



INTEGRATED CARE FOR OLDER PEOPLE

AGE-FRIENDLY ENVIRONMENTS

Facilitator Guide: Module 06



WHO / Blink Media - Juliana Tan

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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. The ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style.




Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Draft Version for field testing

Module 6: Age-Friendly Environments

	Session Title:	Age-Friendly Environments
	Timing:	15 min
	Session Objectives:	<ul style="list-style-type: none">• Define age-friendly primary health care (PHC) and understand its importance.• Describe the challenges faced in providing care for older adults in PHC centres.• Explain the fundamental principles for developing age-friendly PHC, focusing on information, education and training, community-based health care management systems, and the physical environment.• Identify the design considerations necessary for creating age-friendly PHC.• Discuss the guidelines for the design, placement, and personnel identification signage in PHC centres.

Age-Friendly Environments



Time: 15 min



Do:

- *Formal welcome*
- *Introduction of facilitator*



Show: Slide 1



Say:

Welcome to the module on Age-Friendly Environments. Age-friendly environments allow people to age well, contribute and enjoy independence. In particular, let's explore how to make our PHC centres truly age-friendly. By the end, you'll:

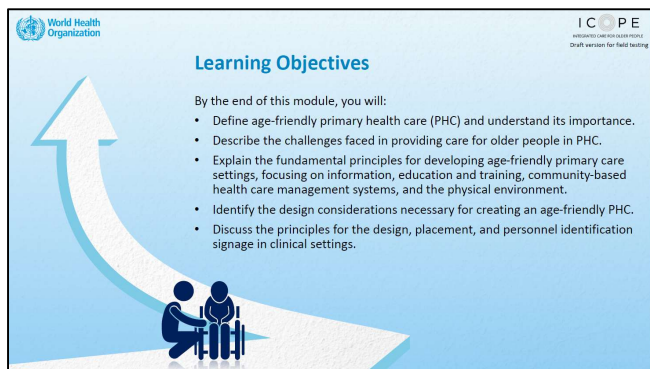
- Define age-friendly Primary Health Care (PHC) centre and its importance.
- Understand challenges in older people care.
- Learn principles for age-friendly PHC development.
- Identify design considerations.
- Discuss guidelines for signage.

Let's begin!

Learning Objectives



Show: Slide 2



Say:

Throughout this module, we'll be exploring various aspects of age-friendly environments, in particular focusing on the primary health care setting. By the end, you will be able to:

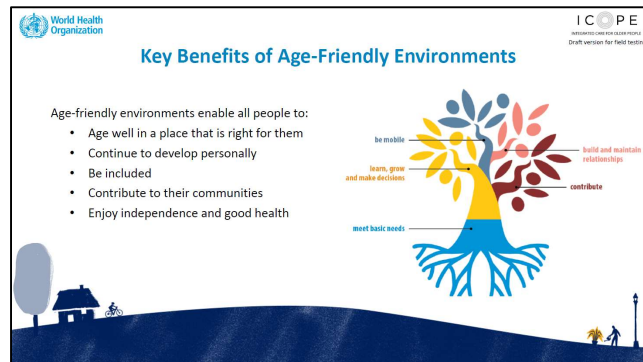
1. Define what constitutes age-friendly primary health care and understand its necessity.
2. Describe the challenges encountered in providing care for older people within primary health care centres.
3. Explain the overarching principles guiding the development of age-friendly primary health care, focusing on information dissemination, education and training, community-based health care management systems and optimising the physical environment.
4. Identify key design considerations necessary for creating age-friendly primary health care facilities.
5. Discuss guidelines for designing, placing and identifying personnel signage within primary health care centres to enhance accessibility and inclusivity.

Together, we'll explore these topics to better understand and implement age-friendly practices within our primary health care settings.

Key Benefits of Age-Friendly Environments



Show: Slide 3



Ask:

Have you ever wondered what it truly means to create age-friendly environments? What exactly do age-friendly environments enable people to do?



Say:

Let's understand the key benefits of age-friendly environments. Age-friendly environments enable people to:

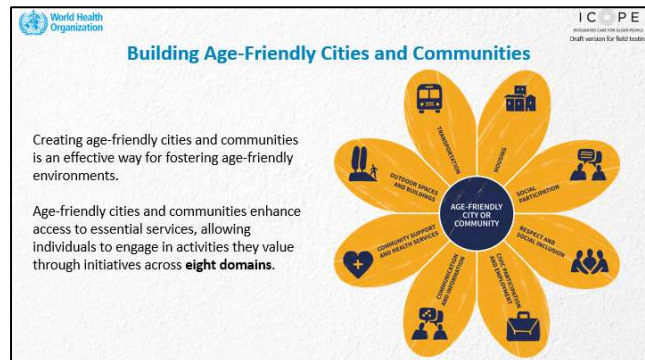
- Age well in a place that suits their needs.
- Continuously develop personally.
- Feel included in their communities.
- Contribute actively to society.
- Enjoy independence and maintain good health.

By fostering age-friendly environments, we create spaces where everyone can thrive, regardless of age.

Building Age-friendly Cities and Communities



Show: Slide 4



Say:

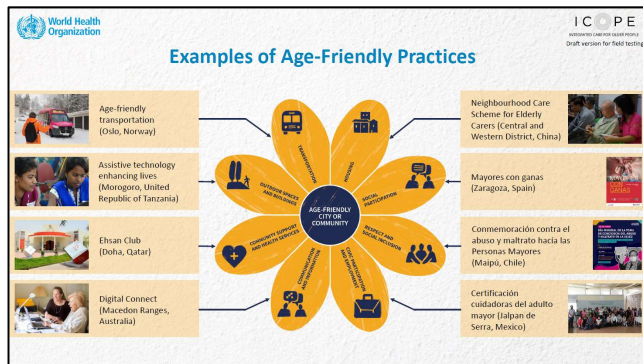
Now, let's discuss the overarching importance of building age-friendly cities and communities. It's a proven strategy to create environments that support people of all ages. Age-friendly cities and communities enhance access to essential services and enable people to do what they value most. This is achieved through actions across eight key domains.

1. Transportation
2. Housing
3. Social participation
4. Respect and social inclusion
5. Civic participation and employment
6. Communication and information
7. Community support and health services
8. Outdoor spaces and buildings

Examples of Age-Friendly Practices



Show: Slide 5



Say:

Now, let's take a look at some examples of age-friendly practices, one per each domain, from around the world. These initiatives represent some of the many innovative approaches that have been developed to create environments that support older people. Feel free to obtain more details on these experiences further at your convenience (*you may provide some information about one or two examples of your choice*):

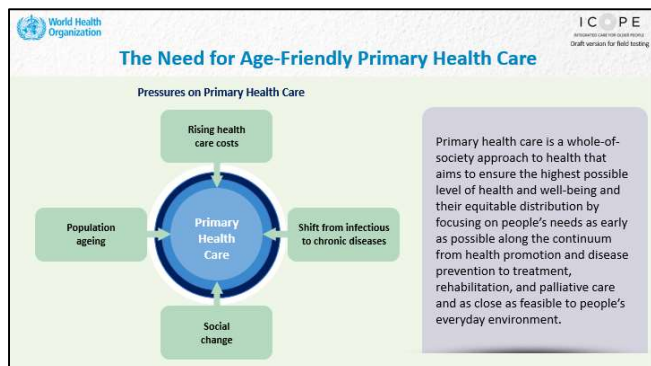
1. [Age-friendly Transport in Oslo](#)
2. [Assistive Technology Enhancing Lives](#)
3. [Ehsan Club: Centre for Elderly Empowerment & Care](#)
4. [Digital Connect](#)
5. [JCAFC Neighbourhood Care Scheme for Elderly Carers](#)
6. [Mayores con Ganas](#)
7. [Commemoration Against Abuse and Mistreatment of Older Persons](#)
8. [Programa de Certificación a Cuidadoras del Adulto Mayor](#)

More resources are available at the “Age-friendly World” platform, co-produced by the World Health Organization with members and affiliates of the Global Network for Age-friendly Cities and Communities.

The Need for Age-Friendly Primary Health Care



Show: Slide 6



Say:

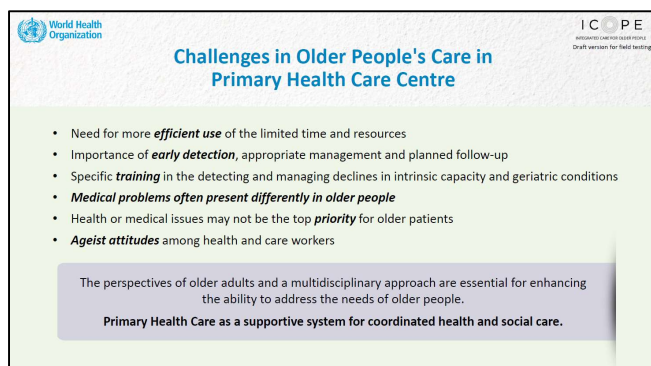
Let's delve into the necessity for age-friendly primary health care. Primary health care is facing various pressures, including rising costs, the need to shift focus from infectious to chronic diseases, societal changes and population ageing.

Primary health care embodies a comprehensive approach to health, aiming to promote well-being, prevent illness and provide a continuum of care from health promotion to palliative care. It's designed to address people's needs as early and as closely as possible to their everyday environment, ensuring equitable access to health and well-being for all.

Challenges in Older People's Care in Primary Health Care Centre



Show: Slide 7



Say:

Let's address the challenges in providing care for older people within primary health care centres. These challenges stem from various factors, including the need for more efficient use of limited time and resources, the importance of early detection and appropriate management, and the necessity for specific training in geriatric conditions diagnosis and management.

In most primary health care centres, it's always busy with health and social care workers often short on time and resources. Hence, it's crucial to optimise the limited resources for efficient care delivery. Early detection, intervention and planned follow-up can prevent many adverse outcomes, highlighting the critical role of proactive care.

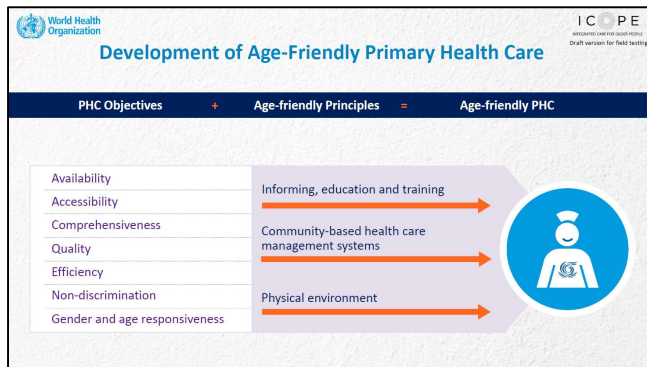
Specific training is today needed to address the heterogeneous priorities of older persons, which require tailored approaches to diagnosis and management. The identification of older people's priorities is frequently challenging for healthcare providers, as the needs may not reside within the traditional perimeter of medical issues. Hence, it's vital to consider the perspectives of older people and involve them in care planning. Furthermore, community-based primary health care centres serve as an ideal platform to integrate health and social care, holistically addressing the diverse needs of older people.

Unfortunately, there's often a lack of involvement of older people in the design of care services, and frontline providers' experiences are seldom consulted to drive system improvements. Incorporating the views of older people and input from multidisciplinary teams is crucial to promoting age-friendly community health centres and enhancing their capacity to serve the needs of individuals and communities effectively.

Development of Age-Friendly Primary Health Care



Show: Slide 8



Ask:

How can we ensure that our primary health care centres are truly age-friendly?



Say:

The development of age-friendly primary health care centres is a crucial step towards ensuring equitable and inclusive healthcare. By aligning primary health care centre objectives with age-friendly principles, we can create environments that cater to the diverse needs of older people.

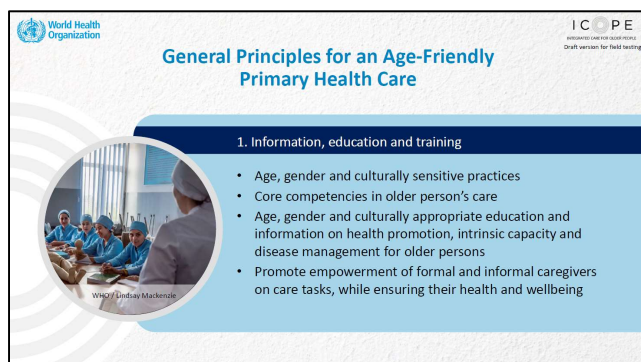
Primary health care centres should prioritise availability, accessibility, comprehensiveness, quality, efficiency and non-discrimination in their services. These objectives form the foundation for age-friendly primary health care centres.

These objectives align with the key principles of 1) informing, education and training, 2) community-based health care management systems, and 3) ensuring a supportive physical environment with accessibility features. The respect of the PHC Centre objectives and principles allows the enhancement of its effectiveness and promotion of inclusivity. Let's work towards integrating these key concepts into our centres to better serve older people in our communities.

General Principles for an Age-Friendly Primary Health Care



Show: Slide 9



Say:

Let's discuss the general principles for creating an age-friendly primary health care environment.

Firstly, it's essential that all PHC staff receive basic training in age, gender and culturally sensitive practices, addressing knowledge, attitude and skills. Clinical staff should also be equipped with core competencies in older people's care.

Furthermore, PHC centres must provide age, gender and culturally appropriate education and information on health promotion and disease management for older persons and their caregivers. This empowers individuals to take charge of their health while ensuring their caregivers' well-being.



Show: Slide 10



Say:

Next, let's explore the principles for community-based health care management systems in an age-friendly primary health care setting. It's crucial to adapt administrative procedures to meet the unique needs of older persons, especially those with low education or cognitive impairments.

We must ensure access to care without financial burden, making our systems cost-sensitive for low-income people. Supporting a continuum of care, both within the community and between different care levels, is essential.

Furthermore, coordination of care services and the implementation of participatory decision-making mechanisms involving all stakeholders, including older people, are vital. Let's prioritise these principles to create a seamless and inclusive health care environment for our communities.



Show: Slide 11



Say:

Now, let's focus on the physical environment of our primary healthcare centres. The common principles of Universal Design should be applied to the physical environment of the PHC facility whenever practical, affordable and possible.

It's essential to ensure safe and affordable transport options for all, including older people, leveraging community-based resources when possible.



Within the centre, simple signage and easily identifiable staff help personalise the experience for patients. The PHC facility should have good lighting, non-slip surfaces, stable furniture and clear walkways for safety and accessibility.

The PHC facilities should be clean and comfortable facilities, including waiting areas.

Design Considerations for Primary Care Settings



Show: Slide 12

  Draft version for field testing	
Design Considerations for Primary Care Settings	
Ramps	If the entrance has steps, it also needs to have a ramp.
Handrails or grab bars	They enable a person to walk and move around safely and independently. Ideally, they should consist of two layers. Additionally, these layers protect the walls, especially the painted areas.
Floor plans	Rooms should be organised so that older persons can access services with minimal stress and movement.
Doors	The doors should be wide enough without any threshold for easy movement.
Toilets	Toilets should be spacious, and their doors should match the size of other doors.
Steps, stairs and lift	Typically, most primary care facilities have only one ground floor. If there are two or more floors, stairs with handrails, steps, and a lift must be provided.
Before occupying the building, evaluate the facilities with a checklist (e.g., an access audit). A trained nurse or primary care worker may conduct the audit annually.	



Say:

Let's discuss the design considerations outlined in this slide for primary health care environments.

Firstly, if there are steps at the entrance, we need to ensure a ramp is also available.

Handrails or grab bars are important for safety and independence in moving around the facility. Ideally, we should have them in two layers to protect the walls.

When planning the layout of the facility, it's crucial to prioritise easy access, especially for older people.

Wide doors without thresholds are necessary for smooth movement inside the facility.

Toilets are often overlooked but need to be spacious and have doors as big as other doors in the facility.

For buildings with multiple floors, stairs with handrails, steps and lifts are essential.

Before occupying the building, it's a good idea to evaluate the facilities using a checklist, like an access audit, to ensure everything meets the needs of all people.

Recommendations for Inside and Outside Signage for a Primary Health Care Centre



Show: Slide 13



Say:

There are also recommendations for inside and outside signage for a primary health care centre.

When designing signage, it's important to use non-glare finishes and ensure that characters contrast well with their background. Letters should be large and easy to read, and displays should be simple and straightforward.

It's also beneficial to incorporate community-familiar pictures and use colour effectively to emphasise key points. Handmade signs should be made with a heavy black felt-tip pen on a light, non-glossy background.

For building directories, non-glare glass should be used, and Braille signage should be provided as per local regulations.

Lastly, maintaining a welcoming tone in messages, including 'please' and 'thank you' where appropriate, helps create a positive atmosphere.

Let's keep these recommendations in mind as we move forward with signage design.



Show: Slide 14



Say:

Now, let's talk where signages should be placed.

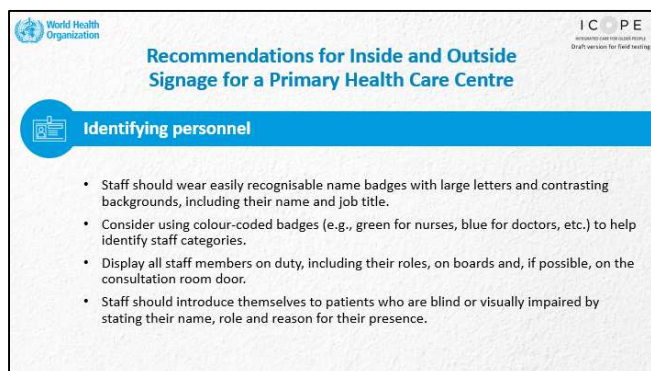
It's crucial to place all signs at eye level with large lettering for visibility. Outside the building, signs should identify accessible facilities. Inside, signs should be installed in main lobbies or traffic routes to indicate the centre's location.

Signs should also be placed in accessible areas throughout the building, not just at specially designed toilets. Establishing a consistent, user-friendly room numbering system is essential. Consider including floor numbers in multi-floor buildings.

Directional signs should be displayed at changes of direction, and emergency exits must be clearly marked.



Show: Slide 15



Say:

Now, let's discuss how we identify personnel at the primary health care centre.

Staff should be easily identifiable using name badges and name boards. These badges should have large letters on a contrasting background and state the person's name and job title.

To assist those who cannot read, name badges can be colour-coded based on staff categories, such as nurses in green and doctors in blue.

Name boards in the central area should list all staff members' names and job titles, including the receptionist on duty that day. Additionally, if possible, the names of the doctor and nurse on duty should be displayed on consultation room doors.

When interacting with patients who are blind, deaf-blind, or visually impaired, staff should initiate introductions by addressing the patient's name and always identify themselves by name, function and the reason for their presence.

Ensuring clear and consistent identification helps create a welcoming and accessible environment for all patients.

Summary



Show: Slides 16, 17, and 18

World Health Organization | ICOPÉ
Integrating Care for Older People
Draft version for field testing

Summary

- Make primary care settings affordable and accessible for all ages by incorporating feedback from older adults and care providers to create age-friendly health centres.
- Optimize resources in primary care for the early detection and management of intrinsic capacity declines and geriatric issues.

World Health Organization | ICOPÉ
Integrating Care for Older People
Draft version for field testing

Summary

- Principles of Age-Friendly PHC Centers:
 - Focus on training health and care workers at primary care and implementing patient education
 - Adapt primary care facilities to meet the needs of older adults and ensure continuity of care
 - Create clean and comfortable environment using Universal Design principles

World Health Organization | ICOPÉ
Integrating Care for Older People
Draft version for field testing

Summary

- Ensure PHC facilities are accessible and safe for older adults with features like ramps, handrails, organised layouts, wide doors, and spacious restrooms for multi-floor access.
- Improve communication in primary care with clear Braille signage and visible name badges for staff, using colour-coded roles for easy identification.



Do:

Go through the slides and recap the points discussed during the session.

References



Show: Slides 19



Here are some references to essential publications or websites.