

OP-35 **FROM EVIDENCE TO POLICY: ANALYSING THE LANDSCAPE OF GERIATRIC HEALTH STUDIES IN INDIA**

Nandita Bhan, Sharmada Sivaram, Pavitra Madhira. *PHFI – Public Health Foundation of India, Gurgaon (Haryana), India*

10.1136/bmjgh-2016-EPHPabstracts.35

Background The population of elderly in India is projected to rise from 8.3% in 2013 to 18.3% in 2050. Policies with bearing on health of elderly such as the National Policy on Older Persons and the National Programme for Health Care of Elderly, which are in early stages of implementation, have been designed without a comprehensive analysis of health burden and health inequities related to health of the elderly. Examining the landscape of research on health and wellbeing of the elderly can help in focusing attention to priority areas and identify research gaps in existing knowledge. In this study, we aimed to examine thematic and methodological strengths and gaps in the current health literature about elderly in India.

Methods We examined peer-reviewed research published since the year 2000 and focusing on the burden of disease and the determinants of health and wellbeing among the elderly in India. We supplemented search of electronic bibliographic databases with hand search of key policy journals in India from 1990 onwards. We screened 18,094 titles and abstracts to identify 229 relevant studies for full review. Of these studies, 94% were quality appraised for internal and external validity using an adaptation of the WHO Barker scale. We analysed research studies by themes and outcomes, study methods and analysis of policy issues in the Indian context.

Findings We found that a majority of studies about the burden of health conditions were focused on non-communicable diseases (12%), mental (12%) and cognitive health (12%), dental health (8%) and health services research (6%). About 85% of the studies were quantitative in nature and 6% of the studies provided cross-national comparisons. Among emerging areas of research, disability and cognitive health representing physical and mental domains of disability are increasingly becoming the focus among the elderly, even as measurement remained weak. Outcomes of interest in research related to health of elderly have shifted from mortality and general morbidity to ageing-focused health outcomes. Thematic analysis of key policy issues revealed two main streams of research: (1) caregiving, represented by studies on living arrangements; and (2) financial support, represented by studies on pensions and social assistance programmes.

Discussion Studies show that concerns related to health of the elderly are largely viewed within the ambit of families while the support from outside of families through institutional care is seen as the last resort. Equity issues related to gender and poverty are seen from a vulnerability perspective and they remain largely outside the structure of health services and programmes. India's main programme for health of the elderly does not feature in design, analysis or implementation of the existing research publications.

The National Programme for Health Care of the Elderly is currently being rolled out in several districts of India. Our findings show three implications for this programme. First, key health issues such as disability and cognitive health are not included within the framework of the existing programmes. The recently rolled out National Mental Health Policy (2014) makes no reference to cognitive or mental health needs of the elderly. Furthermore, determinants of health such as social assistance, family factors and institutional support need more research and policy attention. These determinants do not feature within programme frameworks. More interdisciplinary knowledge and action is needed in these domains. Finally, policies for elderly are rolled out with a one-size-fits-all perspective and do not consider equity issues, especially gender and poverty as they relate to the elderly in India.

Grant funding (first author supported by Wellcome Trust-PHFI Career Development Research Fellowship) for research but no other competing interests.