

# A study on corporate social responsibility for the health care of the elderly by private health care providers of Mangalore city: A health systems research

## Abstract

**Introduction:** Private sector is the largest provider of health care services in India. But it is expensive. Self-driven corporate social responsibility (CSR) providing free or subsidised services will be useful to the elderly. There are no published data reporting the pattern or types of health care services provided to elderly by the private health care sector of India through CSR initiative. So this study was undertaken. **Objectives:** To know the pattern (Subsidised/free) and type (Medical, Surgical etc.,) of Health care services received by the elderly people as a part of CSR. **Materials and Methods:** A questionnaire based cross-sectional study conducted among all private health care providers of Mangalore city. List of all private health care providers which included various types of hospitals (corporate hospitals, multispecialty hospitals etc...) were obtained from the local chapter of Indian Medical Association. The data was collected from hospitals fulfilling the study criteria. The data was analysed using SPSS software for windows, version 16.0. Results are presented as frequencies and proportions in appropriate tables. **Results:** Totally 24 hospitals had participated in this study. Most ( $n = 16, 66.7\%$ ) reported providing some free or subsidised services. Among them only 7 (29.2%) were providing free services like: Health check-up camps, subsidised medical and surgical treatment. However most of them did not respond to the "criteria for selecting of the elderly for such free services." **Conclusion:** Most of the private hospitals in Mangalore do not provide free or subsidised health care services to the elderly through a self-driven CSR initiative.

**Key words:** Corporate social responsibility, elderly, health care

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### Access this article online

Website: [www.ijmedph.org](http://www.ijmedph.org)

DOI: 10.4103/2230-8598.153826

Quick response code:



## INTRODUCTION

It has been projected that the population of elderly (60+) in India will increase from 100 million in 2013 to 198 million by 2030.<sup>[1]</sup> A clear indication that population of the elderly is going to double. Health care for the elderly has not received much attention till recent years. This is evidenced by the fact that a national programme was launched only in 2011.<sup>[1]</sup> The programme document highlights the need for comprehensive care for the elderly pertaining to preventive, promotive, curative and rehabilitative services.<sup>[1]</sup>

Health care in India is provided by government and private sectors. The health care services in the government sector are free, where as in private sector it's contrary. Private health care sector is the largest provider of health care in India.<sup>[2]</sup> As per the World Bank report of 2012; the out of pocket health expenditure in India was 57.6% of the total expenditure.<sup>[3]</sup> Elderly people have financial constraints for one or more of the obvious reasons like: Retirement, loss of job, disability preventing them from earning, lack of family support etc. This vulnerability may prevent them from accessing health care services or delay in seeking health care. If private health care services are either subsidised or free, then it would help the elderly in accessing the health care services. The world business council for sustainable development has defined corporate social responsibility (CSR) as: "The continuing commitment by business to behave ethically and contribute to economic social development while

improving the quality of life of the workforce and their families as well as the local community and society at large.”<sup>[4]</sup>

There are no published data pertaining to health care services provided to elderly by the private health care sectors of India through CSR initiative. In this context the current study was undertaken with the following objectives:

1. To study the types of health care services (subsidised/free) received by the elderly people as a part of CSR if any.
2. To know the types of CSR activities related to geriatric care provided by private hospitals of Mangalore city.

## MATERIALS AND METHODS

### Study area (background)

The study was conducted in Mangalore, a coastal city of Karnataka state situated in southern India. The city has a population of 5 lakhs as per 2011 census.<sup>[5]</sup> The city has 5 allopathic medical colleges. Tertiary care in this city is provided by government district Wenlock Hospital and Private Hospitals affiliated to the 5 medical colleges. The city also has numerous corporate hospitals, multi-speciality hospitals, general hospitals, private nursing homes (NHs) and polyclinics which provide various secondary and primary health care services.

### Study setting

All private health care providers (corporate hospitals/hospitals attached to private medical institution/NHs/multispecialty hospitals [MSHs]) of the Mangalore city who were functioning as per the guidelines laid (Private Medical Establishment act 2007) by the Government of Karnataka state.<sup>[6]</sup>

### Study design

This is a questionnaire based cross-sectional study where the following components were studied:

1. Pattern of health care services (subsidised care, free care) provided,
2. Types of elderly health care services provided,
3. Criteria for selecting elderly for availing free and or subsidised health care services.

### Study units

Private health care providers which included corporate hospitals, private hospitals attached to medical institutions, MSH etc.

### Inclusion criteria

1. All private health care providers (hospitals) who are providing services to the elderly.
2. Those willing to participate.

### Exclusion criteria

1. Speciality hospitals where a health care service to the elderly was not available (like maternity homes, children's hospitals).
2. Those who did not consent for the study.

### Sample size

There were totally 33 hospitals, of which 24 had consented to participate in the study. There was no sampling used as all the consenting hospitals were included.

### Operational definitions

The various types of hospitals referred to are:

1. University hospitals/hospital attached to private medical institution (HAPMI),
2. MSH,
3. NH,
4. Specialised care hospital like dialysis care, cardiac care, eye hospital (others).

These terms were used based on the definitions/criteria defined under Karnataka state private medical establishment act.<sup>[6]</sup>

### Study tools

A self-administered questionnaire was given to hospital administration authorities to collect the following components of information pertaining to various health services made available to the elderly:

1. Type of health care services provided in the hospital,
2. Beneficiaries of health care services,
3. Types of health care services provided to the elderly,
4. Selection criteria for elderly for availing health care services through CSR,
5. Pattern (free health check-up [FHC] etc.) of health care services provided to elderly as a part of CSR.
6. Was the hospital authority aware of CSR?

### Pretesting and instrument development

This was pretested on some hospitals outside the city limits to assess the feasibility of its use. Some changes were made to suit our circumstances like:

1. Questions pertaining to types of services were reframed, more types or options for the services provided etc.,
2. Questions pertaining to selection criteria were reframed.

### Data collection

The study protocol was approved by the Institutional Ethics and Research committee. To get representative sample a list of Private health care providers (corporate hospitals/private hospitals attached to medical institutions/MSHs/NHs) were obtained from the local chapter of Indian Medical Association, Mangalore. The hospitals which filled the study criteria were approached for data collection. A “Consent form” along with “Study Information Sheet” was enclosed along with the study tool. The medical superintendent's/hospital administrators or chiefs were given the questionnaire. Additionally any queries were verbally clarified. The filled questionnaires were collected and analysed.

### Statistical (data) analysis

Data thus entered were analysed using Statistical package for social sciences (SPSS) for windows, version 16.0. Chicago, SPSS Inc.<sup>[7]</sup>

Results were expressed as frequencies and proportions in appropriate tables.

## RESULTS

Totally 24 hospitals participated in this study whose characteristics are as follows (*n*, [%]): MSH (8, [33.3]), NH (7, [29.2]), others (6, [25.0]), HAPMI (3, [12.5]). Others included hospital for dialysis patients, eye hospital, and interventional cardiac care hospital.

Most (*n* = 16, 66.7%) of them reported to provide some free or subsidised services. Only 7 (29.2%) provided FHC camps, in addition to providing subsidised/free care for the elderly. The type of services provided to elderly (subsidised or free) is presented in Table 1. The nature of services provided are shown in Table 2.

However most of them did not respond to write clearly, the criteria for selecting of the elderly for availing free or subsidised health care services as shown in Table 3. The “others” referred to in Table 3 included the following:

1. Those elderly patients who were willing to be a participant for the research study,
2. Those who would volunteer to be a case for academic discussion.

Only 50% of the hospital authorities answered “yes” to the question “Have you heard about term CSR?”

## DISCUSSION

### Access to free or subsidised health care service

Our study showed, only 7 (29.2%) hospitals in Mangalore were providing subsidised health care service to the elderly via CSR initiative. However there are no published data pertaining to private health sector providing health care services to the elderly through CSR Initiative in India. Rashtriya Swasthya Bima Yojana (RSBY) a health insurance scheme for the below poverty line families, helps elderly in India to avail benefit of free health care services in the private sector.<sup>[8]</sup> But this scheme provides cover benefit with an annual limit of Rupees 30,000 only (approximately 500 US\$).<sup>[8]</sup> But most of the chronic morbidities requiring hospitalisation during old age like cardiac surgeries, complications of diabetes, cancer treatments would cross the annual limit of RSBY. Old people belonging to middle income class cannot avail benefits under this scheme.<sup>[9]</sup> This means certain proportion of old people belonging to low income group along with middle income group cannot access the specialised health care services for the conditions mentioned above. Besides, some of these services are not available in government hospitals. In countries such as Canada, Germany and United States of America it is mandatory for most of the population including elderly to have a compulsory access to health insurance either provided by government through tax deduction laws or by the private insurance agencies.<sup>[10]</sup> About 84% of the citizens in United States of America are covered with health insurance whereas the rest are supported by the charity organizations and the private health care providers through a charity programmes.<sup>[10]</sup> so the elderly have better

**Table 1: Type of health care services (subsidised or free) provided in the hospitals (*n* = 24) for the elderly**

Types of services provided	<i>n</i> (%)
Physiotherapy clinic*	
Yes	6 (25.0)
No	6 (25.0)
Not applicable	1 (4.2)
No response	11 (45.8)
Rehabilitation centre*	
Yes	5 (20.8)
No	8 (33.3)
Not applicable	10 (41.7)
No response	1 (4.2)
Palliative care*	
Yes	6 (25.0)
No	6 (25.0)
Not applicable	10 (41.7)
No response	2 (8.3)
Free diabetic and BP clinic	
Yes	7 (29.2)
No	13 (54.2)
Not applicable	2 (8.3)
No response	2 (8.3)
Free counselling	
Yes	6 (25.0)
No	11 (45.8)
Not applicable	6 (25.0)
No response	1 (4.2)
Free mental health check-up	
Yes	2 (8.3)
No	11 (45.8)
Not applicable	9 (37.5)
No response	2 (8.3)
Providing free hearing aid	
Yes	0 (0)
No	19 (79.2)
Not applicable	3 (12.5)
No response	2 (8.3)
Free eye camp	
Yes	7 (29.2)
No	13 (54.2)
Not applicable	2 (8.3)
No response	2 (8.3)
Free cataract surgery	
Yes	4 (16.7)
No	16 (66.7)
Not applicable	2 (8.3)
No response	2 (8.3)
Free health education for elderly	
Yes	4 (16.7)
No	15 (62.5)
Not applicable	3 (12.5)
No response	2 (8.3)
Free Alzheimer's and dementia clinic	
Yes	1 (4.2)
No	9 (37.5)
Not applicable	12 (50.0)
No response	2 (8.3)

\*Subsidised health care service, BP = Blood pressure

**Table 2: Nature of health care services provided to elderly people among the participant hospitals**

Nature of service	n (%)	Total (%)
FHC		
Yes	2 (8.3)	24 (100)
No response	22 (91.7)	
FHC+medicine		
Yes	0 (0)	24 (100)
No response	24 (100)	
FHC+medicine+surgery		
Yes	1 (4.2)	24 (100)
No response	23 (95.8)	
Subsidised health care		
Yes	7 (29.2)	24 (100)
No response	17 (70.8)	

FHC = Free health check-up

**Table 3: Selection criteria in elderly for availing (free/subsidised) health care services**

Selection criteria	n (%)	Total (%)
Elderly of below poverty line family		
Yes	4 (16.7)	24 (100)
Not applicable	1 (4.2)	
No response	19 (79.2)	
Elderly destitute		
Yes	0 (0)	24 (100)
Not applicable	1 (4.2)	
No response	23 (95.8)	
Old age home		
Yes	3 (12.5)	24 (100)
Not applicable	1 (4.2)	
No response	20 (83.3)	
Identified from camps		
Yes	2 (8.3)	24 (100)
Not applicable	1 (4.2)	
No response	21 (87.5)	
Others		
Yes	7 (29.2)	24 (100)
Not applicable	1 (4.2)	
No response	16 (66.7)	

health care options as compared to our setting. So provision of free/subsidised care as a part of CSR would make it accessible to elderly.

Private Health sector in India is not only the largest, but also expensive apart from being most deregulated one.<sup>[2]</sup> There is an urgent need for the Government to frame policies and issue guidelines to facilitate or motivate the private sector to provide free/subsidised care as a part of CSR.

### Criteria for selecting elderly for providing free or subsidised care

It is evident from the study that, clear selection criteria were not followed in most of the hospitals. Majority of the hospitals failed to respond when asked about the same. Selection was found to be mainly on personal discretion. As a possible result of these situations, elderly are left with

no choice other than to depend on government hospital where speciality services may not be available. Thus any legislation or policy formed by the government in this regard should clearly define the criteria for the selecting elderly in providing free or subsidised health care.

### Limitation of the study

Considering feasibility, hospitals (private health care providers) situated in Mangalore city were only considered. There could be certain amount of response bias on the part of the hospitals in spite of assurance of anonymity.

### CONCLUSION

Most of the private hospitals in Mangalore do not provide free or subsidised health care services to the elderly through a self-driven CSR initiative, in spite of their availability. Although a subsidised care to elderly was provided in 7 (29.2%) hospitals, but there are no clearly defined criteria when it comes to selecting elderly for availing the subsidised health care.

### ACKNOWLEDGEMENT

We thank all the hospital administrative authority for giving their valuable time. A special thanks to the participant hospitals without which this study was a distant dream.

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**How to cite this article:** Pai US, Harsha Kumar HN. A study on corporate social responsibility for the health care of the elderly by private health care providers of Mangalore city: A health systems research. *Int J Med Public Health* 2015;5:157-60.

**Source of Support:** Nil, **Conflict of Interest:** None declared.