

Joint Event

# Public Health, Women's Health, Nursing and Hospital Management

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## **Predictors of out of pocket expenditure on health incurred by elderly persons residing in a rural, Indian community-implication for insurance programme**

**A**lmost 8.6% of India's 1.2 billion population are elderly, who spent considerable money from out-of-pocket (OOP) for healthcare. Any policy for elderly should encompass financial protection from illness expenditure. However, lack of comprehensive information on OOP expenditure and its determinants, precludes such action. We studied a sample of 400 community-dwelling elderly in rural India, to assess cost incurred on outpatient and inpatient services, along with information on socio-demographics (individual-characteristics), morbidity (motivation for seeking-care), and social-engagement (health-seeking). Lubben Social Network Scale (LSNS) was used to assess the degree of social isolation. Multimorbidity was measured by Cumulative Illness Rating Scale for Geriatrics (CIRS-G). Mental health status was measured by the SF-12 mental component summary (MCS) score. The mean (95%CI) annual OOP expenditure was USD 156.3 (IQR, USD 103.0-209.5) with a median of USD 35.7 (IQR, USD18.2 -90.3), being explained significantly by sex, statuses of morbidity, social engagement, and mental health. In developing countries like India, information regarding different sub-headings of out of pocket expenditure on health (expenditure during visit to a formal doctor / non-formal doctor, over the counter purchase of medicine, medical aid purchase) is the basic input of targeted policy intervention whose evidences are provided in the present study. We recommend that the policy for health of elderly persons in India should take into account of financial protection. The policy should consider pre-payment mechanism like health insurance, as one of the components for providing financial protection.

### **Biography**

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