MODULES (DRAFT ONLY) FOR HEALTH WORKER FINALISED AT REVIEW MEETING AT NIHFW ON 04TH TO 6TH OCTOBER 2016 BY THE GROUP CONSISTING OF FOLLOWING MEMBERS

1. Prof. Vinod Kumar, Emeritus Professor, St. Stephens' Hospital, Delhi
2. Prof. Lalit Sankhe, Associate Professor, Community Medicine, Grant Medical College and Sir JJ Group of Hospitals, Mumbai
3. Prof. Pushpanjali Swain, Head, Deptt. of Statistics and Demography, NIHFW, New Delhi
4. Prof. A.K.Sood, Head, Deptt. of Education and Training, NIHFW, New Delhi

MODULE -1

Identification, Registration and Record Keeping of Elderly in Community

Introduction

Elderly people (aged 60 years and above) have multi dimensional problems which can impact their health. As a person of first contact, health worker in the community is often called upon by the Elderly or his family for assistance. Health worker is supposed to know the Elderly persons in his community not only by their name, age, sex and address but is also expected to recognize his various health related needs. All this is important for planning, monitoring and evaluation of services for the Elderly.

Learning Objectives

On completion of this module, the trainee should be able to

1. Know how to keep a record of and identify all Elderly people in his community by name, age, sex and address.
2. Be conversant with health status of elderly people including various disabilities in his area.
3. Know the socio-economic status of elderly people and their situation in the family and the house where they live.
4. Be aware of various welfare and financial assistance scheme available for elderly people in the community.

Contents

1. Many elderly people and their family members especially in rural areas are not aware of the precise age of aged persons. In that case asking questions like age of the eldest child or the grandchild may help. Rough age of the elderly person himself at the time of important political or national events in the past may also be of assistance.

2. Elderly population is not a homogenous population and different elderly people have different levels of physical, mental, social, economic, and psychological status.

3. Many elderly people between the age of 60 and 70 years appear fit and often do not require specialized care. On the other hand people aged 80 years and above have often different kinds of disabilities in relation to mobility, vision, hearing and mental faculty.

4. Elderly population are often afflicted by multiple chronic and life threatening diseases requiring lifelong management.

5. Elderly people often have discomforting symptoms due to normal ageing process even without the presence of any definite disease.

6. Elderly people may have many emotional problems even within their families due to difficult living arrangements and insufficient family love and attention.

7. A good majority of elderly people and their family are not aware of existing welfare programs and services available for them from relevant authorities.

8. It is important to carry out periodic evaluation, at least once in a year to determine the status of the health and level of socio-economic well being.

   Method of collecting information for registration, identity and health, socioeconomic and environmental status of the elderly person is provided in Appendix-1.

Training Methodology

Didactic lectures, demonstration for information collected as per enclosed appendix-1.

Key Message

1. To make available complete identification and record of all elderly people in the community at all times.

Teaching Aids

Black board

Flip charts

Power points

Duration of Training

Two hours

Evaluation

Questions and Answers and awarding the marks

Appendix-1 Registration and Record Keeping for Elderly

Name of the Health Worker----------

1. Elderly person's identification:

   Name

   Age

   Sex

   Address

   Telephone/ Mobile

2. Health Status:
   a. Do you have any disease? If yes, please name
   b. Do you have any disability?

      Mobility

      Vision

      Hearing

      Memory

   c. Were you hospitalized during last one year? If yes, for what
   d. Are you taking any medicine? If yes, name them
3. Socio-economic Status:
   a. Are you Married/Unmarried/Widowed/Separated/Divorced
   b. Are you living with your spouse/children/relatives/alone
   c. Are you financially completely independent/partially dependent/ completely dependent
   d. Are you loved and respected/ avoided /neglected by the family
   e. Are you head of the family/not head of the family
4. Occupational Status (Present and Past):

a. Casual wage earner

b. Regular salaried employee

c. Businessman

d. Any other-to specify

5. Your pastime and hobbies :

a. Worship and prayer

b. T.V. and Radio

c. Newspaper reading

d. Playing with grand children

e. Spent time with friends and social groups

f. Household work

6. Do you engage in physical activities:

a. Exercise

b. Yoga

c. Farming or gardening

d. Any other-to specify

7. Do you get pension from anywhere? If yes, name the source and amount

8. Do you get assistance from any other welfare scheme? Name the source and type, amount etc.

9. Do you have any health insurance? If yes, name the source and amount

MODULE-2

COMPREHENSIVE GERIATRIC ASSESSMENT

Introduction:

The comprehensive geriatric assessment (CGA) is a multidisciplinary process and the information generated is used to plan treatment both immediate and long term, follow up, and rehabilitative services for the elderly. Assessment is done for

(i) Physical health

(ii) Mental health

(iii) Functional status

(iv) Social functioning

(v) Spiritual status

(vi) Environmental factors

The CGA is useful to:

(i) To develop treatment and long-term follow-up plans,

(ii) Arrange for primary care and rehabilitative services,

(iii)Organize and facilitate the management and determine long-term care requirements.

Learning objectives:

On completion of this module, the trainee should be able to:

1. Select the target population who will be benefitted by CGA
2. Aware of the components of CGA
3. Perform CGA using various assessment methods

Contents

Who to be assessed by CGA:

- Apparently healthy elderly subjects as per part of their periodic assessment

- Elderly subjects with multiple chronic conditions with or without polypharmacy
- Recent onset reported functional decline and those suffering from geriatric syndromes like falls, incontinence, depressive symptoms, cognitive decline etc.,
- Frail elderly subjects

Core components of comprehensive geriatric assessment (CGA) that have to be evaluated:

- Functional capacity
- Fall risk
- Cognition
- Mood
- Poly pharmacy
- Social support
- Financial concerns

Additional components of comprehensive geriatric assessment (CGA) are the following:

- Nutrition/weight change
- Urinary continence
- Vision/hearing
- Dentition
- Living situation
- Spirituality

Training methodology

Lectures, case demonstrations, experiencing a camp/field visit, demonstrating to elderly at meetings, panchayats etc.

Key Message

1. Complete knowledge of various tools of assessment for and significant usefulness of CGA for the elderly.

Teaching Aids

Chalk and black board

Flip charts

Power points

Duration of Training

Two hours

Evaluation

Health worker's evaluation on his capacity for carrying out CGA in the field.

NOTE: Enclosed Appendix – 2 shows the format of CGA

Module-2 COMPREHENSIVE GERIATRIC ASSESSMENT- Appendix -2

A simple procedure has the components to evaluate vision, hearing, arm and leg function, nutrition from weight and height, dental status and incontinence, poly pharmacy (on more than three drugs per day). This is followed by the evaluation of activities of daily living (ADL) and instrumental activities of daily living (IADL). Other components are to evaluate memory, depression, social and spiritual support and home environment. The following schedule can be followed. If any of the following parameter is abnormal, consider referral to higher level.

1. Physical assessment:

Function	**Procedure**	**Abnormal Result**
Vision	Test each eye separately with Jaeger card held at 14 inches distance from eye with corrective lenses (if applicable)	Inability to read greater than 20/40 (Specify the eye) Right Left
Hearing	Whisper a short, easily answered question such as "What is your name" in each ear while the tester's face is out of direct view.	Inability to answer question (Specify the ear) Right Left
Arm Function	1.Ask him/her to touch the back of one's head with hands 2.Pick up the spoon	Inability to do any of these two task(Specify the hand) Right Left
Leg Function	Observe the patient after asking: "Rise from your chair, walk ten feet, return, sit down."	Inability to walk or transfer out of chair
Body weight (If person can stand)	Weigh the patient and measure height; find out if the weight is appropriate to height (from the chart)	Underweight or overweight
Teeth	Do you have pain or	Yes

	absent or shaky teeth	
Urinary Incontinence	Ask: Do you ever lose your urine and get wet	Answer is Yes
Poly Pharmacy	Do you take three medicine or more daily	Yes

2. Functional Assessment:

Activities of daily living/ **Instrumental activities of daily living(ADL/IADL)**	Can he/she get out of bed or make his own meals/tea or do his/her own neighborhood shopping or dress himself/herself	Unable to carry out any one or more of these tasks

3. Psychological/Mental Assessment:

Function	**Procedure**	**Abnormal Result**
Mental status/memory	Instruct:"I am going to name three objects (pencil, truck, book) I will ask you to repeat their names. Now and then again a few minutes from now."	Abnormal if unable to recall all three objects after 1 minute
Depression	Ask: Do you often feel sad or depressed	Answer is Yes

4. Socio-economic and environmental assessment:

Parameter	**Abnormal result**
Social and spiritual support: Who would be able to help the senior citizen of your family in case of illness or emergency?" Do you have the ability or facility to pray, worship or meditate?	Hardly anyone or none at all No

Living arrangement: Is the senior citizen liable to live alone temporarily or on long term	Yes
Marital status	Widowed / Separated
Financial status	Completely dependent
Home safety environment: Does the senior citizen have trouble with lighting or with stairs inside or outside the house or the bathroom remains slippery and wet.	Yes

MODULE -3

Health and Diseases in Old Age

Introduction :

The Elderly population is increasing everyday and as they get older, their diseases also tend to increase in number and severity. Health implies not only an absence of disease and good physical health but it is a state of total well being comprising of mental, psychological, social, emotional and spiritual well being also. It is therefore, imperative for elderly to be cared for by multi dimensional interventions.

As a person ages several symptoms may emerge as a part of normal ageing even without the existence of a definite disease in the body. These symptoms may not be life threatening but yet they are discomforting. Common examples are **A**ches and pains, **B**lurred vision and sight problems, **C**onstipation due to intestinal motility problem, **D**epression including low mood, **E**xhaustion and fatigue, **F**orgetfulness, **G**as in stomach, bloating etc., **H**earing difficulty, **I**nsomnia or sleeplessness and **J**oints and muscles problems. Of course this is not a complete list and there can be few more symptoms due to normal ageing.

In addition elderly people are also more prone to develop a series of life threatening diseases, Common examples are **A**lzheimer's disease and other dementias, **B**rain stroke resulting in paralyses, **C**ancers of different parts, **D**iabetes which may be accompanied by a variety of complications, **E**ssential hypertension i.e. blood pressure of old age without any other cause, **F**alls, **G**eriatric infections like pneumonia and urine or stomach infection, **H**eart diseases including angina and heart attacks, **I**njuries and **J**aundice when it occurs in old age. Again the list is by no means complete and there can be some more diseases in old age.

It is also important to know about the special concept of geriatric syndromes and about the important causes of death in old age. Geriatric syndromes are a group of symptoms and problems which have multi factorial etiology. These include dementia, delirium, depression, falls, bedsores, and urinary incontinence. Common causes of death are infections, heart diseases, stroke, diabetes, cancer etc.

Diseases in elderly are often chronic requiring lifelong treatment and there may be more than one present at the same time. Moreover disease in elderly may have atypical features and take long time to recover. Further, elderly people often require physiotherapy and rehabilitation to make them well again.

Learning Objectives

On completion of this module, the trainee should be able to

1. Understand that health is not only a satisfactory state of physical and mental health or the absence of disease but it is a state of total well being.
2. Acquaint himself with diverse symptomatic morbidity accompanying normal ageing process even without existence of any disease in the body.
3. Enlist common diseases, disabilities and causes of death in old age.
4. Give first level advice to prevent and retard the progression of diseases and to refer the patient to higher level of care when required.
5. Realize the fact that coexisting social, economic, psychological and emotional marginalization further compound the problem of age associated morbidity and geriatric diseases and disabilities.

Contents

The following description gives an account of common diseases and disabilities in old age.

a. **Loss of vision:** Age associated decline in vision due to focusing mechanism needing eyesight glasses is the most common eye problem. Cataract is the second commonest eye problem in old age and this may be responsible for vision difficulty as well as feeling of glare. The treatment of cataract is by surgery. Other less common problems are glaucoma, macular degeneration and adverse effect on eye due to diabetes and high blood pressure.

b. **Loss of mobility**: It is often due to diseases of joints and bones like osteoarthritis and osteoporosis. Difficulty in mobility is due to pain and/or swelling in joints like knee, hip and back and sometimes because of fractures resulting from osteoporosis in old age. The osteoporosis risk factors are female sex, obesity, absence of physical activity, malnutrition, smoking alcoholism and menopause. Some of the other clinical examples of joint diseases are cervical spondylosis, lumber spondylosis and frozen shoulder. Treatment includes pain relieving drugs, joint specific exercise (except in acute stage) and physiotherapy. Osteoporosis can be prevented by physical activity and by taking calcium, milk and milk products right from earlier age onwards. Sometimes operations are required in few cases, such as fractures or joint replacements.

c. **Loss of hearing**: This is called presbyacusis. It is not only a physical problem but also a social and behavioral problem. Such individuals need

care from specially skilled health worker who have good communication skills to converse with hearing impaired individuals. At times hearing aids are required and the health worker should be able to inform the source from where it could be made available.

d. **Loss of cognition**: One of the earliest features of abnormal cognition is problem of memory but the health worker should be able to distinguish simple age associated memory impairment from the pathological memory loss in condition like Alzheimer's and other dementias. When it is just case of forgetting the name of an individual or forgetting where he kept his keys, it is not a disease but when there is problem of judgment, decision making and interference in day-to-day life like forgetting his own house or not recognizing his relative and close friends, then it is a cognitive disease and may progress to dementia.

e. **Nutritional problems:** They may not be very florid but anemia, vitamin and protein/ calorie deficiencies are quite common and may remain undetected but they result in poor quality of life, increased vulnerability to osteoporosis. Nutritional deficiencies therefore need the required replenishments and also the attention to other contributing factor like bad teeth, bad digestion, loss of appetite, depression and sedentary life style.

f. **Geriatric infections:** They are acute and potentially serious complications resulting from infections in the lungs, urinary tract, bowels and other sites in the body. It is imperative to suspect these infections at earliest because they may rapidly progress to generalized infection in the blood which is life threatening.

g. **Urinary incontinence**: Lack of control on passing urine especially during coughing and sneezing is often concealed by the patient unless it is very troublesome. Health worker therefore has to put a direct question to the elderly person for this complaint. It is usually due to age related weakness of muscles and may get aggravated by prostate enlargement in males, uterine prolapse in females and urinary infection in both sexes. Health worker is expected to make proper referrals in many of these cases.

h. **Psychiatric problems**: Common ones are mood swings, depression which is often associated with anxiety and sleeplessness. Onset of depression can occur due to chronic health problems, social isolation and loss of job and meaningful engagement. Health worker should be able to screen the individual for the presence of depression by asking relevant questions and be capable of counseling the family and person.

i. **Diseases of heart and blood vessels**: Commonly these are coronary artery disease (CAD), high blood pressure, heart failure etc. CAD in old people may not come with chest pain. Vague symptoms like gas feeling in abdomen and chest, breathlessness or unexplained restlessness may be the only pointer to emergence of a heart attack. Sometimes heart attack may be preceded by angina which means chest pain only on exertion but relieved by taking rest. Heart attack can be a cause of sudden death also. High blood pressure in old age is often silent and remains undetected unless specifically checked. It is known as the silent killer and only occasionally a high blood pressure patient may complain of headache or palpitation. Hypertension can contribute to heart failure, kidney failure and brain stroke.

   Health worker should have the knowledge of risk factors of such diseases and counsel the person accordingly. Risk factors for getting heart attack are smoking, uncontrolled diabetes, obesity, absence of physical activity and high cholesterol.

j. **Stroke or paralysis**: This is due to blockage or rupture of blood vessel supplying our brain. An attack can result in speech difficulty, paralysis of one or both limbs of one side and even coma. Prevention is again by controlling the risk factors like uncontrolled blood pressure, diabetes, smoking, high cholesterol and fatty food intake but once it occurs emergency treatment will be needed by the concerned specialist. Long term physiotherapy and rehabilitative interventions are the hallmark for good recovery from functional deficits.

k. **Cancers**: Common cancers are in relation of prostate in males and breast and cervix in females while cancer of lungs, stomach, colon, bone and other structures may be seen in both sexes. Clinical findings will depend on the site of cancer but the health worker should be in the knowledge of general features of cancer in the body like unexplained weight loss, appetite loss, altered bowel or bladder habit and unexplained bleeding etc. These issues should therefore be periodically enquired into. General risk factors for cancer are smoking, alcoholism, unhealthy diets, exposure to radiation etc.

l. **Respiratory and breathing problems**: Elderly people are prone to chronic and repeated bouts of cough with or without breathlessness due to many reasons like smoking, dust exposure, air pollution or allergies. Women are vulnerable due to pollution resulting from primitive methods of cooking or indoor pollution from household un-cleanliness and overcrowding. Such patients particularly the smokers are prone to get irreversible chronic lung disease which behaves like asthma, T.B. or even cancer of the lung. Health worker should be able to refer these patients

when needed and should educate the patient how to use an inhaler prescribed for treatment of breathlessness for such disorders.

m. **Diabetes**: Essentially it is also a silent disease in old age and usually gets detected when specifically checked. Indirect hints favouring the presence of diabetes include delayed wound healing, frequent change of eye glasses, tingling and numbness in feet or sudden emergence of a diabetic complication for the first time in the patient like heart attack or stroke. The risk factors are again sedentary life style, obesity, broad waist line, presence of diabetes in the family and advancing age. Health worker needs to give necessary advice with regard to controllable risk factors.

n. **Frailty and falls**: Many but not all elderly well into their advancing age have a tendency to become extremely weak, lose weight, lose autonomy and are even unable to walk for more than few steps. This phenomenon is called frailty and it is predictor of early mortality. It is important for the specialist to screen an elderly individual who is losing weight and is extremely weak for frailty by using standard methods and take the corrective measures if necessary. Health workers need to recongise this situation and refer the patient to the specialist. Prevention and control of frailty is by giving high protein diet, social support and exercises under supervision.

   Falls is another important problem faced by the elderly especially those who are frail. These could result in various kinds of injuries and fractures leading to disabilities. Cause of falls however is often multi factorial like weakness and in-coordination in muscles and joints, visual problems, sedative drugs, fall of blood pressure on standing or insufficient light etc. Falls are therefore --- not restricted to only frail elderly people. All the above mentioned measures need to be taken care of as and when required.

o. **Miscellaneous issues:** These consist of judicious use of medications, pressure sores etc. Self medications must be avoided and only the necessary drugs as prescribed should be taken. In bed ridden elderly there is sometimes a serious problem of bedsores which results due to poor nutrition, dirty bed sheets and presence of severe co-morbidities. This is an area where nursing care is vigorously required.

Training Methodology

Lectures

Health education charts

Disability assessments

Key Message

Early detection of various disabilities and diseases and their prevention and first level management is important.

Teaching Aids

Didactic lectures

Audio visual aids (you tube)

Chalk and Black board

Flip charts

Power points

Duration of Training

Four hours

Evaluation

By multiple choice questions

MODULE -4

Promoting Health through Self Care Practices

Introduction

This module mainly emphasizes the significance of preventive strategies in maintaining, promoting or protecting health of the individual. One of the best health promotion strategies is through practising care by the individual himself. This is known as self care. It may be noted that treatment of various life threatening diseases and symptoms that accompany normal ageing is often different for each of these problems. Such treatments require the services of a doctor and are often quite expensive due to drugs, laboratory testing and other interventions including at times various kinds of operations which may be required in few cases. On the other hand, preventive strategies are generally common for most of these problems and are quite cheap and cost effective. Hence, prevention is not only better than treatment but cheaper too. It should be noted that there is no shortcut to health and self caring is a work of life time if health and longevity are to be achieved. Following description is mainly devoted to preventive strategies that should be employed by the individual himself not only to prevent various health problems but also to control them if they are already present.

Learning Objectives

On completion of this module, the trainee should be able to

1. Understand the significance of various health practices in maintaining health of the individual by the individual himself through prevention and control of diverse medical morbidities in old age.
2. Acquaint with methods and techniques of various types of self care health practices.

Contents

1. Self care practices are broadly divided under following four categories
    a. Self – care through personal hygiene and basic self care strategies
    b. Self care through healthy life styles
    c. Self care through medical interventions
    d. Miscellaneous self care strategies

a. Personal hygiene and basic self care:

(i) Personal cleanliness not only protects from infections but also gives dignity and self esteem. Many of these practices are acquired right from the childhood and others are picked up as the life goes on. These include regular teeth brushing, bathing, changing cloths, frequent hand washing, combing hairs and caring for the nails and feet etc.

(ii) Bowel movements: These must be ensured at fixed regular timings during the day. Constipation is a common problem in elderly but it can be avoided by taking high roughage and fibre diet, drinking adequate amount of water and physical exercise. If there is sudden change in bowel habit it should be reported to the health care provider. Injudicious use of laxatives should be avoided.

(iii) Sleep hygiene: Sound sleep is useful for good health. It reduces the chances of high blood pressure, high blood sugar, dementia, depression etc. A sound sleep implies an undisturbed sleep for 6-8 hours. A sound sleep can be ensured by several measures such as keeping a gap of at least 1-2 hours between dinner and bed time, avoiding radio and television at bed time, avoiding day time naps, adequate daily exercise, a calm atmosphere and soft light in the room, and by observing food discipline and avoiding coffee, tea and alcohol close to bed time.

b. Self care through healthy life styles:

These are best remembered by an acronym based on five hindi words starting with a letter **S** namely ***Satvikta, Sharmta, Sakriyata, Samparakta and Sadacharita.***

(i) *Satvikta* implies a balanced diet without any kind of addiction like alcohol and tobacco. Moderate amount of salt and sugar. Low fat with predominantly unsaturated fat (vegetable source, no animal red meat fat), fruits and dark skinned vegetables, adequate liquids, proteins, vitamins and calcium containing food are recommended. It is useful to provide educative charts to health workers on nutritive value of common foods. Prolonged fasting and overeating should be avoided.

(ii) *Sharmta* implies physical work and exercises. Physical work can be occupation related, household related and transport related. Exercises can be of aerobic and weight bearing types. Examples of aerobic exercises are moderate to brisk walking for 30-45 minutes daily for at least 4-5 days every week. Other aerobic exercises are running, swimming, cycling, dancing etc. Examples of weight bearing exercises are weight lifting, chair sit ups and climbing stairs. It is advisable to have doctor's approval for any exercise in case of patients with heart and other serious diseases. Physical exercise is good for physical and

mental health and helps in the prevention and control of many diseases like diabetes, osteoporosis and falls, obesity, heart disease and even certain cancers. Exercise also enhances sleep and quality of life.

(iii) *Sakriyata* implies active engagement in mental and physical activities other than traditional exercises. This could be in the form of pastime and hobbies like gardening, indoor sports, reading new material, solving crossword puzzles, computer activities and all other practices which involve stressing the brain.

(iv) *Samparakta* implies social networking, gossiping with friends and relatives, club membership, attending social functions and related events in routine life.

(v) *Sadacharita* implies ethical conduct and positive attitudes for well being and yoga, pranayamas and meditation for mental relaxation. Spirituality through prayers, divine songs, religious discourses should be encouraged.

c. Self care through medical interventions:

(i) Vaccination : Older adults should get the following vaccines:

Pneumococcal vaccine.

Influenza (Flu) Vaccination

Zoster vaccination

Tetanus vaccine

Persons aged 60 years and above with chronic medical conditions may always be vaccinated unless their condition constitutes a contraindication, such as ---------- severe immunodeficiency.

These vaccines are important because older adults are more susceptible to pneumonia, tetanus, and shingles and because influenza is more likely to lead to pneumonia and other severe problems in older adults. Role of health worker is to remind the elderly to contact higher level of health care provider for the requirement and schedule of various vaccinations.

(ii) Medication and judicious use of drugs:

Elderly consume large number of drugs owing to number of diseases present in them. Drug-related problems are therefore common in the elderly and include drug ineffectiveness, adverse drug effects, over-dosage, under-dosage, and drug interactions. Self medication is dangerous. It is common for elderly to take drugs in wrong doses due to memory and vision problem.

(iii) Periodic health checkups:

This should be carried out at least once a year and should include patient's medical history regarding diseases and disabilities, medications he is using and state of control of his present medical morbidities. Checkup should include assessment of functions like vision, mobility, hearing, memory together with a check on body weight, blood pressure, blood sugar and cholesterol. Any abnormal feature like lump in the breast, change in the bowel habit or unusual bleeding should be noted down and reported. Conveying of such information to the family and the elderly helps in early detection and prevention of diseases.

d. Miscellaneous category

(i) Avoiding pollution, smoke and dust. Avoiding extreme of weather and opting of well ventilated house near the relative and friend for any assistance if required.
(ii) Accidents and falls should be prevented by avoiding extrinsic factors such as poor lighting in the house, lack of railing support on stairways, slippery and wet floor in bathroom and avoiding road accidents.
(iii) Older adults may have to limit or give up driving if their vision, reflexes, or overall function is poor. They should not drive when they are taking drugs that cause drowsiness, and they should not drive at night if their night vision is poor.

Training Methodology

- Emphasizing good sanitation and hygienic measures and emulating ------ good examples.

- Examples of eminent people for five health life styles described inside.

- Awareness of vaccinations, health checkups and medication problems.

Key Message

Self-care practices offer a highly rewarding multi-pronged strategy for successful prevention and control of numerous health problems of old age.

Teaching Aids

Chalk and Black board

Health education charts

T.V. and Radio messages (Youtube)

Lectures and group discussions

Power points

Duration of Training

Two hours

Evaluation

Examination based on question papers

Module – 5

Empowerment through Communication Skills and Resource Mobilization

Introduction:

In India, families were and are the main source of support for the elderly. Longevity revolution and the increase in number of older people coupled with smaller families and less number of potential caregivers is causing a 'Crisis in Caring'. Providing long term care is not 'just looking after another person in the home'. Few people are prepared for the responsibilities and tasks involved in caring for the aged. This module aims to provide a road map for the caregivers. Careful planning, equal attention to one's own personal well-being, enlisting and gaining an insight about all the available resources are all important parts of quality care giving. This module explores a number of topics that can make the role of caregiver easier and also help the care receiver. In addition family caregivers learn how to prevent elder abuse and respond to emergency situation without endangering their own physical, mental and social health. The module will focus on the dynamics of working with communities. It will sensitize trainees, the need for advocacy, networking and equip them with skills for community engagements.

Learning objectives:

On completion of this module, the trainee should be able to

1. Improve skills communication and information dissemination
2. Understand the importance of community awareness about elderly issues
3. Identify and mobilize various resource for elderly welfare
4. Plan, organize and manage health camps for elderly

Contents:

These are described under following headings followed by detailed description of each.

a) Art of Communication
b) Procurement of assistive devices like – Eye glasses, Walking stick, wheel chairs, crutches, hearing aids, medicine etc.

c) Information on Old age homes, day care centers, chronic care facilities and centers for dementia care, palliative care, terminal care and hospice care
d) Information on human rights laws and Maintenance and Welfare of Parents and Senior Citizen Act 2007
e) Information on OAP, subsidies, concession, rebate, insurance schemes, religious places for shelter and food.
f) Information on old age OPDs, home health service and voluntary care
g) Help constituting pressure group and opinion builders

Details of each key area are given below:

a) Art of Communication

Communicating with Older People:

One must be cautious in dealing with people who are older because they may not be very fit and may not understand us well. Nevertheless older adults are independent and have their own ideas and opinions and deserve respect. To communicate effectively:

- Look at them and make eye contact. Not looking at them, getting busy with writing or arranging things while talking implies that caregiver is not interested in them.
- Listen carefully and make it positive with smiling face. Body language is very important.
- Encourage older persons to speak especially if they are depressed.
- Do not argue with the older person. Be polite to pursue any idea.
- Speak distinctly, talk directly at the person. Honour his/her experience. Keep your expression short and simple.

Communicating with Hearing Impaired Older Person:

- Get the elder's attention first and face the person
- Try to position at a distance of 3ft and bend to bring your mouth closer to the one ear of the listener.
- Speak up but do not shout
- Try to find noise free environment
- Use other channels of communication such as gestures, diagrams, and written materials
- Use services in community to assist the older person.
- If the person wears a hearing aid, make sure it is functioning properly.

Communicating with Visually Impaired Older Person:

- Always identify yourself clearly
- Use clear language when giving directions
- Make sure that the setting is well lit (use of glasses)
- Using printed materials, make sure the size that elder can read easily

Communicating with cognitively Impaired Older Person:

- Introduce yourself daily
- Keep your words short and simple
- Repeat what you say once
- Discover meaning behind behavior
- Don't ask questions that rely on good memory and don't argue.

b) Procurement of assistive devices like – Eye glasses, Walking stick, wheel chairs, crutches, hearing aids, medicine etc.

Following items will be made available at the sub-centre level as stated in the NPHCE (National Programme for the Health Care of the Elderly):

- Walking Sticks
- Calipers
- Infrared Lamp
- Shoulder Wheel
- Pulley
- Walker(ordinary)

To promote the concept of 'Ageing in Place' or 'Place Attachment', the carers should have knowledge in Assistive technologies, medical technologies and medicines. Not only the 80+ but rural poor, women and disadvantaged seniors will have longer years and will need many of these interventions.

Large number of seniors need assistive devices-like eye glasses, walking stick, wheel chair, cruches, hearing aids etc. Trainees need to be informed about the existing Public Health Care systems and the availability of preventive, curative, restorative and rehabilitative services and their delivery systems.

Assistive devices give the caregiver an insight how technology can enhance the autonomy of older person in their ADL and IADL. Utilization of technology to overcome or minimize the existing constraints faced by them in the form of physical, sensory and cognitive deficits is important.

c) Information on Old age homes, day care centers, chronic care facilities and centers for dementia care, palliative care, terminal care and hospice care

Ministry of Social Justice and Empowerment has introduced various programs for the elders and recognized NGOs as a very effective mechanism who can work at the grass root level. The programs is known as IPOP - Integrated Program for Older Persons. Any registered organizations after fulfilling the eligibility criteria can apply for the grant- in aid programs. There are 16 grant – in - aid programs run by registered Organization. Programs are;

- Maintenance of Old Age Homes
- Maintenance of Respite Care Homes
- Running of Multi Service Centres for Older Persons
- Maintenance of Mobile Medicare Units
- Day Care Centres for Alzheimer's Disease/ Dementia Patients
- Physiotherapy Clinics for Older Persons
- Disability and hearing aids for Older Persons
- Mental Health Care and Specialized Care
- Help-lines and Counseling Centres
- Sensitizing Programmes for Children in School and Colleges
- Regional Resource and Training Centres
- Training of Caregivers to the Older Persons
- Awareness Generation Programmes for Older Persons and Care Givers
- Multi facility Care Centres for destitute older widow women
- Volunteers Bureaus for Older Persons
- Formation of Vridha Sanghas\Senior Citizen Associations

The caregivers need to know names, addresses and other information of all welfare facilities run in a particular locality. They also should have knowledge about the structure and function of each and every grant - in – aid program, facilities, number of inmates, procedure of admission, food, recreation, number of doctors visit etc.

In addition to these, many voluntary organizations and private agencies run welfare programs for the elderly like ARDSI, HELP AGE, Mental Health Care Centres – VIMHANS etc. Many agencies have come up in Metro cities providing home assistance to the sick elderly. They all are trained, mostly trained by NISD(National Institute of Social Defence) and working as bed side attendant or at managerial level.

d) Information on human rights laws and Maintenance and Welfare of Parents and Senior Citizen Act 2007 (MWPSC)

In recent times, society is witnessing a gradual but definite withering of joint family system, as a result of which a large number of parents are not being maintained by their children as was the normal social practice. Many older persons are living either with their spouse and without children while many

persons specially widowed women are forced to spend their twilight years alone.

MWPSC law has addressed mainly areas which relate to,

1. **Maintenance** – including a) financial b)health requirements c)protection of life and person d)recreational and spiritual needs e)grievance redressal. Maintenance from the family will be a matter of right for the older persons.
2. **Care** - including a) financial b)housing requirements c)clothing requirement d) heath requirements e) companionship requirements f)from families or the State Governments in case of persons without family support or living below the poverty line.
3. **Protection** – of their life and property against exploitation including physical and mental abuse.

Human Rights – In the early ninety's UN brought out its 'Principles for Older Persons' identifying 5 areas – Independence, Care, Dignity, Self-fulfillment and Participation. Since the rights of the old need to be specially protected, society is encouraged and sensitized to take **right based** approach rather than **need based** approach. The Universal declaration of Human Rights 1948 did mention the need for **esurient** of rights to all irrespective of age. A global convention on the rights of older persons on the model of CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) is also on the cards.

Government of India, Ministry of Social Justice and Empowerment deserves recognition for formulation of NPOP in 1999. The policy declares that seniors are asset to the society and not a liability. They are not just consumers of goods they can be their producers. The policy vision statements are well articulated and action strategies cover important aspects of financial security, health, shelter, education, welfare, and protection of life and property.

e) Information on OAP, subsidies, concession, rebate, insurance schemes, religious places for shelter and foods

The concept of social security has different implications for APL and BPL families. The well off elderly needs care and services from the family and society whereas those from BPL families need income security for their survival. One third of the Senior Citizens live below poverty level, they need assistance from Government and from civil society. The potential care givers should acquire the knowledge about social security schemes and linking the poverty stricken elderly with the appropriate schemes is the responsibility of care provider.

- Income Security Scheme of the elderly:

  - IGNOAPS - Indira Gandhi National Old Age Pension Scheme
  - IGNWPS - Indira Gandhi National Widow Pension Scheme
  - ANNAPURNA Scheme

- Health Care for the Elderly

  - NPHCE - National Programme for Health Care of the Elderly
  - MMU - Mobile Medicare Unit

- Shelter

  - IAY - Indira Awas Yojana
  - Old Age Home (IPOP)
  - Day Care Centre (IPOP)

- Security

  - Police Administration
  - Helpline

Many private agencies run old age homes, Alzheimer's Day – Care – Centers, Health Care facilities, organize eye operation camps, introduced tele care services and web based services for the safety and protection of the elderly. Help Age India introduced ESHG (Elderly Self-Help Group). Nationalized banks have come with solutions that those who do not have substantial sources of liquid assets to depend on, through Reverse Mortgage, their residences can be virtually transformed into a steady source of cash till the time of their death.

- Rebate and Concessions – Besides the above mentioned Social Security Schemes, the Government of India and several State Governments provide various other benefits in terms of travel concessions, deposit internet rates, MGNREGA benefits etc. Train ticket concession, bus-seat reservation, preference for telephone connection, higher interests for deposits in banks/post office, income tax benefits etc.

- Health Insurance Schemes – Large numbers of elderly suffer from chronic morbidities and require hospitalization. Trainees should gather information whether care receivers or inmates of age care facilities have health insurance and their insurance coverage if any. *Rashtriya Swasthya Bima Yojana (RSBY)* is an IT enabled health insurance program and provides cashless insurance for hospitalization in Government as well as private hospitals. *Varistha Yojana for Senior Citizens (VYSC)* has been launched by National Insurance and other major insurance companies and caters to multiple health needs of Senior Citizens in the age group of 60-80 years.

f) Information on old age OPDs, home health services and voluntary care

Eldercare is a many sided task that has to be shared by the family, community, society, and the state.

Formal Care – Government (National Programme for Health Care of the elderly), Registered Organizations, Hospitals, Nursing Home, Outdoor patient Department.

Formal Care encompasses Government mandated or a sponsored service, private non-profit organization also includes private market based services. It is associated with professional care in statutory, formal and voluntary welfare agencies and organizations.

NISD under the MSJ&E introduced a project 'NICE' (National Initiatives on the Care for Elderly).The aim of the project is to produce trained manpower that can look after the elderly in different settings. They are called 'Geriatric Animators'.

Students to be exposed to health camps for the elderly organized by NGOs or by the Community. In health camps, doctors on duty examine the patients and provide medicines. The camps help to disseminate information about the health needs of older persons.

The new law **"Maintenance and Welfare of Parents and Senior Citizens Act, 2007"** has made outdoor patient department for the geriatric patients mandatory. All Government run OPD for senior citizens. Geriatricians are generally in charge of Geriatric OPD.

Informal Care – Family, Friends, Neighbors /Community.

Family is the most important institution that provides large amount of care. It consists of care provided by kin, neighbors, friends, natural helpers, informal self help group, volunteers etc.

g) Help constituting pressure groups and opinion builders

Statistics shows that older adults constitute 12 percent of the total electorate and can act as pressure group for raising different issues leading to their meaningful existence. Their potentials can be utilized for the benefit of the society.

- Productive Ageing: optimal utilization of potential and resources
- The caregivers will understand the significance of collective action through groups and community mobilization in the context of older adults
- Understand the concept of advocacy and networking

The trainees help them to build a platform through advocacy and networking from where the older persons can influence the policies and programs of the Government. As a matter of fact their voices should be heard directly by the Government which in turn improves the quality of life of elders. As an example, recently Government has reduced interest rates on small savings for senior citizen. Senior Citizens are utilizing social media to raise protest at cut in interest rates in small savings for them. Already a petition has been made and people started signing it. It is a fairly effective platform to create a buzz in the public mind on the subject. A related concept is concept of U3A – University of 3rd Age – lifelong learning.

Training Methodology

Practical demonstrations on communication with older persons

Lectures

Demonstration of assistive devices

Field visits to elderly care facilities of different types

Key Message

Establishing rapport with the elderly, learning effective communication methods and learning communication techniques with the older adults suffering from various impairments.

Possessing the knowledge of the availability of various assistive devices which help handicapped persons remaining active.

Knowing about location and administrative agencies maintaining Old Age Home, Day Care Centre etc.

Having an insight about the human rights laws and the new MWPSC law and to know how to launch a complaint for maintenance in the Maintenance Tribunal.

Knowing about various income and social security schemes for both APL and BPL elderly people.

Knowing various concepts about formal and informal care.

*Understanding the significance of pressure groups and opinion leaders

Teaching Aids

Chalk and Black board

Flip charts

Pictures of assisted devices

Still pictures, audio and video footages of elder care facilities

Power points

Duration of Training

Two hours

Evaluation

Examination based on questions. Eight examples are given below

1. What is productive Ageing?
2. What is elder care?
3. Mention the Human Rights for older people.
4. What is communication? Discuss different methods of communication.
5. What is meant by U3A?
6. Discuss different Govt. aided programs for the welfare of the elderly in our country.
7. Discuss the salient points of the New Law.
8. What is ADL & IADL in Gerontology? How technology can enhance the autonomy of older person in their ADL & IADL activity?

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