

ACTIVITY CENTRE FOR ELDERLY IN BHUBANESWAR (ODISHA)

A pilot to understand the benefits of community
engagement for the elderly in an urban setting

July 2020



A joint initiative of Government of Odisha, Social Security and
Empowerment of Persons with Disabilities (SSEPD) Department,
HeplAge India and Livolink Foundation

The purpose of this report is to document the experiences of running an Activity Centre in Bhubaneswar, in collaboration with The Government of Odisha, Social Security and Empowerment of Persons with Disabilities (SSEPD), HelpAge India and Livolink Foundation. The Activity Centre started in July 2018, after the MOU was signed with the Government of Odisha and the baseline survey was conducted. As of July 2020 it is an ongoing programme.

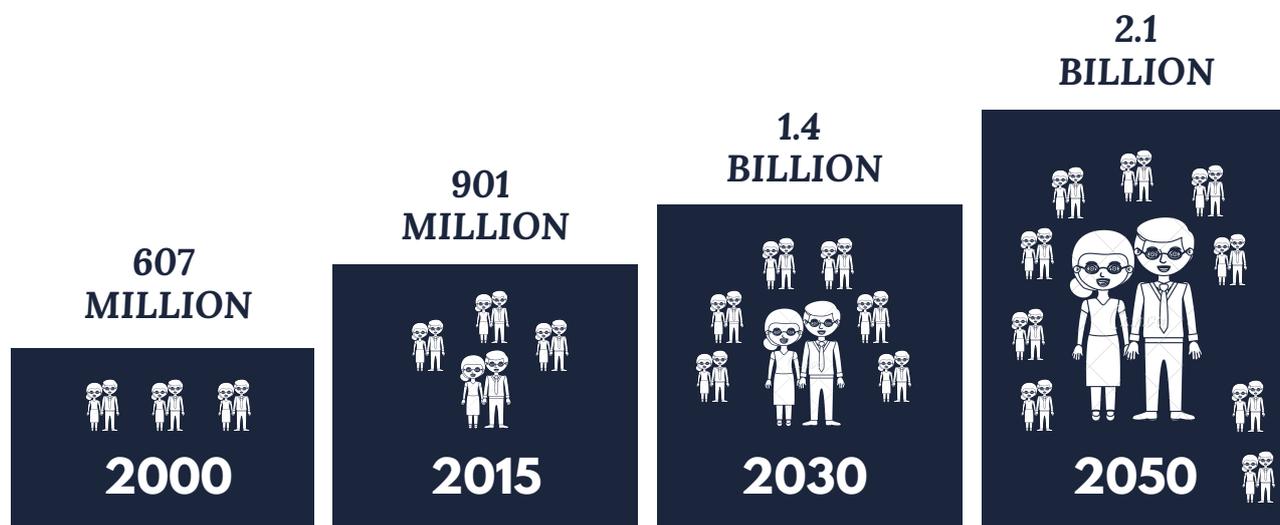


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Population ageing is an inevitable demographic reality. There are various facets to this phenomenon: increase in the size of the older population, longer life-expectancy and decreasing fertility rates. Countries experience a shift from a period of high mortality, short lives, and large families to one with a longer life, far and fewer children (United Nations, 2019). The global population is ageing rapidly at an unprecedented rate. As of 2015, the number of people above the age of 60 years stands at 901 million. This statistic is set to double by 2050 to a projected 2.1 billion, as suggested by the World Population Ageing Report (United Nations, 2019).



WORLD'S 60+ POPULATION OVER THE YEARS



SOURCE: WORLD POPULATION AGEING, UN 2019

AGEING INDIA

India's population is 1.3 billion, which is 17 % of the global population. Population Census 2011 suggests that as of 2011 there were 104 million elderly people in India. While the global elderly population will double from 2011 to 2050, India's elderly population will triple in size (*World Population Ageing Report United Nations, 2019*). Within India there is a significant interregional and interstate demographic diversity based on the stage of demographic transition. Considerable variations exist in the age structure of the population. Southern states like Kerala, Tamil Nadu, Odisha are at the forefront of ageing with over 9% of their total population above 60 years. Whereas, central and northern states like Assam, Bihar, Delhi have much lower proportions of aged population (*India Ageing Report, UNFPA 2017*)

Multiple studies conducted on elderly populations in India have reported extremely high rates of depression and social isolation. Combatting mental illnesses can be very difficult particularly in India due to the social stigma associated with one's mental health. Therefore, it becomes integral to find innovative ways to incorporate mental health concerns into ageing solutions. World Health Organization (WHO) has recommended encouraging participation as a way to address isolation among elderly. The creation of community centres that are within walkable distances for older persons can be used to engage elderly people.

Even the United Nations Economic Commission for Europe has advocated for the development of suitable frameworks under which older people can exercise, reduce stress and socialise (*UNECE, 2015*). According to them this would positively impact overall health of citizens. Tata Trusts urban programme in Bhubaneswar is designed with an underlying belief that creating opportunities for socialisation within communities in their neighbourhoods can enhance the overall well being of the elderly members. Age-friendly cities, communities and spaces act as the basis of social inclusion of elderly people.



SOCIAL PARTICIPATION



HOUSING



TRANSPORTATION



RESPECT & SOCIAL INCLUSION



WHO's Model of Age-friendly Communities



COMMUNICATION & INFORMATION



COMMUNITY SUPPORT & HEALTH SERVICES

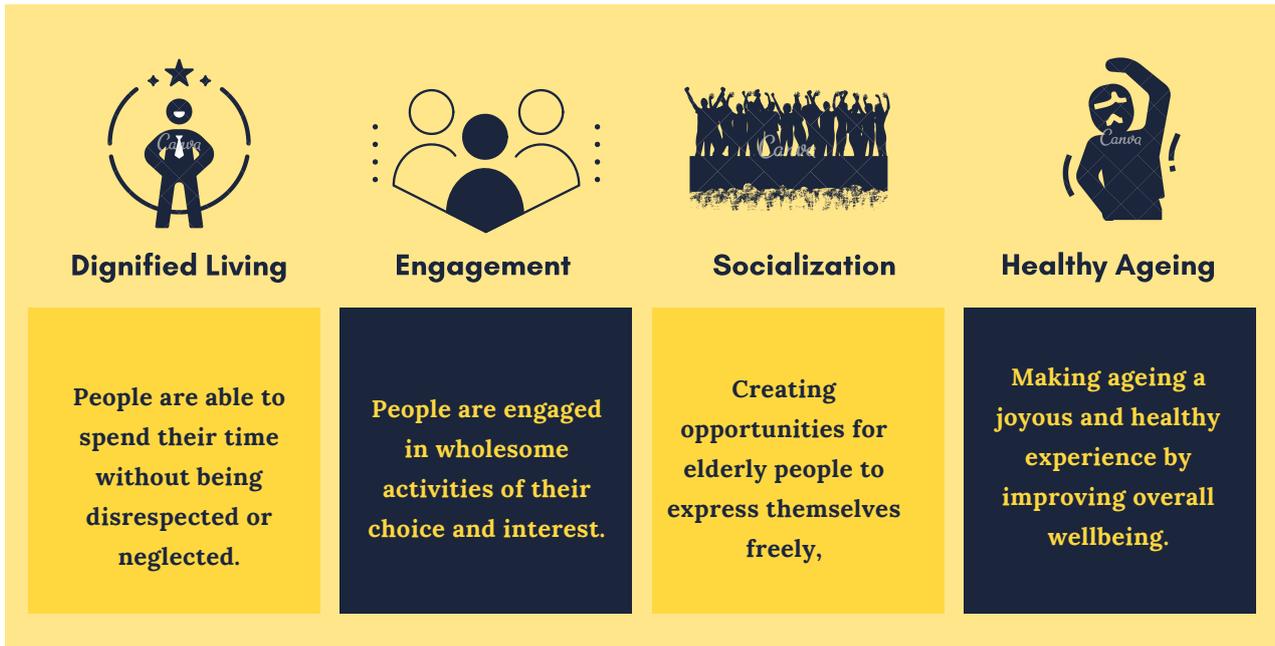


EMPLOYMENT OPPORTUNITIES



OUTDOOR SPACES & BUILDINGS

OUR VISION FOR URAN PROGRAMME



ENABLING SYSTEMS FOR HAPPY AGEING & CREATING EMPATHETIC ECOSYSTEMS

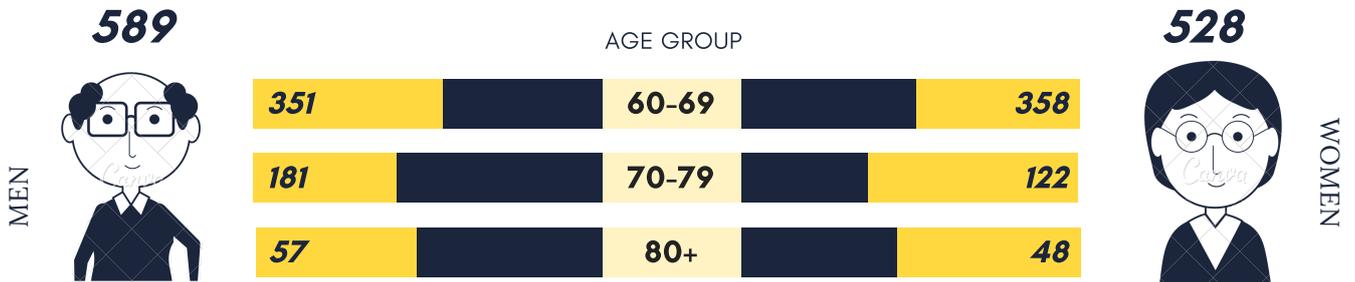
Tata Trusts along with Social Security and Empowerment of People with Disabilities (SSEPD), Government of Odisha set up an activity centre in an urban area, to build engagement among elderly people and promote healthy and active ageing. This centre was set up in Nayapalli, Bhubaneswar, Odisha in 2018. The state of Odisha was chosen for the pilot programme since the elderly population in the state stands at 9.5 % of the total population as opposed to the national average of 8.6%. Additionally, Government of Odisha has a Senior Citizens Policy and they were keen to collaborate in this endeavour of the Trusts.

Prior to the launch of the programme, a baseline survey was conducted from April to June 2018, to better understand the landscape of the elderly population in Bhubaneswar. The central objective was to explore the lifestyle and needs of senior citizens living in urban areas. It also attempted to assess the tendencies of senior citizens towards employment, volunteering and engagement activities, while recording data on social status, demographic parameters, education, economic status and other preferences. The survey was jointly led by Social Security and Empowerment of Persons with Disabilities (SSEPD) Department, Government of Odisha, Tata Trusts and Symbiosis Statistical Institute, Pune, and carried out in the Urban settings of Bhubaneswar city.

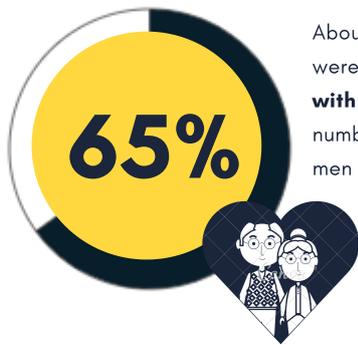
1117 senior citizens from six wards of Bhubaneswar municipal city area were surveyed through a two-stage systematic random sample design. The survey respondents highlighted that 70% of them would be willing to participate in an activity centre, travel an average of 2.1 kms to get to the centre and spend 14 hours a week at the centre.

SURVEY RESPONDENTS

AGE AND SEX COMPOSITION



MARITAL STATUS



About 65% of the respondents were **still married and living with their spouse**. The number is almost same for men and women.

LIVING ARRANGEMENTS



More than 85% respondents **live with their children, grandchildren, and/or relatives** across all age groups.

LITERACY STATUS



More than 67% of the respondents were able to **read and write**. Literacy Rates for men were 68% and women 69%.



Around 24% of the respondents **had obtained a graduation degree or more**.

FINANCIAL DEPENDENCY

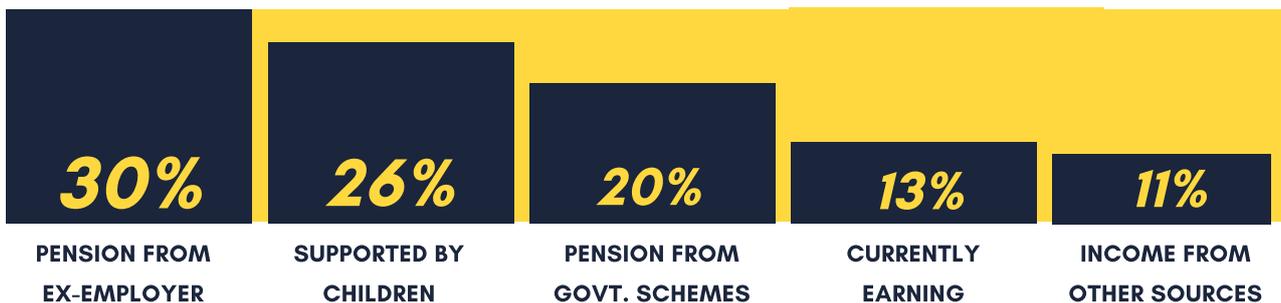


68% of men were **either fully or partially dependent on others**.



63% of women were **either fully or partially dependent on others**.

ECONOMIC STATUS



SURVEY FINDINGS

97%

RESPONDENTS
HAVE
AADHAR CARDS



RESPONDENTS
HAVE
BANK ACCOUNTS

80%

HEALTH STATUS

45% of



respondents view their
general health conditions as
"NOT GOOD"

MEDICARE UTILIZATION

HALF of the respondents
were hospitalized in
the last three months



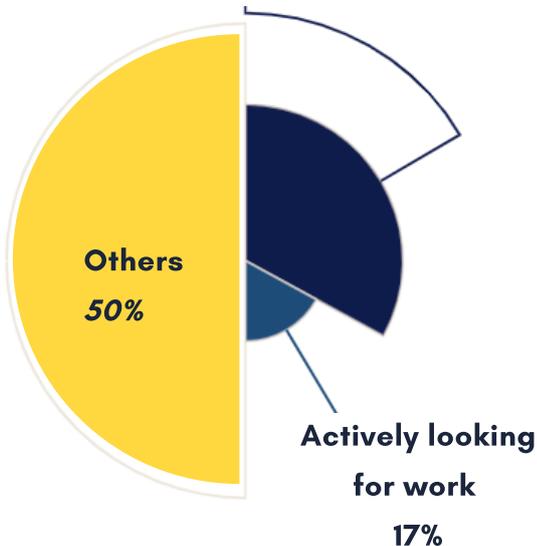
AVERAGE MONTHLY
EXPENSE OF **₹1905**



Three-fourth
dependent on family
for medical support.

WORK-BASED ENGAGEMENT

Willing to work 33%



WORK PREFERENCE

One-third of the respondents expressed willingness to work. They also identified preferences with regards to the type of work that would interest them.



30%
Office Work



14%
Spiritual Work



13%
Business



5%
Hospital Work



5%
School Work



5%
Packaging Work

ACTIVITY-BASED ENGAGEMENT

INTERESTED IN GETTING MEMBERSHIP
TO AN ACTIVITY CENTRE



2.3kms



Average distance
willing to travel

14hrs



Average time
spent weekly

₹220



Average monthly
membership fee

This survey was conducted between April to June 2018

ACTIVITY CENTRE

The activity centre views wellbeing of elderly from a holistic perspective. Multiple aspects of active, healthy ageing have been incorporated into the programme. A range of services and activities addressing physical and mental health, recreation and entertainment needs of elderly have been introduced in the programme. The centre was started in partnership with HelpAge India, who assisted in programme implementation.



PHYSICAL ACTIVITIES

- Yoga
- Aerobics
- Dance
- Mindfulness and Meditation



Members performing yogic asanas at the centre under the supervision of a trainer



Members attending Music Therapy



SOCIAL ENGAGEMENT

- Intergenerational Activities
- Music Sessions
- Outings
- Movie Screenings, Book Readings
- Indoor Games and Painting



Members painting and coloring



UPSKILLING & ENGAGEMENT

- Digital Literacy
- Volunteering



Members celebrating Independence Day



Members attending a Digital Literacy Workshop



HEALTH & WELLBEING

- Health check-up camps
- Physiotherapy
- Acupressure
- Laughing Sessions
- Counselling



Elderly getting their health-check ups during a camp.



Members attending an awareness session



SPIRITUAL & AWARENESS ACTIVITIES

- Spiritual Sessions
- Awareness Sessions
- Celebration of special days and festivals



Members attending a spiritual session



SUPPORT & GUIDANCE

- Legal
- Pension
- Government-schemes



Members attending support and guidance sessions



LEARNINGS

Activity centre is a unique programme, exclusively addressing the needs and wants of elderly people. It's a model where the members pay a one-time registration fee and a monthly user fee. The centre also offers physiotherapy and counselling. The prices are nominal and were introduced to build ownership among the members. The fee also helps in identifying the scale of seriousness and willingness among members. It has proven to build regularity of members. Another service that has helped garner more members, is counselling and emotional support. For many elders who stay alone, or don't have people to share their feelings with, venting itself is a great stress-buster.

Assessing Wellbeing of Members

The most crucial aspect of the centre is a well-defined standard operating procedure (SOP) that was drafted before initiating the programme. The process of registration, profiling members and ensuring improvement in quality of life is defined with utmost detail in the SOP. Improvement in the overall wellbeing of members is measured through two scientific tools- CASP 19 and SF 36. These tools are administered on each member at the time of registration and the exercise was repeated after six months to measure the change in their quality of life as a result of taking part in the centre's activities. After six months of registration, data was obtained for the 27 regular members using two tools. The following findings are based on the test results of these 27 members whose data was available at the time of registration and six months after:

TOOLS USED FOR WELLBEING ASSESSMENT

CASP-19



The CASP-19 is a quality-of-life assessment test comprising of four domains: Control, Autonomy, Self-Realisation and Pleasure. This tool was initially developed in the population aged 65-75 years. Its design scale covers some pivotal aspects of life pertaining to physical activity, human behaviour and self-awareness. CASP has a clear theoretical basis. It's grounded in the work of Maslow and Giddens. It's a quick, effective, multidimensional instrument with equally good psychometric properties.

SF-36



The 36-Item Short Form Health Survey questionnaire (SF-36) is a very popular instrument for evaluating Health-Related Quality of Life. It's a set of generic, coherent, and easily administered quality-of-life measures. These measures rely upon patient self-reporting and are now widely utilized by managed care organizations for routine monitoring and assessment of care outcomes in adult patients. The SF-36 consists of eight scaled scores, the lower the score indicate more disability. The higher the score, less the disability.

GREEN ZONE

The green zone indicates that the person is healthy and extremely happy with the life they are leading.

CASP: X>66%; SF: X>80%

YELLOW ZONE

The yellow zone indicates that the person is moderately happy and partially fit. This means there's scope for improvement.

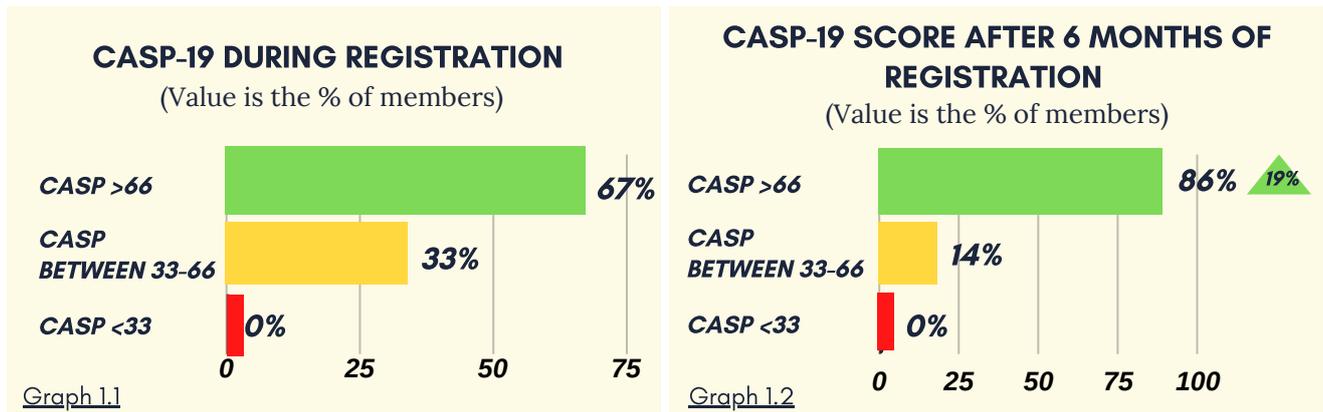
CASP: X>33% & X<66%; SF: X>60 & X<80

RED ZONE

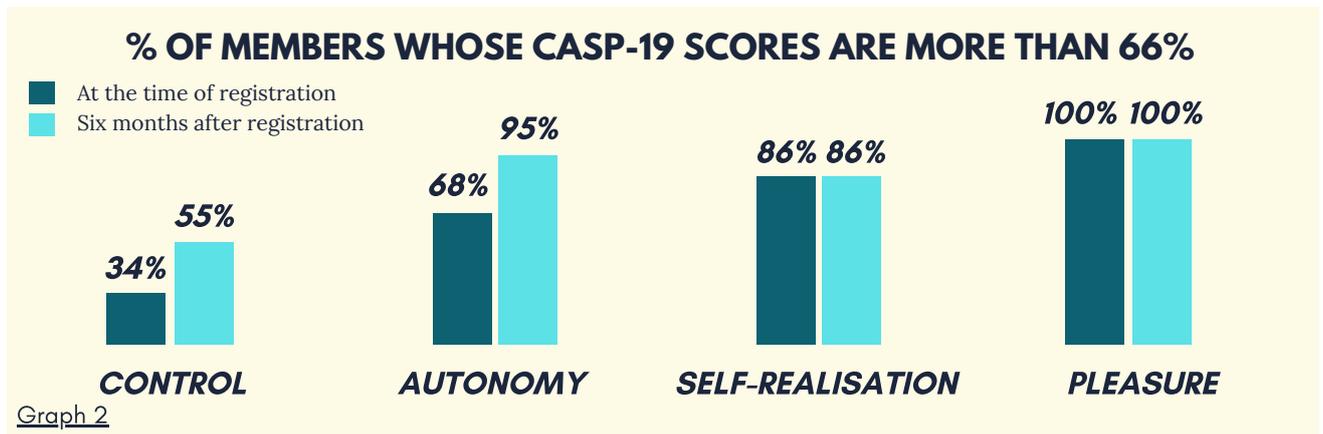
The red zone indicates that the person is unhappy and not physically fit to their enjoy life.

CASP; X<33%; SF: X<60%

I. CASP-19

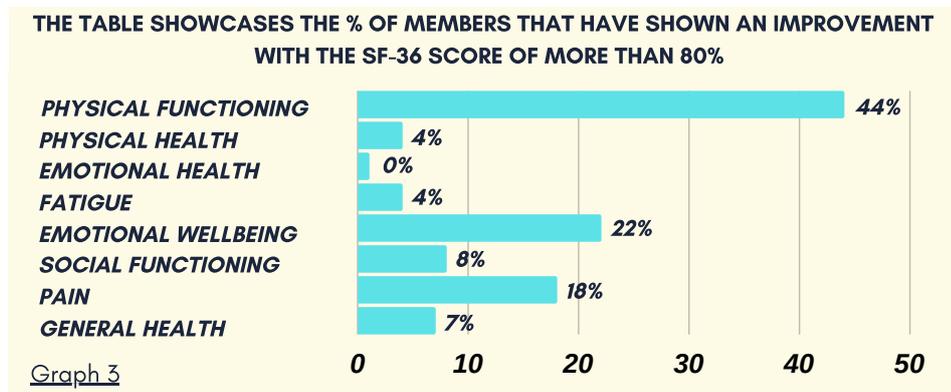


Graph 1.1 depicts the CASP-19 scores of 27 members at the time of registration. And Graph 1.2 depicts the CASP-19 scores of the same 27 members six months from the date of their registration. The study of CASP 19 score for the 27 members indicates that the overall happiness and wellbeing among the members at the centre has increased by 19%. There is considerable improvement in the areas of control and autonomy. 86% of members were found to be having CASP 19 score more than 66% after 6 months of their involvement in the centre as compared to only 67% during the registration.



Graph 2 depicts the percentage of members whose CASP-19 scores are more than 66%. The dark blue color is used to denote the percentage of members at the time of registration and light blue is for percentage of members six months after the registration. For “Control”- 55% of members were found to be having CASP 19 score more than 66% after 6 months of their involvement at the centre as compared to only 32% during the registration, showing an improvement by 23%. Similarly for “Autonomy”, 95% of members were found to be having CASP 19 score more than 66% after 6 months as compared to only 68% during the registration, showing an improvement of 27%.

II. SF-36



Graph 3 depicts the percentage of members out of 27, who have showcased an improvement in their SF-36 scores. The categories are based on SF-36 test standards. The highest improvements have been recorded in the physical functioning (44%), emotional wellbeing (22%) and pain (18%) of members and 4% have even shown a decline in fatigue.

Results show a significant improvement in the happiness and wellbeing of the members at the activity centre ($p < 0.05$). The average standardized CASP 19 score of 76 at the time of registration increased to 83 after six months of time spent at the centre. 59% of the members have shown absolute improvement in their CASP 19 score. Similarly 44 % showed improvement in health status based on SF-36 scoring and 22% members have shown improvement in emotional wellbeing. Thus, it can be inferred from these scores that the activity centre has played an important role in improving the quality of life of members who have regularly participated at the centre.

TESTIMONIALS OF MEMBERS

The names are fictitious to maintain confidentiality of members

I had an operation of my leg because of which I was not able to walk properly. Moreover, I slipped in the bathroom and injured my right shoulder. I could not do my regular chores. My doctor recommended physiotherapy for my shoulder and leg. Initially, I went to a physiotherapist who charged me Rs. 150 per session. One day, my neighbour told me about Anand Center and its physiotherapy services provided at subsidised cost. I started availing of just physiotherapy services. Within 8-10 days, I registered for membership and now I pay just Rs. 50 for each physiotherapy session.

SUSHMITA SINGH, 55



Dancing is my passion. I was very sure I could never dance in front of my daughters-in-law. However, at Anand, I can dance without any inhibitions. Even if my daughters-in-law visit, I do not feel shy because this is "our" Centre – a Centre that is dedicated to us senior citizens. I always look forward to going to the Centre.

ANU SAHU, 65



Health check-up is a major attraction for me, at the centre. I also like going on picnics with other members. The staff here is very attentive and diligent. They send us reminders on WhatsApp every day, about the classes being conducted. My participation in aerobics here has helped me maintain my weight and spiritual talks have improved my mental health. Coming to the centre has positively changed my life.

DEEPAK THAKUR, 64



Since joining the centre, I have noticed an improvement in my body because of physiotherapy. The staff here notices if I am inactive or feeling low. They care for me, by asking why am I so quiet today or if anything is wrong with me. I feel happy when they do so. The friends that I have made here are like my second family. I can share my happiness and sorrows with them.

AASHA RASTOGI, 65



WAY FORWARD

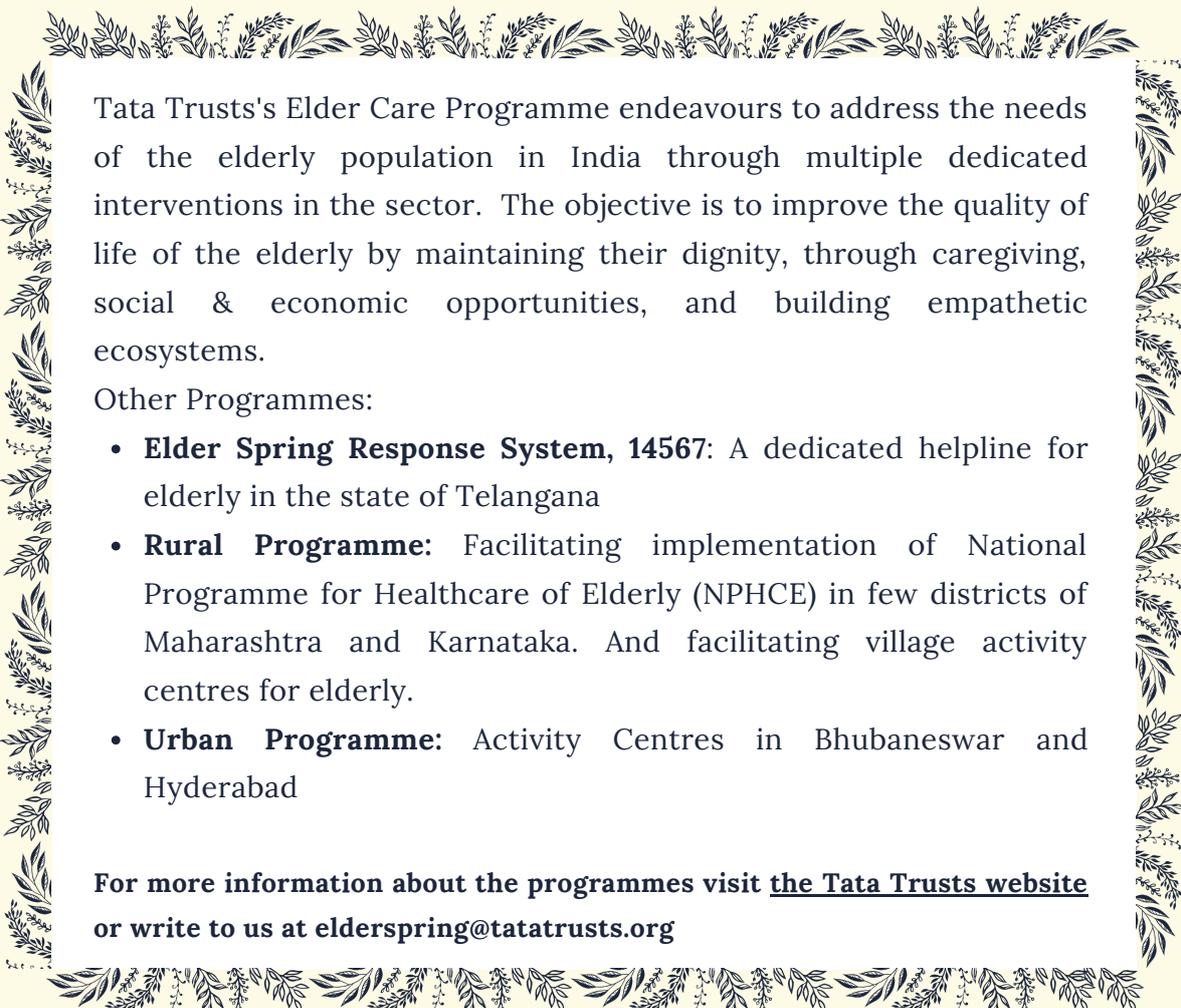
The establishment of the activity centre and subsequent improvement in overall wellbeing of members, has demonstrated the tremendous potential of this programme. Through engaging with other people, elderly begin to develop a sense of self-respect and belongingness. The scope of activities offered at these centres can always be expanded to include digital literacy, legal guidance, emotional support counselling, physiotherapy, health camps, volunteering etc, depending on the availability of the resources and needs of the population. Linkages of the centres to public health and legal systems can be explored to include more innovative solutions. As experienced in this pilot, activity centres have great potential to enhance the quality of life of elderly people and develop into age-friendly cities.

Due to changing societal structures and the current public health landscape, there are increasing concerns about widespread mental illnesses like depression, anxiety and social isolation among elderly people. Having dedicated community spaces specifically designed for elderly will go a long way, in managing these issues for them. Concerns like loneliness, poor physical health, advancement of spiritual wellbeing to establishing safe community spaces can be tackled by establishing activity centres. At the core of these centres there is a vision of preventive healthcare for elderly and improving experiences of ageing.

The pilot programme in Bhubaneswar has indicated that there is a way to enhance the overall well-being of elderly if given an opportunity for socialisation and active engagement. Contributions of elderly members to the centre has also has demonstrated that members can take responsibility and build ownership towards such spaces. This physical space gives the members an opportunity to think of new possibilities of activities and using their creative energies to be put to use.

This programme has paved the way for holistic wellbeing and active engagement of elderly members in the community. In its existence and success it has informed governments, CSR bodies, private organisations, NGOs and philanthropic organisations that by using existing community spaces, elderly can have positive and meaningful engagements in their neighbourhoods and build a sense of belongingness and support for each other. There is a need for unified effort towards giving attention to this age group of growing population a special focus in our own neighbourhoods which can help in increasing the overall wellbeing of growing ageing population.



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Tata Trusts's Elder Care Programme endeavours to address the needs of the elderly population in India through multiple dedicated interventions in the sector. The objective is to improve the quality of life of the elderly by maintaining their dignity, through caregiving, social & economic opportunities, and building empathetic ecosystems.

Other Programmes:

- **Elder Spring Response System, 14567:** A dedicated helpline for elderly in the state of Telangana
- **Rural Programme:** Facilitating implementation of National Programme for Healthcare of Elderly (NPHCE) in few districts of Maharashtra and Karnataka. And facilitating village activity centres for elderly.
- **Urban Programme:** Activity Centres in Bhubaneswar and Hyderabad

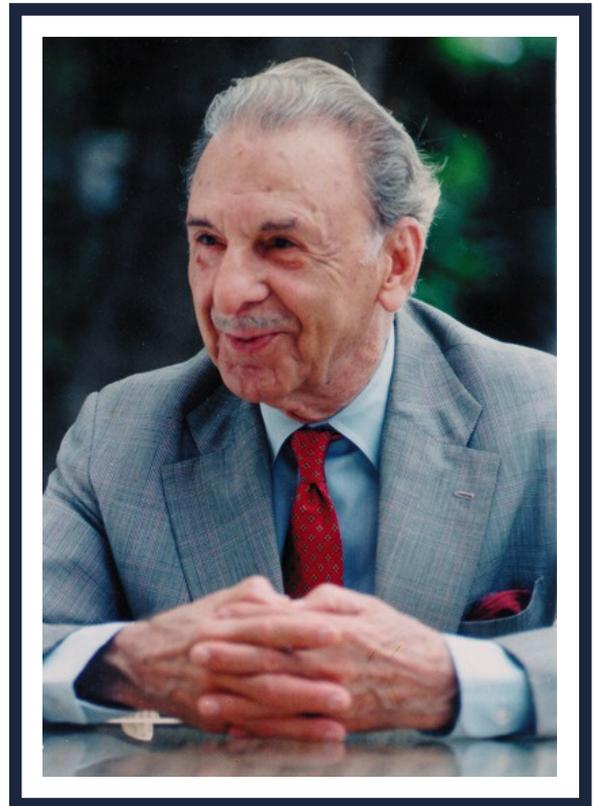
For more information about the programmes visit [the Tata Trusts website](http://www.tatatrusts.org) or write to us at elderspring@tatatrusters.org

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"I don't want India to be an economic super power. I want India to be a happy country."

- J.R.D Tata

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TATA TRUSTS

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