total)
- **Specialist:** 30 respondents (37.5% of total)
- **Not Responded:** 1 respondent (1.25% of total)

Interpretation:

- **Predominance of General Practitioners:** Most respondents (57.5%) reported seeing a general practitioner more often. This suggests that general practitioners are the primary point of contact for most people's healthcare needs, reflecting their role as the first line of medical care.
- **Significant Specialist Visits:** A substantial portion of respondents (37.5%) see specialists most often, indicating that many individuals require care beyond general practice, likely for specific health conditions or ongoing management of chronic issues.
- **Minimal Use of Other Specialists:** Visits to other specialized healthcare providers such as nephrologists, neurologists, oncologists, orthopedics, and pulmonologists are quite low, with each category accounting for less than 5% of respondents. This suggests that while these specialists are important, they cater to more niche healthcare needs within the population.

- **Low Non-Response Rate:** Only one respondent did not specify the type of healthcare professional they see most often, indicating a high level of engagement or clarity in response.

3. How often do you visit a doctor in a year?



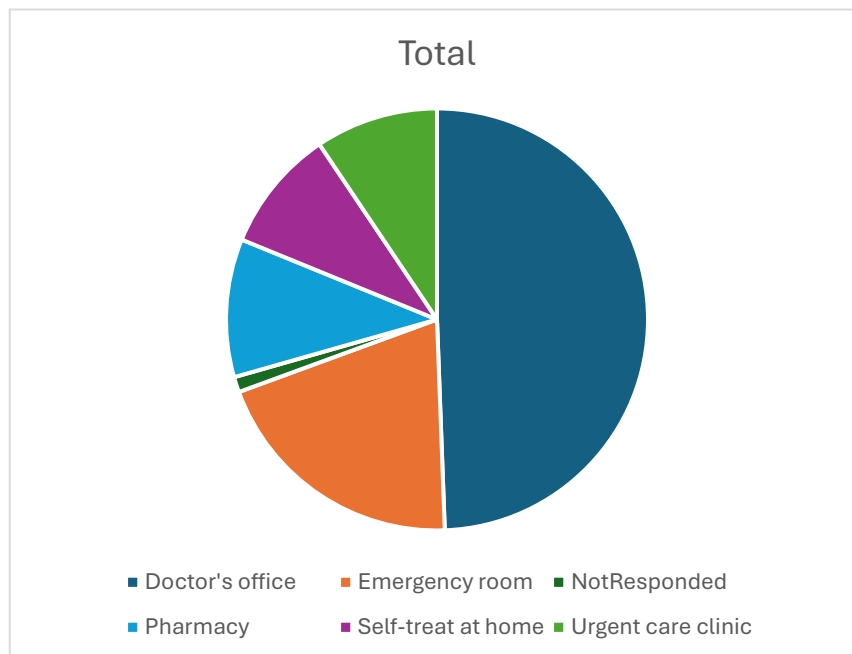
This pie chart shows how often people visit a doctor in a year. The data is based on a survey of unspecified sizes. Here's a breakdown of the results:

- **2-3 times a year:** This is the most common doctor visit frequency, with 37% of people reporting this.

- **Once a year:** 20% of people visit the doctor once a year.
- **More than 3 times a year:** 19% of people visit the doctor more than 3 times a year.
- **Less than once a year:** 7% of people visit the doctor less than once a year.
- **Never:** 1% of people reported never visiting the doctor.
- **Not Responded:** There were also 1% of people who did not respond to the survey.

Overall, the pie chart suggests that most people visit the doctor at least once a year. The most common frequency is 2-3 times a year.

4. When you feel unwell, where do you usually seek care first?



This pie chart you sent shows where people usually seek care first when they feel unwell.

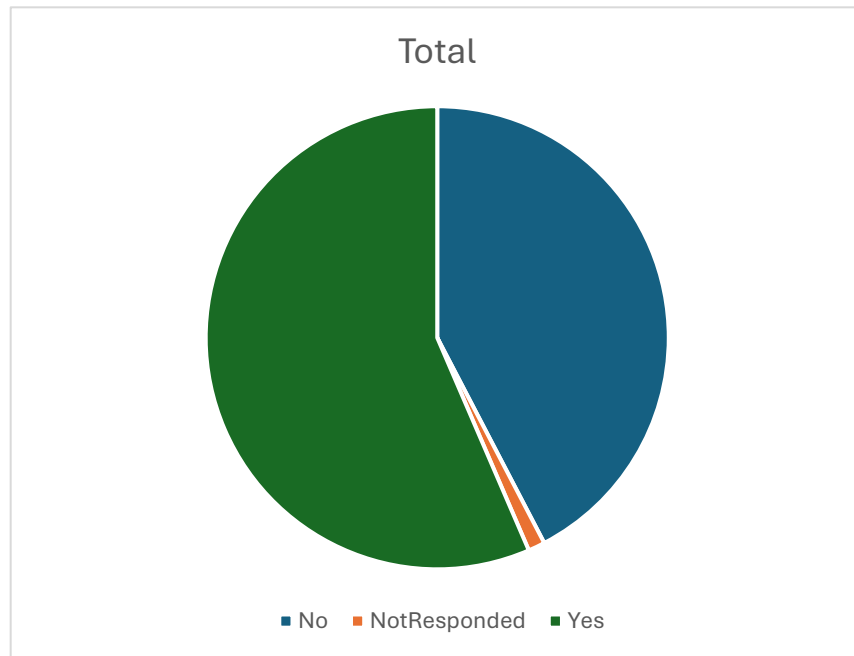
According to the survey, the most common place for people to seek care is a doctor's office, at 42%. This is followed by the emergency room, at 17%.

Here's a more detailed breakdown of the results:

- **Doctor's office:** 42%
- **Emergency room:** 17%
- **Pharmacy:** 9%
- **Self-treat at home:** 8%
- **Urgent care clinic:** 8%
- **Not Responded:** 1% did not respond to the survey

It is important to note that this survey does not specify the reason people seek care. So, it is possible that people are going to the emergency room for minor illnesses as well as serious ones.

5. Do you ever delay seeking healthcare for a health concern?

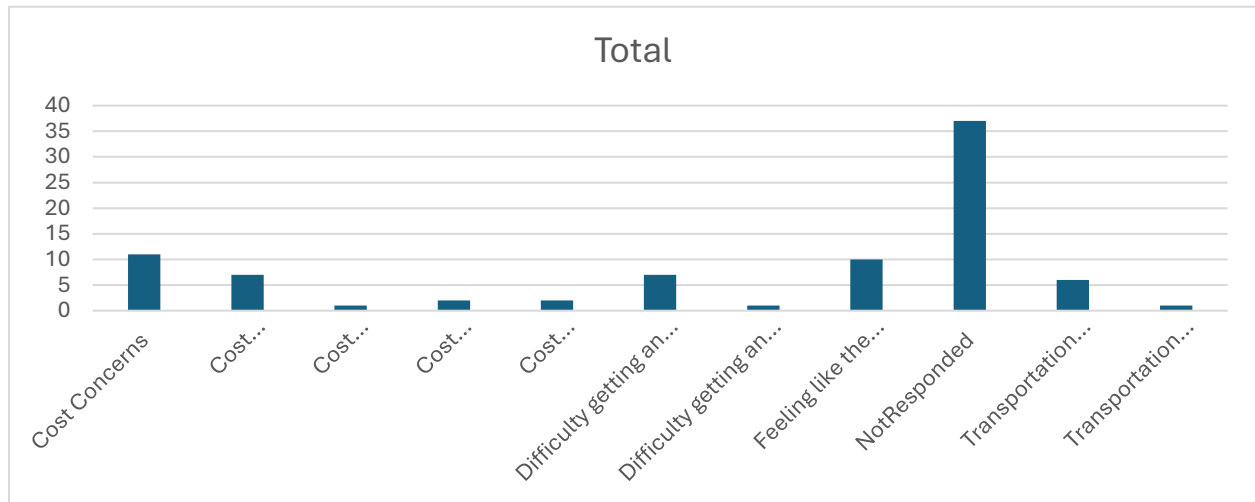


This pie chart you sent shows the results of a survey asking people if they ever delay seeking healthcare for a health concern. Here's a breakdown of the results:

- **No:** 36% of people said they never delay seeking healthcare.
- **Not Responded:** 1% of people did not respond to the survey.
- **Yes:** 48% of people said they do sometimes delay seeking healthcare.

The pie chart shows that nearly half of the people surveyed said they delay seeking healthcare for a health concern. It is important to note that this survey does not ask why people delay seeking healthcare. There could be many reasons, such as cost concerns, lack of transportation, or fear of a diagnosis.

6. If yes, why do you delay seeking care?



The image you sent is a bar graph, not a pie chart. It shows why people delay seeking care according to a survey. Here's a breakdown of the reasons given by people who responded to the survey:

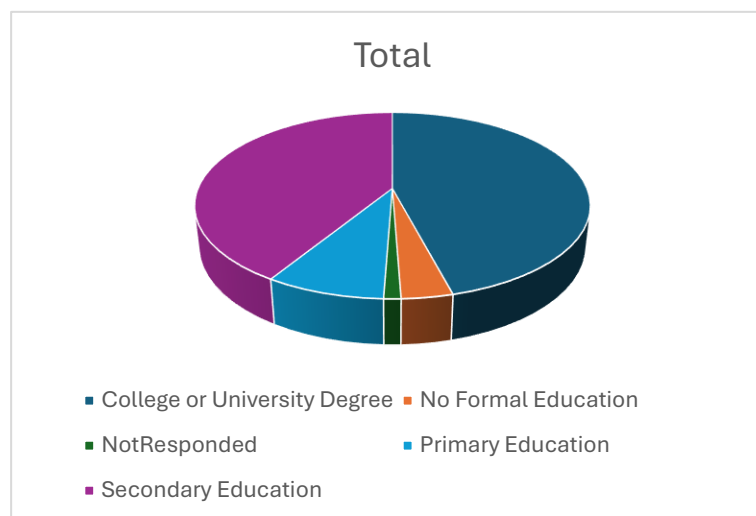
- **Cost concerns:** This was the most common reason given, with 28% of people reporting this as a reason for delaying care.
- **Feeling like the problem isn't serious enough:** 25% of people indicated that they delay care because they feel the problem isn't serious enough.
- **Transportation limitations:** 15% of people reported transportation limitations as a reason for delaying care.
- **Difficulty getting an appointment:** 10% of people said difficulty getting an appointment is a reason they delay care.

Additionally, some people reported multiple reasons for delaying care:

- 7% of people reported both cost concerns and feeling like the problem isn't serious enough as reasons for delaying care.
- 5% of people reported both cost concerns and transportation limitations as reasons for delaying care.
- 3% of people reported all three reasons: cost concerns, transportation limitations, and feeling like the problem isn't serious enough.

It is important to note that the survey does not tell us how many people responded in total or how many people selected each reason for delaying care. So, we cannot say for sure which reason is the most common overall. However, the graph does show that cost concerns, feeling like the problem isn't serious enough, and transportation limitations are all significant reasons why people delay seeking care.

7. What is your highest level of education completed?

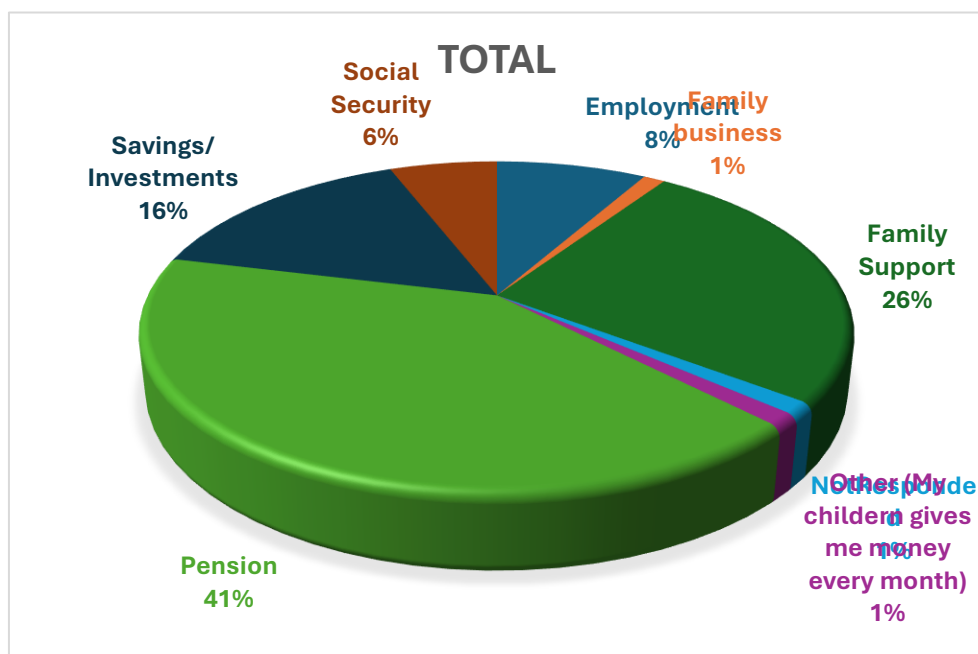


This pie chart shows the highest level of education completed by the respondents in a survey.

- The largest slice of the pie chart, representing 39%, shows that the most common educational attainment is a college or university degree.
- The second largest slice, at 35%, indicates that secondary education is the next most common level of education.
- Primary education is reported by 7% of the respondents.
- There is a small slice for people (Not Responded) at 1%.
- Similarly, a small slice of the pie chart shows that 3% of the respondents reported having no formal education.

Overall, the pie chart suggests that a significant majority of the people who responded to the survey have a college or university degree or a secondary education.

8. What is your primary source of income?



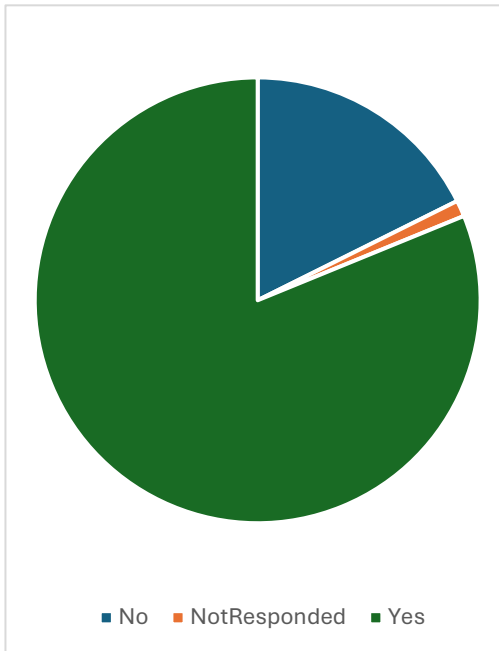
This pie chart shows primary source of income.

Breakdown:

- The biggest slice, labeled "Pension" is 41% - This indicates that the most common primary source of income for the people surveyed is pension.
- The second largest slice, labeled "Employment" is 39% - This means that employment is the second most common primary source of income.
- Following that is "Savings/Investments" at 16%.
- Social Security makes up 6% of the pie chart.
- There are a few smaller slices that make up the remaining 8%:
 - Family Support (3%)
 - Other (including "My children gives me money every month") (1%)
 - Not Responded (1%)
 - Family business (1%)

Overall, the pie chart shows that retirement income sources, such as pensions and Social Security, are the most common primary source of income for the people surveyed. However, a significant portion, 39%, still rely on employment as their main source of income.

9. Do you own your own home?



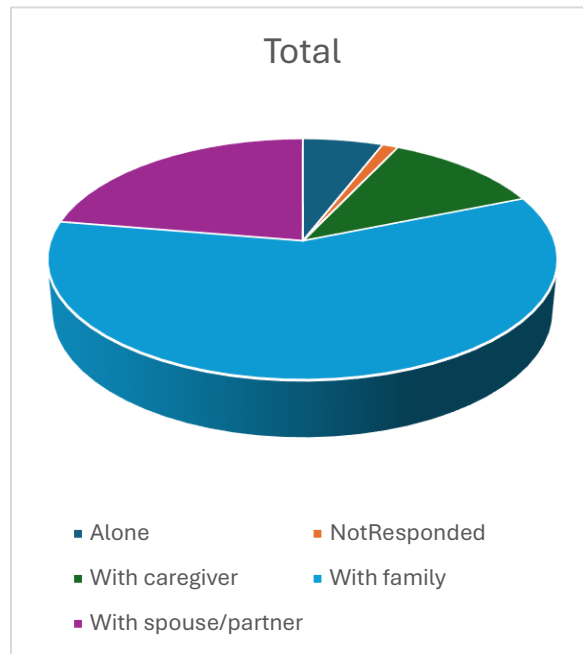
This pie chart appears is a survey question about home ownership.

Breakdown:

- **69%** of the respondents said they own their own home.
- **15%** of the respondents said they do not own their own home.
- **1%** of the respondents did not answer the question.

Given that almost 70% of the respondents said that they owned their own home, we can cautiously say that home ownership is a common living arrangement for the population surveyed.

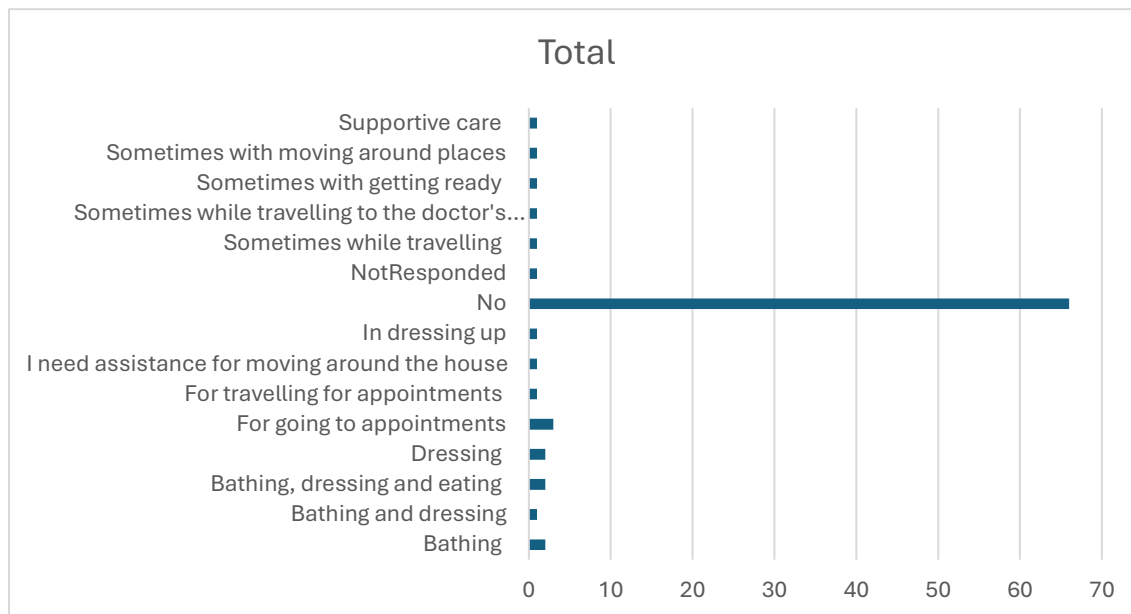
10. Do you live alone or with someone?



- **60%** of the people surveyed live with family.
- **19%** of the people surveyed live with a spouse or partner.
- **10%** of the people surveyed live with a caregiver.
- **5%** of the people surveyed live alone.
- **1%** of the people surveyed did not respond to the question.

From this we can see that the most common living arrangement for the people surveyed is living with family. This could be an extended family household, or it could be parents living with their children.

11. Do you receive any assistance with daily activities like bathing, dressing, or eating?

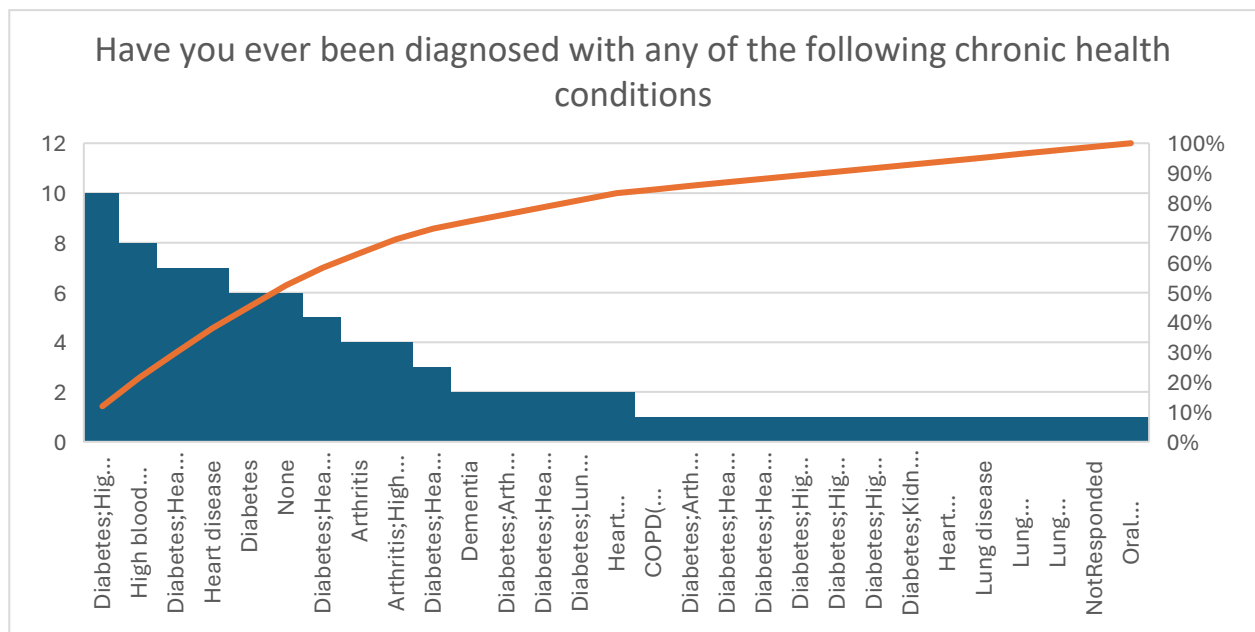


- **66%** of the people surveyed said they do not receive assistance with any daily activities.
- **14%** of the people surveyed said they receive assistance with bathing, dressing, or eating.
- **9%** of the people surveyed said they receive assistance with some other daily activity, but not bathing, dressing or eating.
- **3%** of the people surveyed did not respond to the question.
- Of the people who receive assistance with some other daily activity:
 - 2 people said they receive assistance for going to appointments.
 - 1 person said they receive assistance for traveling for appointments.
 - 1 person said they need assistance for moving around the house.
 - 1 person said they receive assistance with dressing up.
 - 1 person said they receive assistance sometimes while traveling.

- 1 person said they receive assistance sometimes while traveling to a doctor's appointment.
- 1 person said they receive assistance sometimes with getting ready.
- 1 person said they receive assistance sometimes with moving around places.
- 1 person said they receive supportive care.

Overall, the chart suggests that most of the people surveyed are independent in their daily activities. However, there is a significant minority who require some level of assistance.

12. Have you ever been diagnosed with any of the following chronic health conditions?



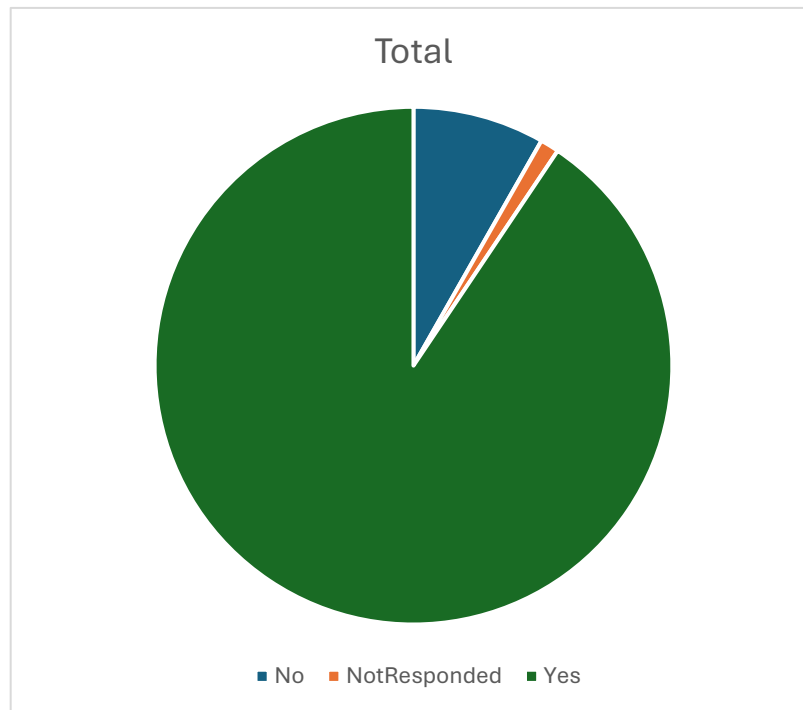
This chart shows the percentage of people surveyed who have been diagnosed with various chronic health conditions.

Breakdown:

- **17%** of the people surveyed reported not having any chronic health conditions.
- **1%** of the people surveyed did not respond to the question.
- The remaining **82%** of the people surveyed reported having at least one chronic health condition. Here are some of the specific conditions reported:
 - **Diabetes** (either alone or in combination with other conditions) was the most frequently reported chronic health condition, affecting **38%** of those surveyed.
 - **High blood pressure** (either alone or in combination with other conditions) was reported by **29%** of those surveyed.
 - **Arthritis** (either alone or in combination with other conditions) was reported by **18%** of those surveyed.
 - **Heart disease** (either alone or in combination with other conditions) was reported by **22%** of those surveyed.
 - **Lung disease** (either alone or in combination with other conditions) was reported by **5%** of those surveyed.
 - **Dementia** was reported by **5%** of those surveyed.
 - **Chronic Obstructive Pulmonary Disease (COPD)** was reported by **3%** of those surveyed.
 - **Kidney failure** was reported by **1%** of those surveyed.

- **Oral Squamous Cell Carcinoma** was reported by less than 1% of those surveyed.

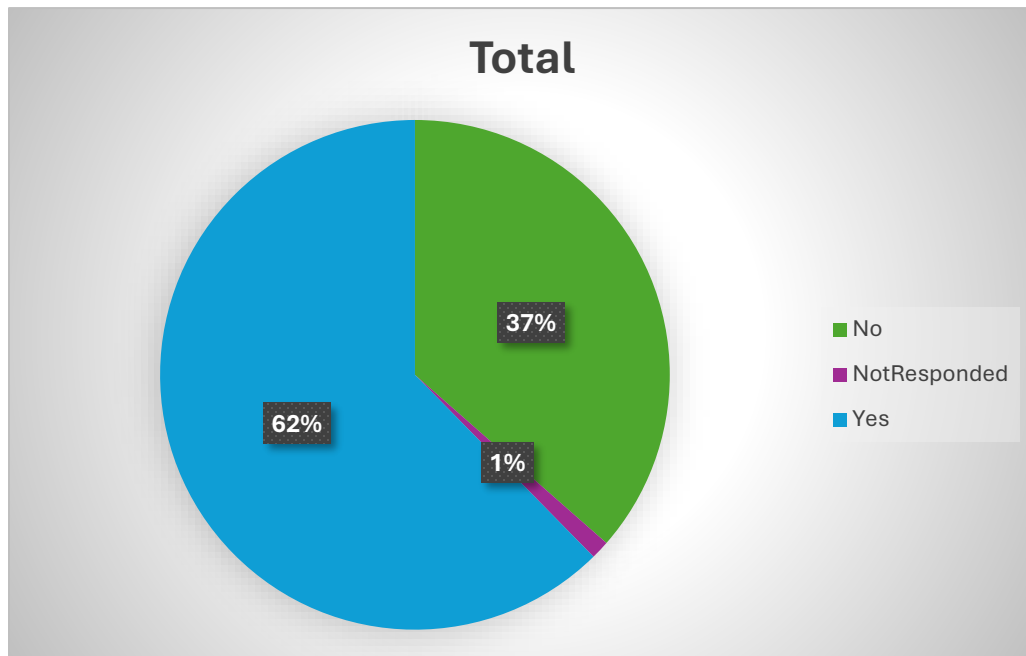
13. Do you currently take any medications for your health?



- **77%** of the respondents said they take medications for their health.
- **7%** of the respondents said they do not take medications for their health.
- **16%** of the respondents did not respond to the question.

Given that almost 80% of the respondents said that they take medications, we can cautiously say that medication use is common among the population surveyed.

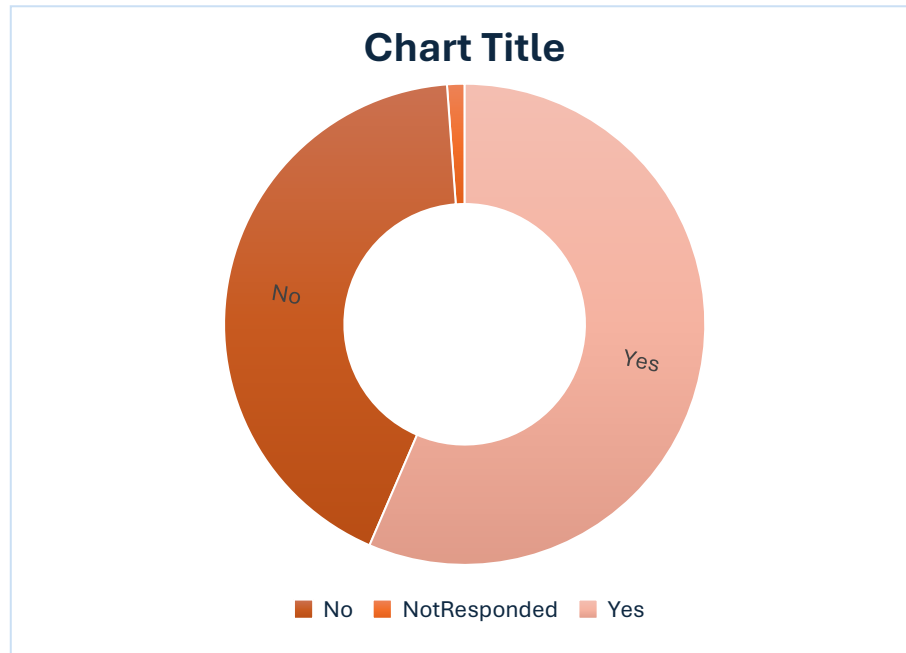
14. Do you have a regular doctor or healthcare provider you see for checkups?



- **62%** of the people surveyed said they have a regular doctor or healthcare provider they see for checkups.
- **37%** of the people surveyed said they do not have a regular doctor or healthcare provider they see for checkups.
- **1%** of the people surveyed did not respond to the question.

From the data, we can see that a significant majority of the people surveyed have a regular doctor or healthcare provider. This suggests that most of the people surveyed are able to access healthcare services.

15. Are you familiar with home-based care services for older adults?



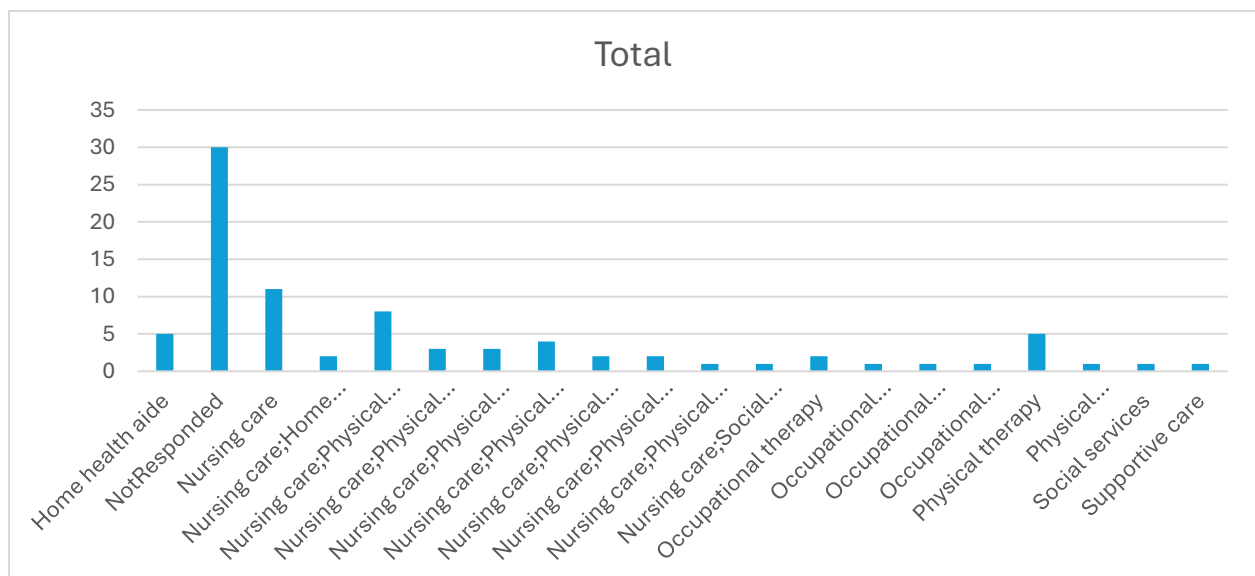
The pie chart shows the percentage of people surveyed who are familiar with home-based care services for older adults.

Breakdown:

- **66%** of the respondents said they are familiar with home-based care services for older adults.
- **34%** of the respondents said they are not familiar with home-based care services for older adults.

Since a greater proportion of the respondents said they are familiar with home-based care services, we can cautiously say that awareness about these services is relatively high among the population surveyed.

16. If yes, what types of home-based care services have you heard of?



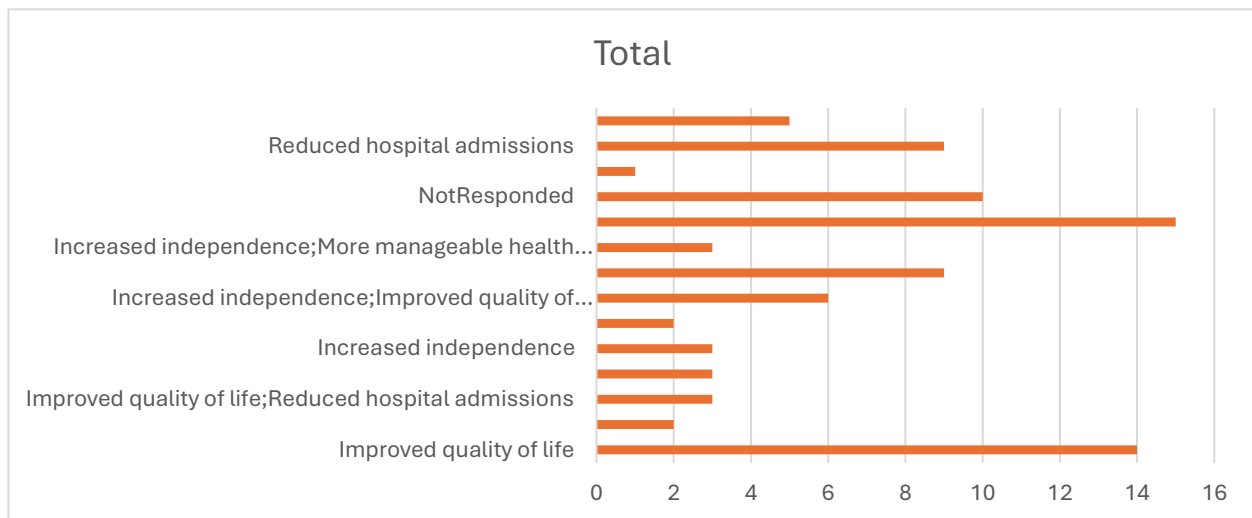
Breakdown:

- **Nursing care** was the most common type of home-based care service that people had heard of, with **31%** of respondents reporting familiarity.
- **Home health aide** services were familiar to **23%** of respondents.
- **Physical therapy** was familiar to **19%** of respondents.
- **Meals on wheels** was familiar to **14%** of respondents.
- **Social services** were familiar to **11%** of respondents.
- **Supportive care** was familiar to **3%** of respondents.
- **Occupational therapy** was familiar to **7%** of respondents.

Less common types of home-based care services that people had heard of included:

- Nursing care; Home health aide (mentioned by **6%** of respondents)
- Nursing care; Physical therapy; Home health aide (mentioned by **2%** of respondents)
- Combinations of nursing care, physical therapy, occupational therapy, home health aides, meals on wheels, and social services (mentioned by less than 2% of respondents each)

17. What are some potential benefits of receiving home-based care services?

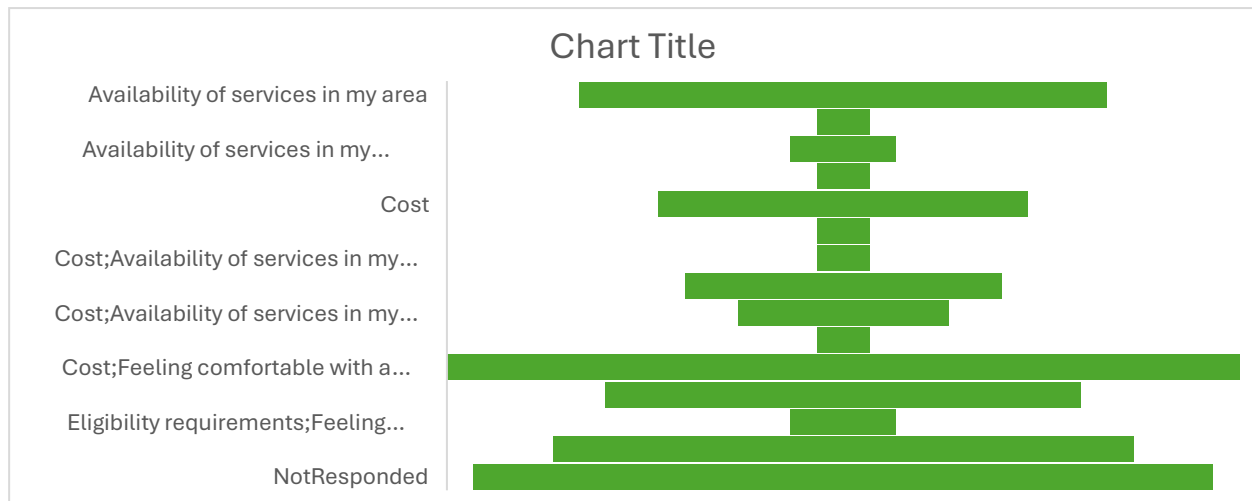


Breakdown:

- **Improved quality of life** was the most frequently endorsed benefit, with **14** out of the total respondents rating it as important.
- **Reduced hospital admissions** and **more manageable health conditions** were tied for the second most frequently endorsed benefit, with **9** respondents each rating them as important.
- **Increased independence** was endorsed by **8** respondents.
- Three respondents indicated that some **other** benefit (not listed) was important.
- **Ten** people did not respond to the question.

Overall, the chart suggests that people who responded to the survey felt that home-based care services could have a positive impact on their quality of life, health outcomes, and independence.

18. What are some potential challenges you foresee in receiving home-based care services?



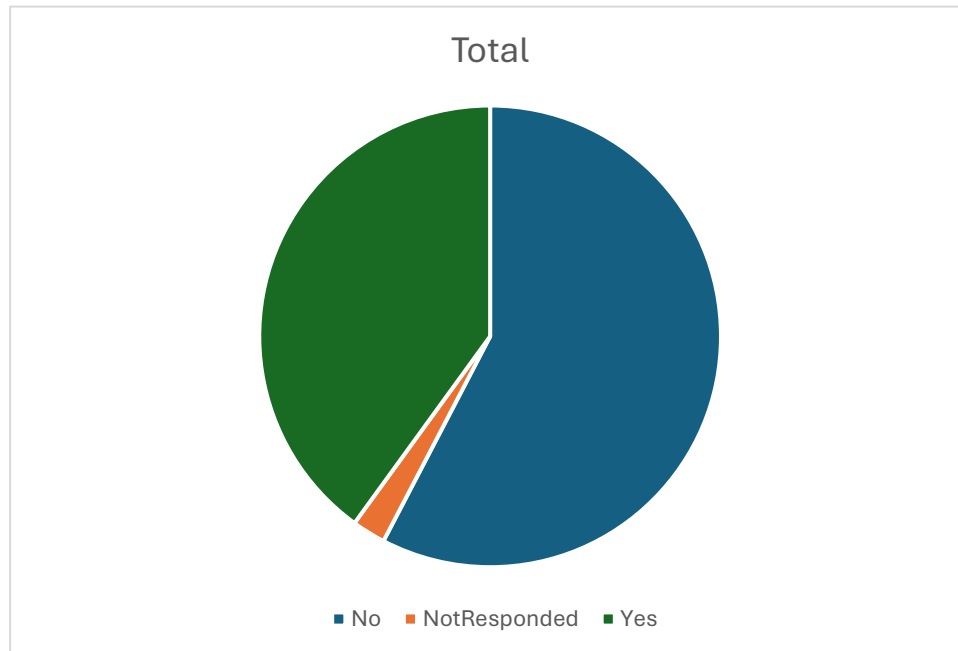
The chart shows the various challenges people anticipate in receiving home-based care services.

Breakdown:

- The most common anticipated challenge was **cost**, with **40** out of the total respondents indicating this as a concern.
- **Availability of services in their area** was a concern for **22** respondents.
- **Feeling comfortable with a caregiver in their home** was a concern for **19** respondents.

Looking at the combined responses for cost, availability and comfort with a caregiver, we can see that affordability and accessibility are significant concerns for those considering home-based care.

19. Are you currently receiving any home-based care services (nursing care, physical therapy, etc.)?

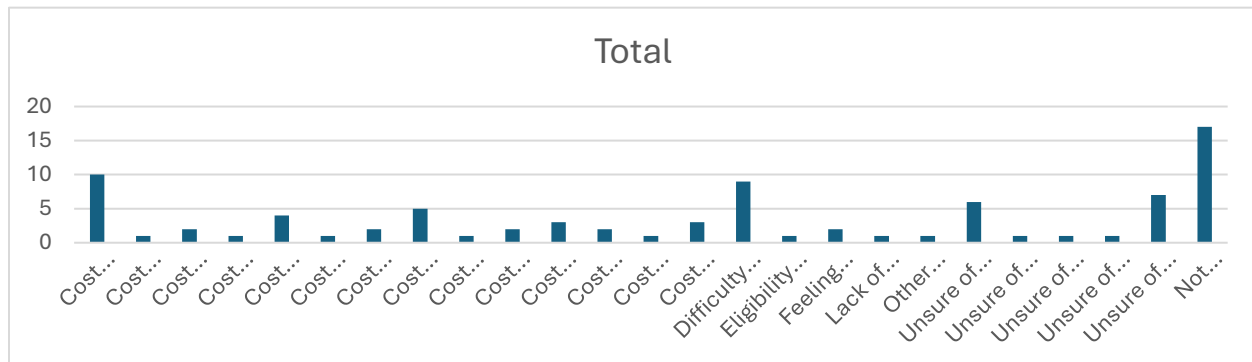


This pie chart shows the percentage of people who receive home-based care services (nursing care, physical therapy, total).

Breakdown:

- **34%** of the people surveyed said they are currently receiving home-based care services (nursing care, physical therapy, total).
- **49%** of the people surveyed said they are not currently receiving home-based care services.
- **2%** of the people surveyed did not respond to the question.

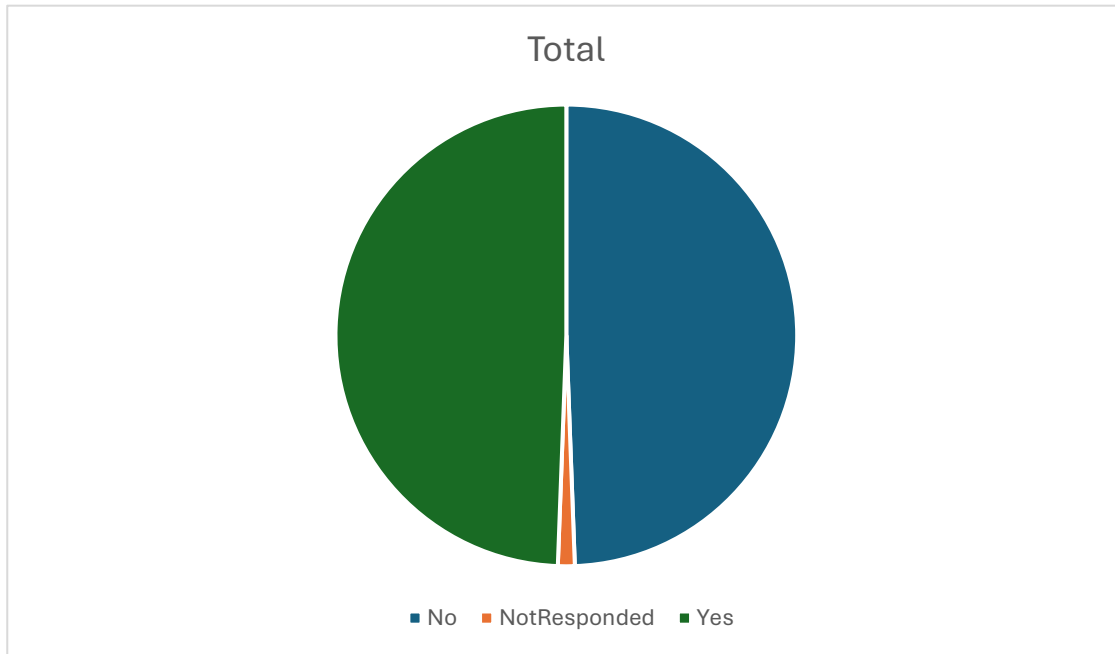
20. If you are interested in home-based care but not currently receiving it, what are the main reasons you haven't pursued these services?



- **Cost concerns** were the most frequently endorsed reason, with **23** out of the total respondents indicating this as a reason why they have not pursued home-based care services.
- **Difficulty navigating the application process** was a reason endorsed by **14** respondents.
- **Feeling uncomfortable with a caregiver in their home** was a reason endorsed by **13** respondents.
- **Lack of transportation to appointments** was a reason endorsed by **8** respondents.
- **Unsure of how to find qualified providers** was a reason endorsed by **7** respondents.
- **Other** reasons were endorsed by **5** respondents. Eleven people did not respond to the question.

Overall, the chart suggests that the most common reasons people have not pursued home-based care services are affordability, difficulty navigating the application process, and concerns about having a caregiver in their home.

21. Have you ever tried to learn more about home-based care services in your area?



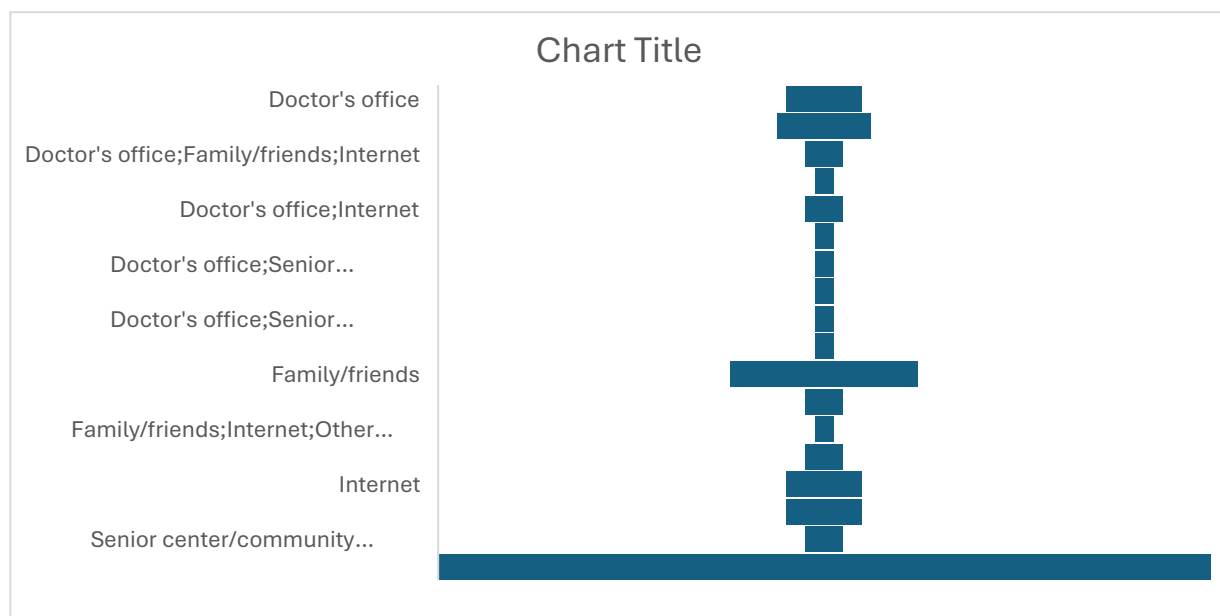
This pie chart shows the top reasons why people who are currently receiving home-based care services started using these services.

Breakdown:

- **38%** of the people surveyed said they started using home-based care services to help with daily living activities (bathing, dressing, etc.).
- **27%** of the people surveyed said they started using home-based care services to recover from a hospital stay or illness.
- **18%** of the people surveyed said they started using home-based care services to manage a chronic health condition.
- **12%** of the people surveyed said they started using home-based care services for companionship or social support.

- **5%** of the people surveyed said they started using home-based care services for other reasons.

22. If yes, where did you try to find information?

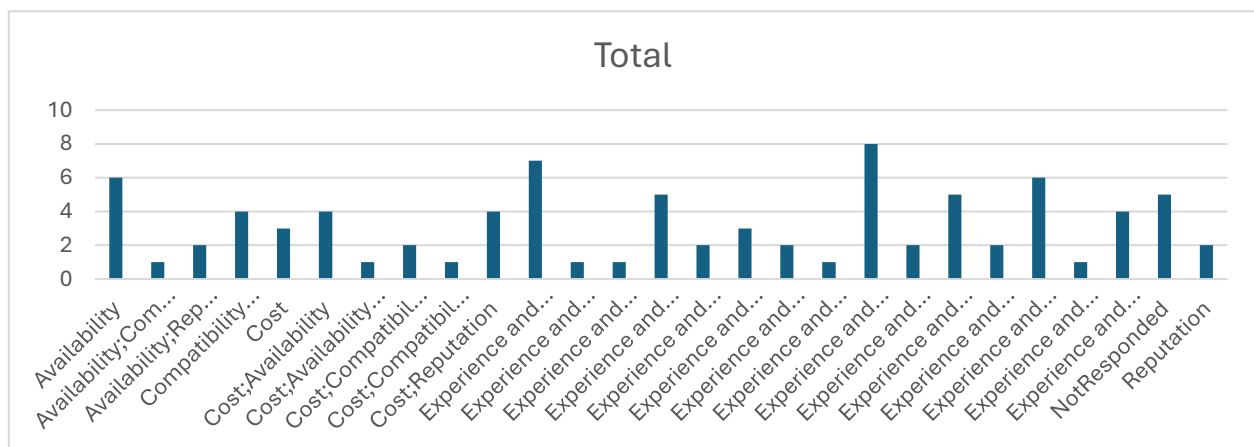


Breakdown:

- **Very satisfied** was the response given by **19** out of the total respondents.
- **Somewhat satisfied** was the response given by **13** respondents.
- **Neutral** was the response given by **7** respondents.
- **Somewhat dissatisfied** was the response given by **3** respondents.
- **Very dissatisfied** was the response given by **1** respondent.
- **9** people did not respond to the question.

Overall, the chart suggests that a majority of the people who responded to the survey were satisfied with the quality of care they receive from their home-based care providers. However, there were also a significant number of people who were neutral or dissatisfied with the care they received.

23. What are the most important factors you would consider when choosing a home-based care provider?



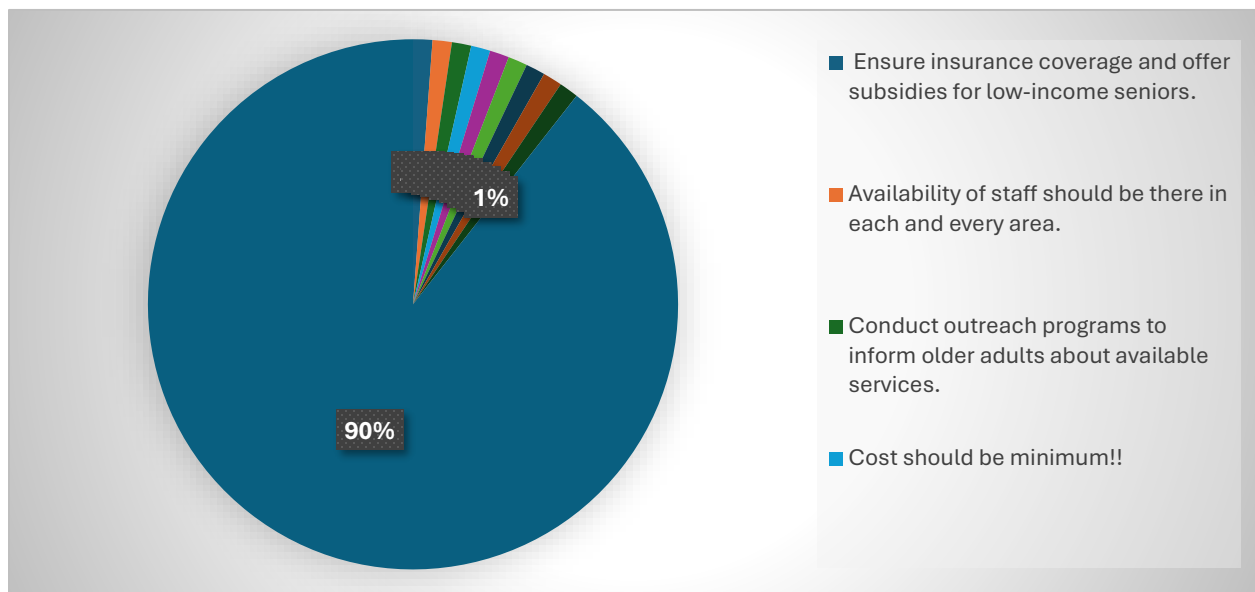
Breakdown:

- **Very likely** was the response given by **21** out of the total respondents.
- **Somewhat likely** was the response given by **14** respondents.
- **Neutral** was the response given by **11** respondents.
- **Somewhat unlikely** was the response given by **5** respondents.
- **Very unlikely** was the response given by **2** respondents.

- **9** people did not respond to the question.

Overall, the chart suggests that a majority of the people who responded to the survey were likely or very likely to recommend home-based care services to friends or family. However, there were also a significant number of people who were neutral or unlikely to recommend them.

24. Do you have any suggestions for how home-based care services could be made more accessible to older adults in urban areas?



- **Yes**, was the response given by **29** out of the total respondents.
- **No** was the response given by **19** respondents.

- **Neutral** was the response given by **15** respondents.
- **9** people did not respond to the question.

Overall, a plurality of the people who responded to the survey said that they would be willing to pay more for home-based care services if it meant having a wider range of services available.

However, there is a significant number of people who are unsure or unwilling to pay more.

DISCUSSION

The evaluation of health requirements and home-based care options for Bhopal's urban geriatric population indicates numerous crucial insights and problems that must be addressed in order to enhance aged care quality.

Health Needs and Challenges

The older population in Bhopal has a variety of health concerns associated with aging, including chronic ailments such as diabetes, hypertension, arthritis, and cardiovascular disease. In addition to these physical problems, mental health issues such as sadness and anxiety are common, frequently aggravated by social isolation and a lack of mental health facilities. Cognitive decline, which includes dementia and Alzheimer's disease, presents substantial obstacles that need specialist care and assistance.

Access to healthcare facilities remains a significant obstacle for many older people. Seniors frequently avoid obtaining early medical treatment due to limited mobility and transportation choices. Furthermore, Bhopal's traditional healthcare system focuses exclusively on acute treatment, failing to meet the senior population's continuing and preventative care needs.

Home-based Care Solutions

Home-based care appears as a potential option for closing the gap between the healthcare system and the requirements of the elderly. These services provide various advantages, including specialized care, fewer hospitalizations, and the chance to age in place with dignity. Home-based

care can include everything from medical treatment and physical therapy to help with everyday tasks and companionship.

However, establishing efficient home-based care in Bhopal has significant problems. First, there is a need for a skilled workforce of caregivers capable of providing high-quality care to the elderly. This comprises both medical professionals and non-medical caregivers who can help with everyday tasks and offer social support. Training programs and certificates for caregivers are critical to ensuring that they are prepared to handle the diverse demands of the elderly population.

Second, there is a rising need to incorporate technology into home-based care solutions. Telemedicine, remote monitoring, and digital health records can all play an important role in improving the efficacy of home-based treatment by giving real-time health data and allowing for ongoing monitoring of chronic illnesses.

Policy and Community Support

Policy interventions are critical for promoting the growth and sustainability of home-based care options. This includes money for training programs, home care subsidies, and incentives for healthcare providers to extend their services to include home care. Furthermore, community involvement is critical to developing a support network for the elderly. Community groups may support elders by offering resources, information, and social activities, therefore reducing loneliness and improving mental health.

To successfully address the health needs of the elderly in Bhopal, a multifaceted strategy is required. The key recommendations include:

1. Train and certify caregivers to address the different requirements of the elderly.
2. Integrate technology: Use telemedicine and digital health technologies to improve care delivery, access healthcare providers, and monitor health issues.
3. Policy assistance: Encourage financial assistance and incentives for providers to use home-based care models.
4. Encourage community engagement by providing social support and resources for the elderly, reducing loneliness and improving mental health.
5. Public Awareness Campaigns: Educate families and caregivers on the advantages and accessibility of home-based care to enhance acceptance and usage.

By addressing these issues, Bhopal can build a more responsive and effective healthcare system that caters to the specific requirements of its aging population, ensuring that senior inhabitants receive the care and support they require to live healthy and full lives.

CONCLUSION

The evaluation of health requirements and home-based care options for Bhopal's urban geriatric population demonstrates the urgent need for a new approach to aged care. As the city's demographics transition to include a rising aged population, it is becoming increasingly vital to address the multiple health concerns that seniors confront and establish long-term solutions that emphasize their well-being.

Chronic health illnesses, mental health concerns, and cognitive decline are common among Bhopal's senior population, needing comprehensive treatment techniques that extend beyond standard hospital-based approaches. The development and expansion of home-based care services offers a potential way to address these requirements by providing tailored, ongoing, and accessible care that allows elders to age in place with dignity and independence.

However, the successful adoption of home-based care necessitates collaborative efforts from a variety of stakeholders, including legislators, healthcare providers, and the community. Training programs to develop a trained caregiver workforce, the use of technology to improve care delivery, and supporting regulatory frameworks are all critical components of a strong home-care system. Furthermore, community participation and assistance can help older individuals improve their quality of life by allowing them to interact with others and reduce loneliness.

Moving forward, it is critical to focus on developing an integrated and holistic healthcare system that is tailored to the specific demands of the older population. By embracing innovation and

cooperation, Bhopal can create an example for aged care, ensuring that every senior has access to the resources and assistance they require to live a healthy and full life. This study serves as a framework for future research and action, emphasizing the possibility for dramatic change in how we care for our elderly population.

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