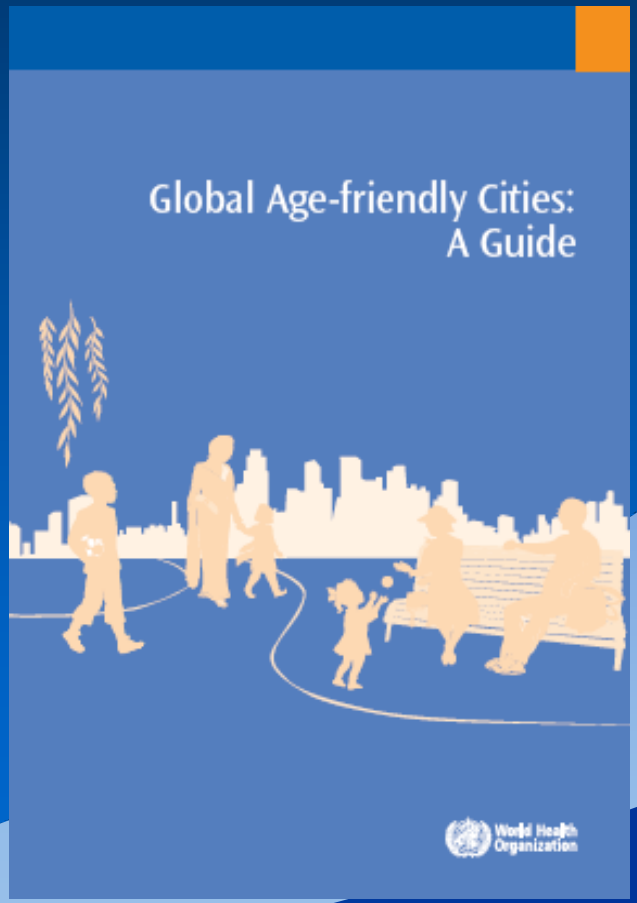
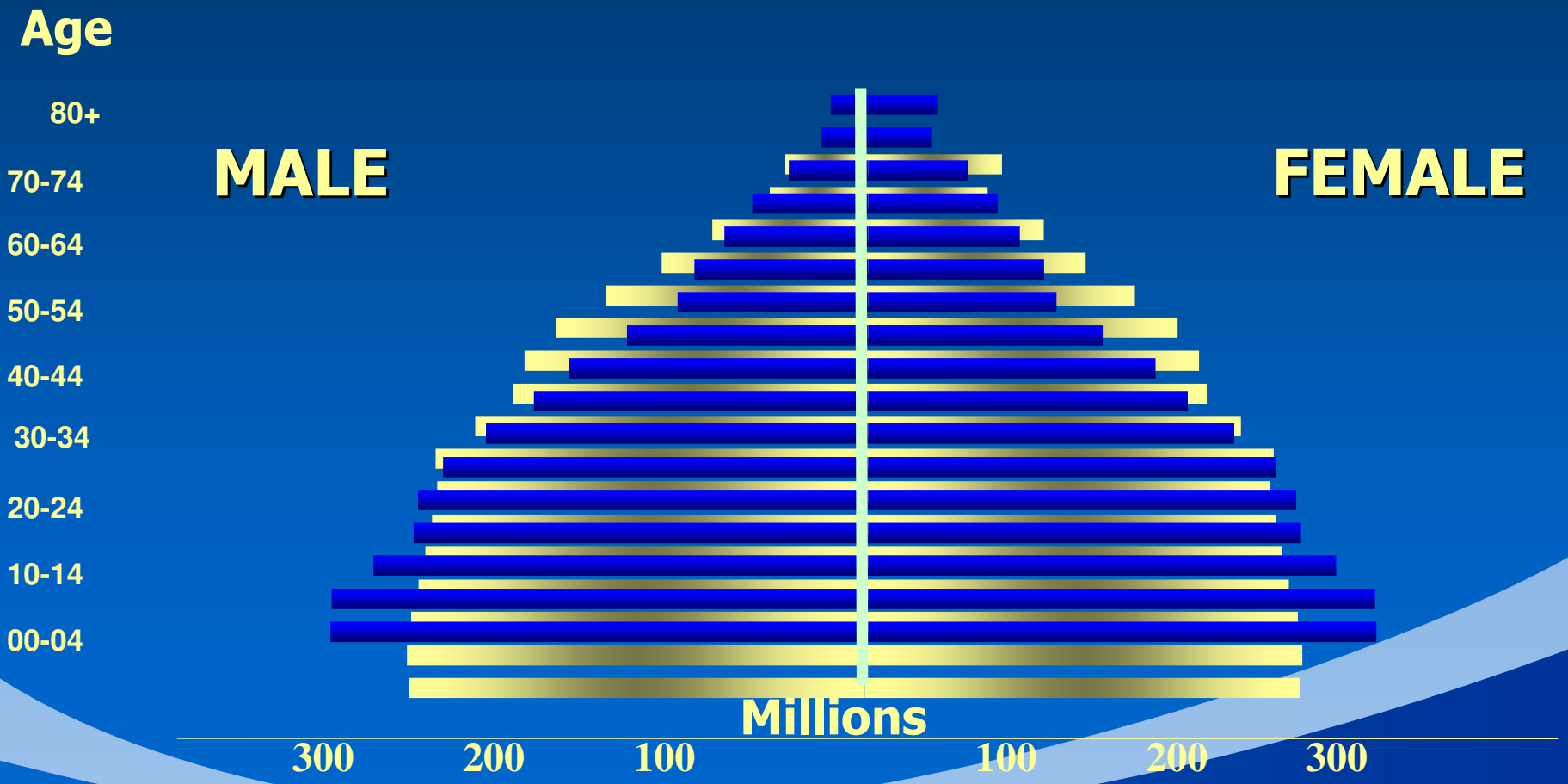
WHO Approaches to Age-friendly settings

Dr Alexandre Kalache
Senior Advisor on Global Ageing
New York Academy of Medicine
International Center for Policies on Ageing



The world population is ageing

Population Pyramid in 1995 and 2025



UN Population Division, 1998 Revision

The population in developing countries is fast increasing – particularly the aged

Population (in billion)	2000	2025	2050
Total	6.0	7.8	8.9
More developed countries	1.2	1.2	1.2
Less developed countries	4.7	6.6	7.8
60+	0.6	1.2	2.0
More developed countries	0.2	0.3	0.3
Less developed countries	0.4	0.9	1.7

Active Ageing:

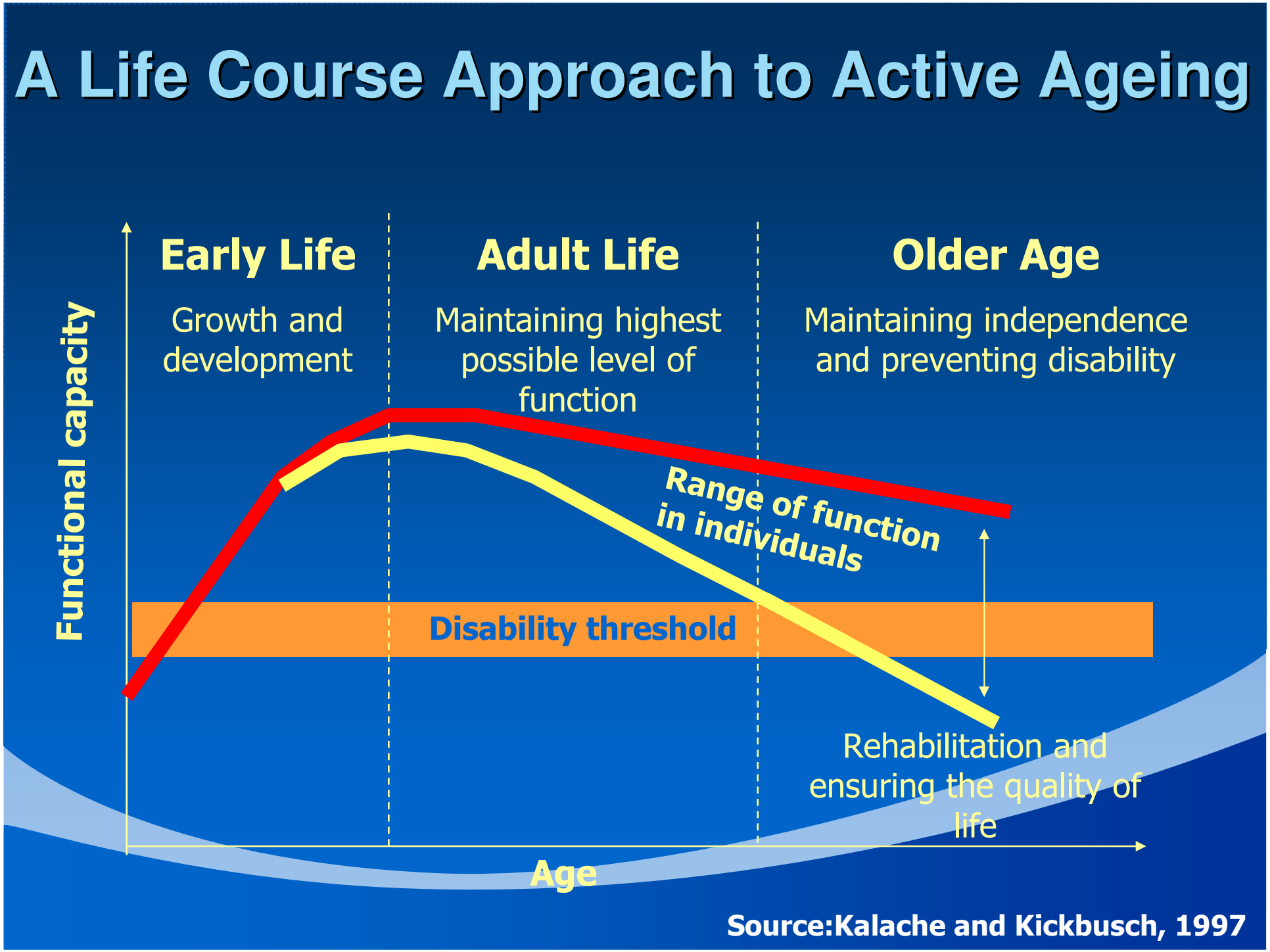
A Policy Framework

The WHO definition

"Active ageing

is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age"

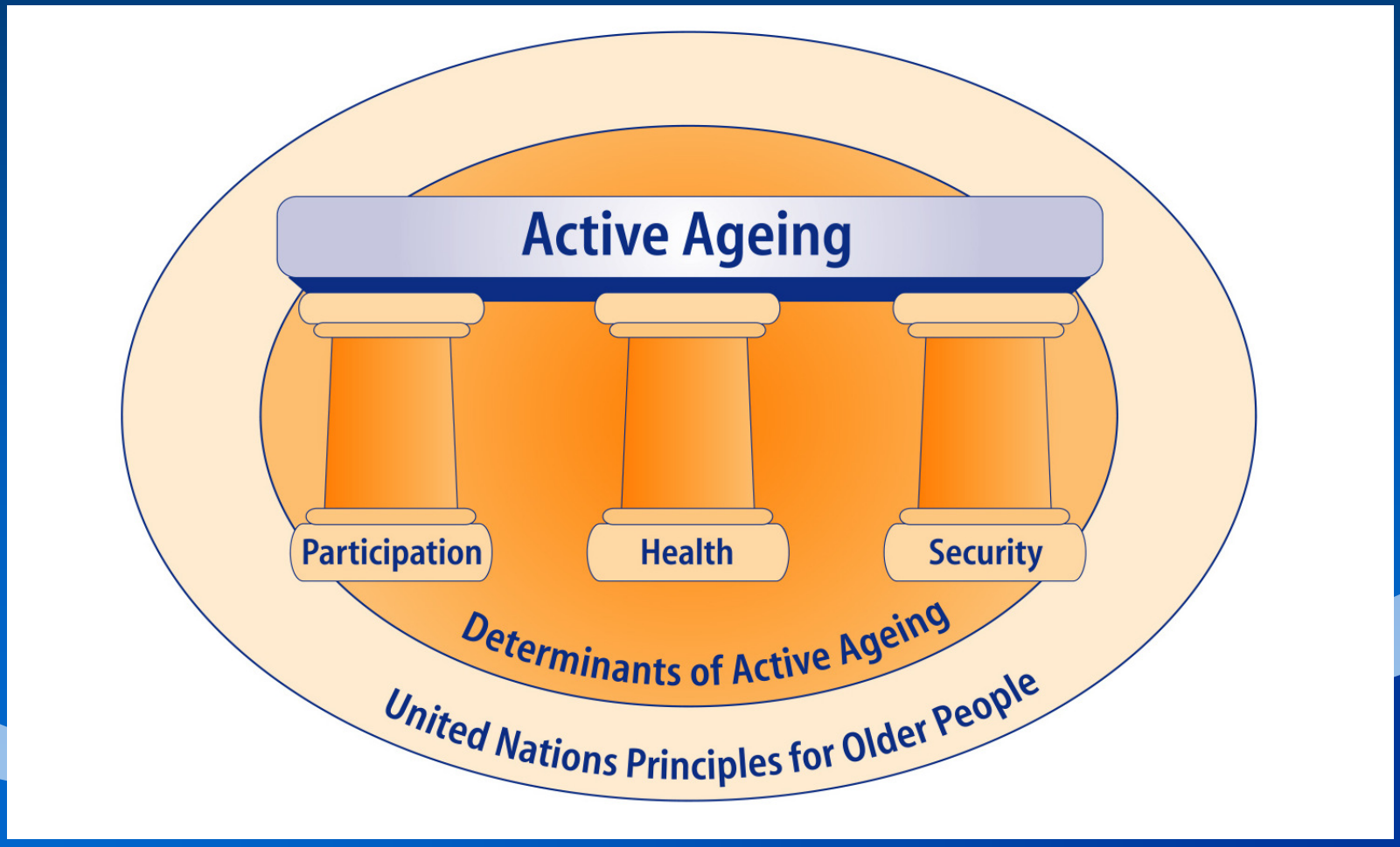
A Life Course Approach to Active Ageing



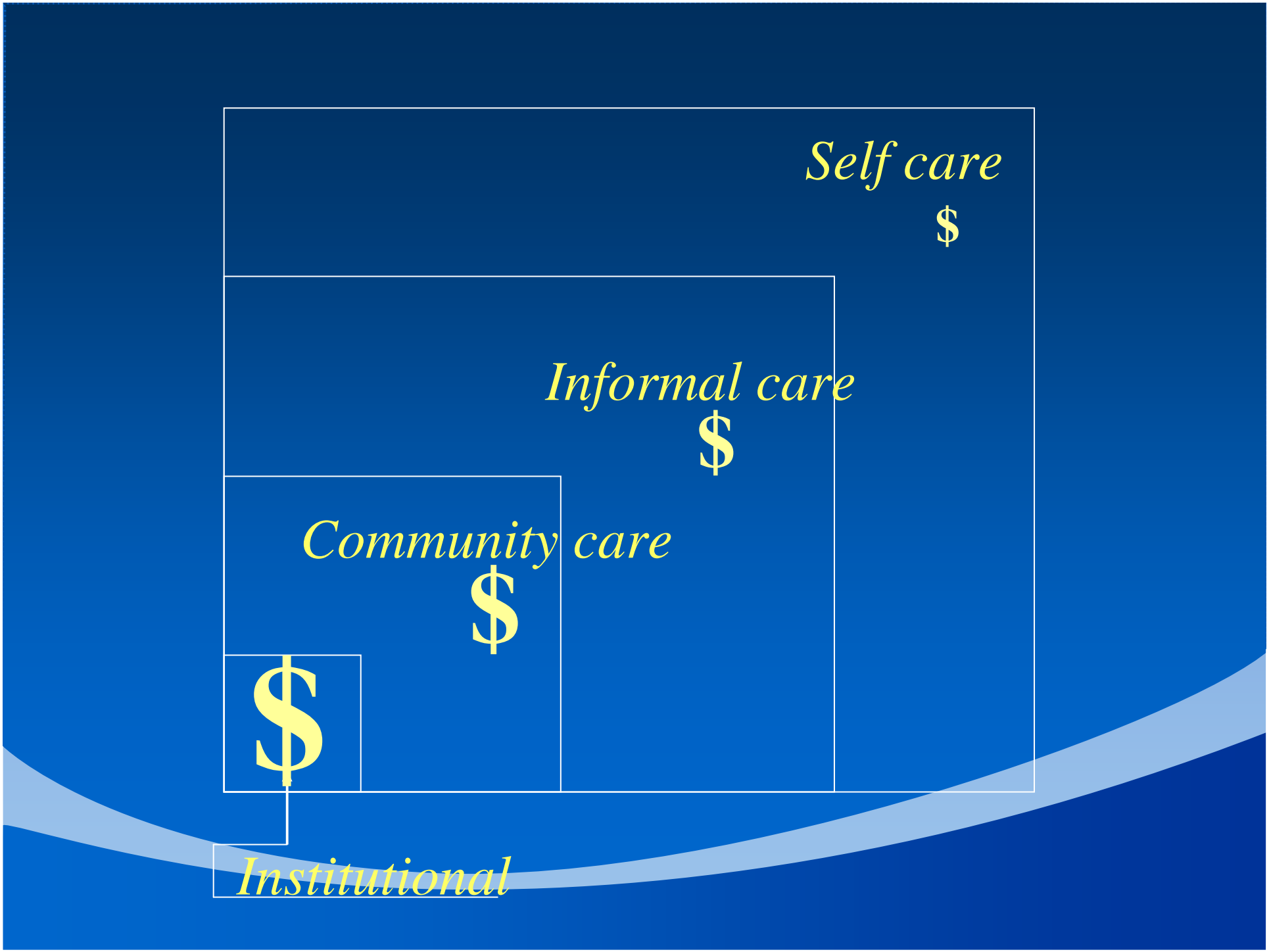
Source:Kalache and Kickbusch, 1997

Determinants of Active Ageing

The three pillars of a policy framework for Active Ageing

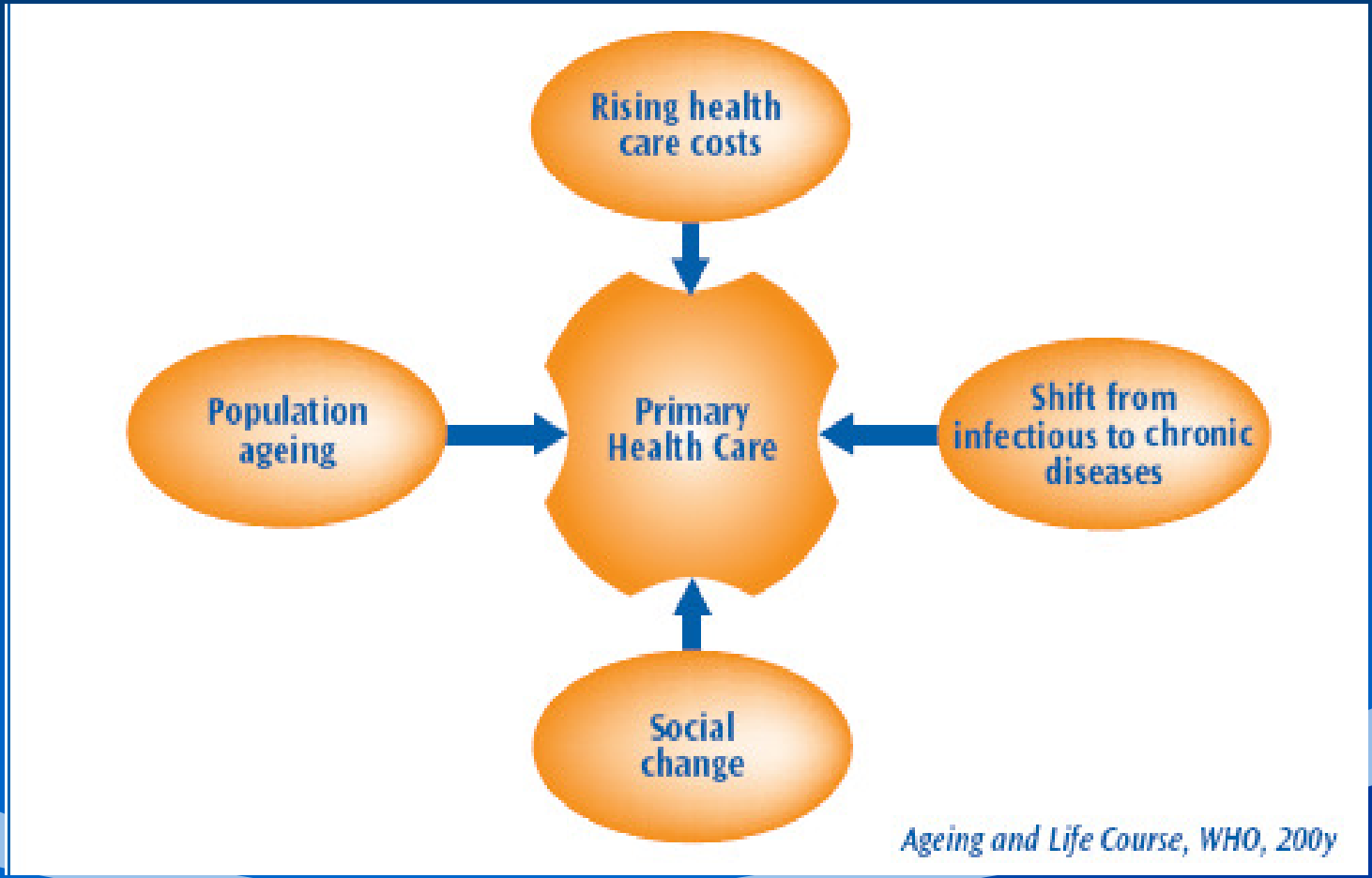


Self care
Informal care
Community care
Institutional


Self care
$
Informal care
$
Community care
$
$
Institutional

Active Ageing Determinants

The need for Age-friendly Primary Health Care



WHO main staircase

Age-friendly PHC project

Project Goal

- To enable and empower older people as they age to remain…
  - Active
  - Productive and
  - Independent for as long as possible
- through increasing accessibility, responsiveness and comprehensiveness of community-based health care

Objectives for Age-friendly PHC centres

- To minimise barriers to care
- To promote age friendly attitudes and services
- To ensure comprehensiveness of community-based health care services
- To increase geriatric knowledge and skills of community-based health care staff
- To support coordination and linkages with other community-based groups, services, and family

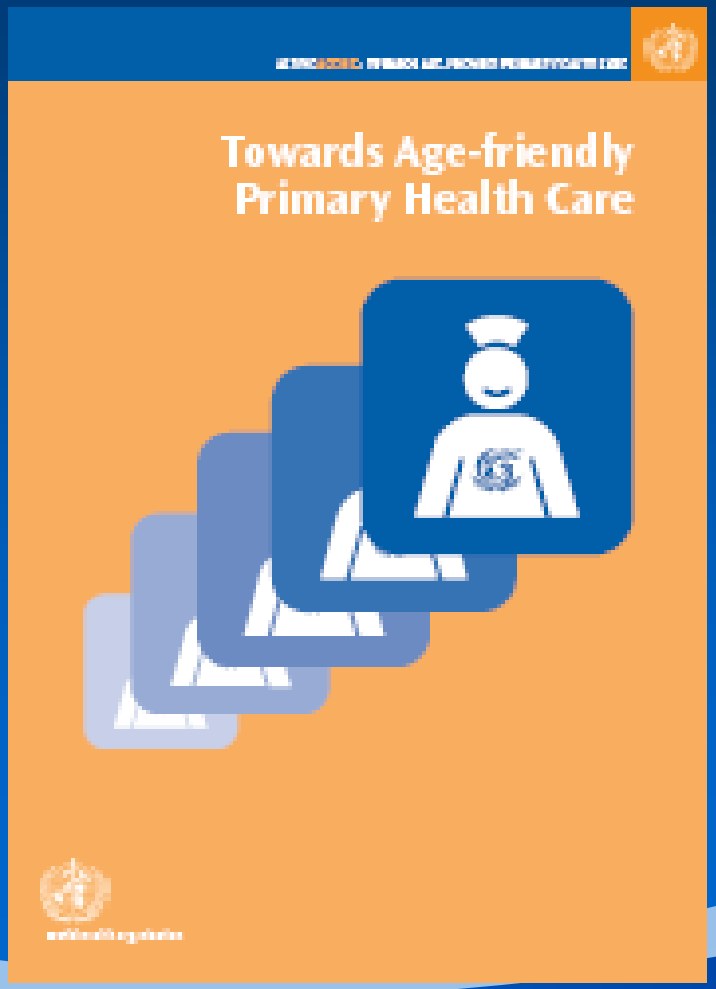
Key stages

- **Stage I**: to identify a set of general age-friendly principles to make primary health care centres more age-friendly
- **Stage II**: to develop and pilot the Age-friendly PHC centre Toolkit to support the implementation of the "Age-friendly Principles for PHC Centres" by PHC centres
- **Stage III**: to compile a final toolkit for the implementation of the "WHO Age-friendly Principles for PHC Centres" in a variety of settings throughout the world

Identifying age-friendly principles

- 44 focus groups in five countries with users and providers were conducted
- Interdisciplinary expert group
- Consensus on general principles for age-friendly community-based health care

Stage I: ***Age-friendly Principles***



were developed and widely circulated

General principles in three general areas

1. Information, education and training

Attitudes:

"***Just look at the nurse's face, you don't want to ask questions"*** (older person, Jamaica)

"They are miserable and difficult and set in their ways" (provider, Philippines)

Training

"She listens; she treats me as an equal..we discuss things; she gives me choices…the freedom to make choices is what I want." (older person, Canada)

"Doctor sit me down and explain how dangerous it was. No doctor ever do that before. She explains that if I do not change my habits I will go to insulin." (older person, Jamaica)

2. Management Systems

Cost:

"***I had to leave some of the prescription because I didn't have enough money, they are too dear and I still haven't gone for them.***" (older person, Jamaica)

"Our services can do more for older people provided the issue of payment is tackled." (provider, Malaysia)

Not enough time:

"I was amazed at the short interviews so I started timing them, two and a half minutes…" (older person, Australia)

"Lack of time would not be a barrier if there was a system that helps the general practitioner recall the elderly patient's past records." (provider, Malaysia)

3. The Physical Environment

_Unclean and uncomfortable facilities:

"They need to put a bench with a cushion, not the old concrete thing… and open the bathroom." (older person, Jamaica)

"One of the gentlemen had a stroke and can not sit for very long…we cannot manage to lift him and we do not have a wheelchair ." (provider, Jamaica)

Distance and transport:

"I don't go. I need somebody to take me. Children are all working.I don't want to bother them." (older person, Malaysia)

"Transport is a big issue because if you have someone who was coughing and had incontinence, how could she catch the bus and get down to see me?" (provider, Australia)

Developing Age-friendly PHC Centres

PHC Centre Objectives + Age-friendly Principles = Age-friendly PHC Centre

- Availability
- Accessibility
- Comprehensiveness
- Quality
- Efficiency
- Non-discrimination
- Gender and age responsiveness

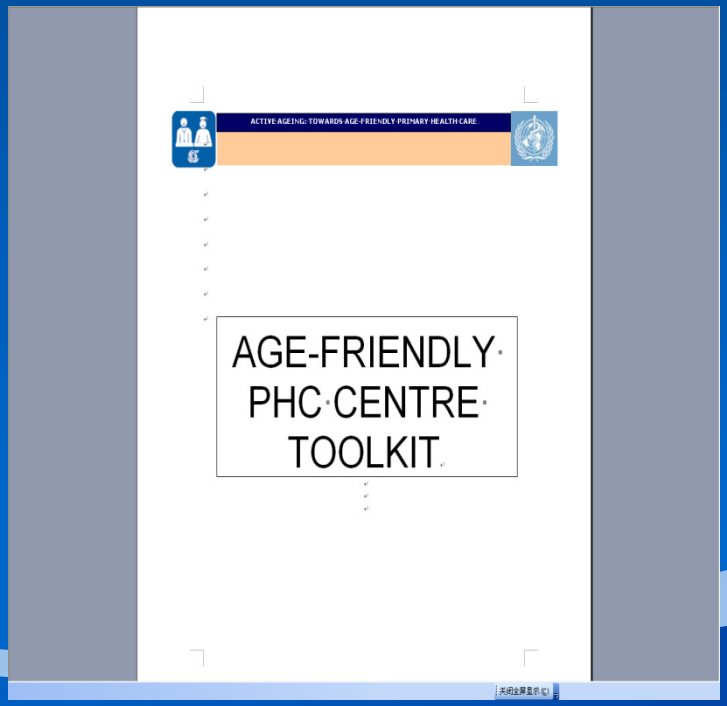
→ Information, education and training

→ Community-based health care management systems

→ Physical environment and accessibility

Ageing and Life Course, WHO, 200y

Stage II: to develop and pilot the Age-friendly PHC centre Toolkit on how to become an age-friendly primary health care centre



CONTENTS

SECTION I Introduction
Overall Introduction to the toolkit 1

SECTION II A Quick Guide for Facilitators
A Quick Guide for Facilitators/Coordinators for Toolkit Pilot 3

SECTION III General Principles Referring to Information, Education and Training
Introduction to Section III 6
III.1 Age Sensitisation Exercise and Ageing Attitude Check 7
III.1.1 Lesson Plan 7
III.1.1 Lesson Plan 8
III.1.2 Exercise 11
III.1.3 Handouts 12
III.1.4 Additional reading materials 14
III.1.5 Training requirements 14
III.2 Communication with Older Persons 15
III.2.1 Lesson Plan 16
III.2.2 Exercise 17
III.2.3 Handouts 21
III.2.4 Supplemental materials 24
III.3 Age-Friendly Health Promotion 25
III.3.1 Recommendations on Preventive Services for Older Adults 26
III.3.2 General Guidelines to Consider When Providing Clinical Counselling 28
III.3.3 The 5 A's Organizational Construct for Clinical Counselling 29
III.3.4 Basics of Smoking Cessation Counselling 33
III.3.5 Basics of Physical Activity Counselling 35
III.3.6 Basics of Nutrition Counselling 39
III.4 Core Competencies of Geriatric Clinical Assessment and Key Clinical Management Approaches 43
III.4.1 Clinical Assessment and Key Management Approaches for Four Geriatric Giants 45
Geriatric Giant 1: Memory Loss 48
Geriatric Giant 2: Urinary Incontinence 61
Geriatric Giant 3: Depression 65
Geriatric Giant 4: Falls/immobility 72
III.4.2 Clinical Assessment and Key Management Approaches for two Major Chronic Diseases 82
III.4.2.1 Management of Hypertension 82
III.4.2.2 Management of Diabetes 89

CONTENTS

SECTION IV General Principles referring to Community-based Health Care Management Systems

Introduction to Section IV 93
IV.1 Organizing Services for an Age Friendly Centre 94
IV.2 Patient Care Coordinators 96
IV.3 Age-Friendly Appointments 97
IV.3.1 Introduction 97
IV.3.2Suggested Flowchart Summarising the Proposed Age-Friendly Appointment System 99
IV.3.3 Special Considerations for Making an Appointment 101
IV.3.4 Checklist of Task and Skills for Age-Friendly Appointment 103
IV.3.5 Reminders & Reinforcements 104
IV.3.6 Before and After the Appointment 104
IV.3.7 Specific Consulting Times 105
IV.3.8 Follow-up System 106
IV.3.9 Bibliography 107
IV.4 Directory for Community-based Services for Older People 109
IV.5 Referral System between the Primary Health Care Centre and the Hospital 110
IV.6 Privacy Guidelines for Confidential Examinations and Consultations 111
IV.7 Questionnaire on Personal Medical Record 112

SECTION V General Principles Referring to the Physical Environment

Introduction to Session V 113
V.1 Why Need Age-Friendly PHC Centre 114
V.2 Universal Design-Design for User Friendly PHC 115
V.2.1 The Principles of Universal Design 115
V.2.2 Design Considerations 117
V.2.3 PHC Access Audit Check List 121
V.3 Guidelines for Signage inside and outside Primary Health Cenre 125

APPENDICES

Appendices: Core Competencies-Patient Education Handouts 127
Appendix 1 … Memory Loss: Patient Education Handouts 127
Appendix 2 … Urinary Incontinence: Patient Education Handouts 133
Appendix 3 … Depression: Patient Education Handouts 144
Appendix 4 … Falls/immobility: Patient Education Handouts 149

Piloting and evaluating of the "Age-friendly PHC centre Toolkit"

- Protocol and evaluation instruments for piloting the toolkit developed by 15 October 2006
- The field work conduced from 16 October 2006 to 30 April 2007
- Six countries participated in the pilot: Brazil, Costa Rica, Jamaica, Singapore, Spain and Turkey

Stage III: to compile a final toolkit for the implementation of the "WHO Age-friendly Principles for PHC Centres"

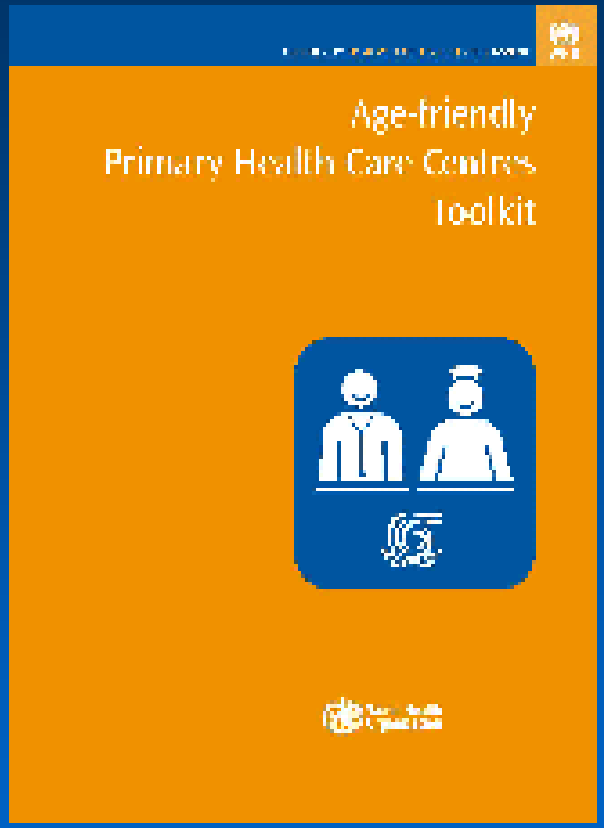
- Final meeting of the coordinators took place in Geneva from 16 to 18 July
- A final version of the toolkit was finalized at this project final meeting

AF PHC Toolkit

WHO partners:

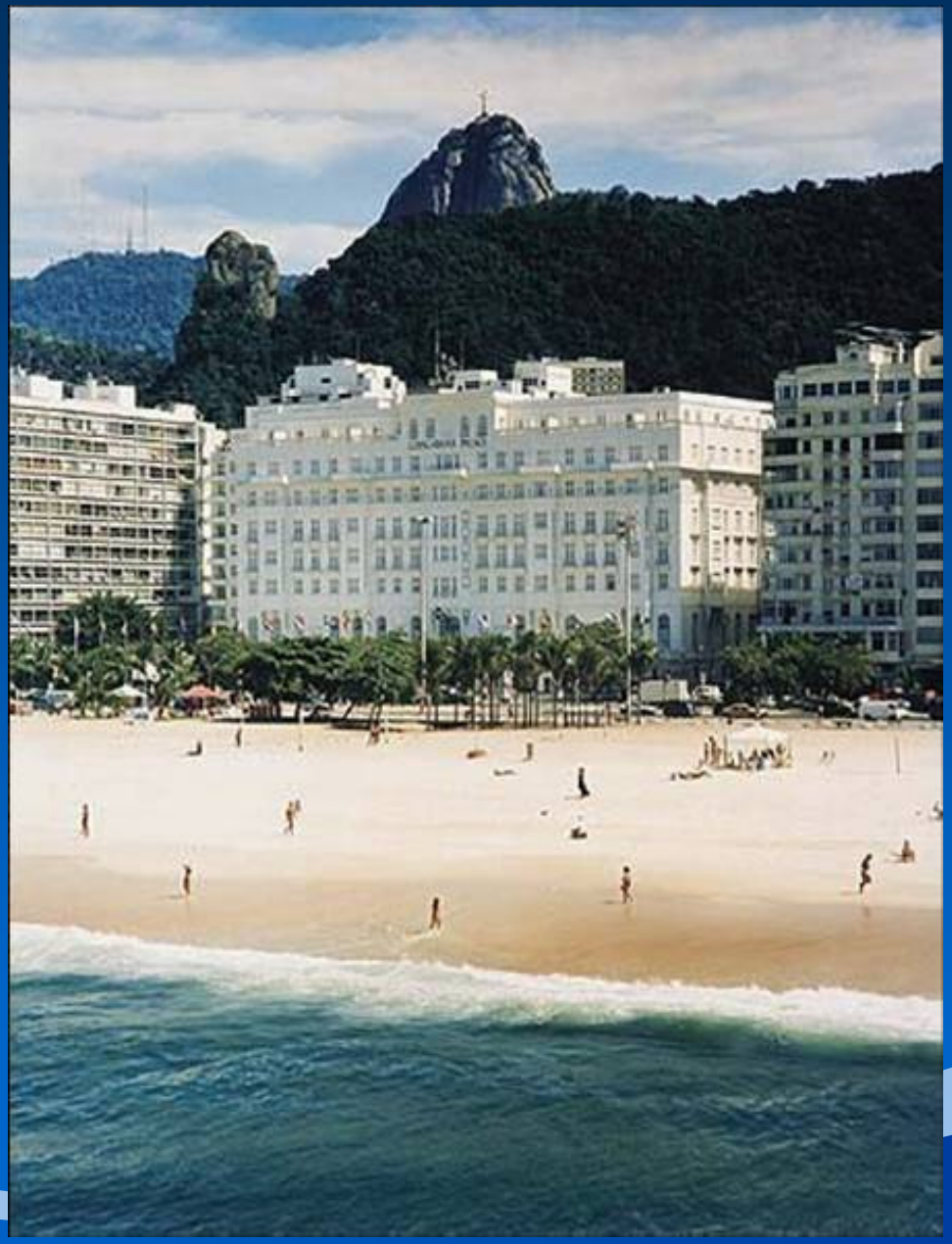
- **TSAO Foundation**
- **HelpAge International**
- **The New York Academy of Medicine**
- **Ministry of Health, France**
- **Ministry of Health, Brazil**
- **Red Cross International**
- **Health Co-op, Japan**
- **Oswaldo Cruz Foundation**
- **Social Security, Costa Rica**

Toolkit is available at:



http://www.who.int/ageing/publications/upcoming_publications/en/index.html

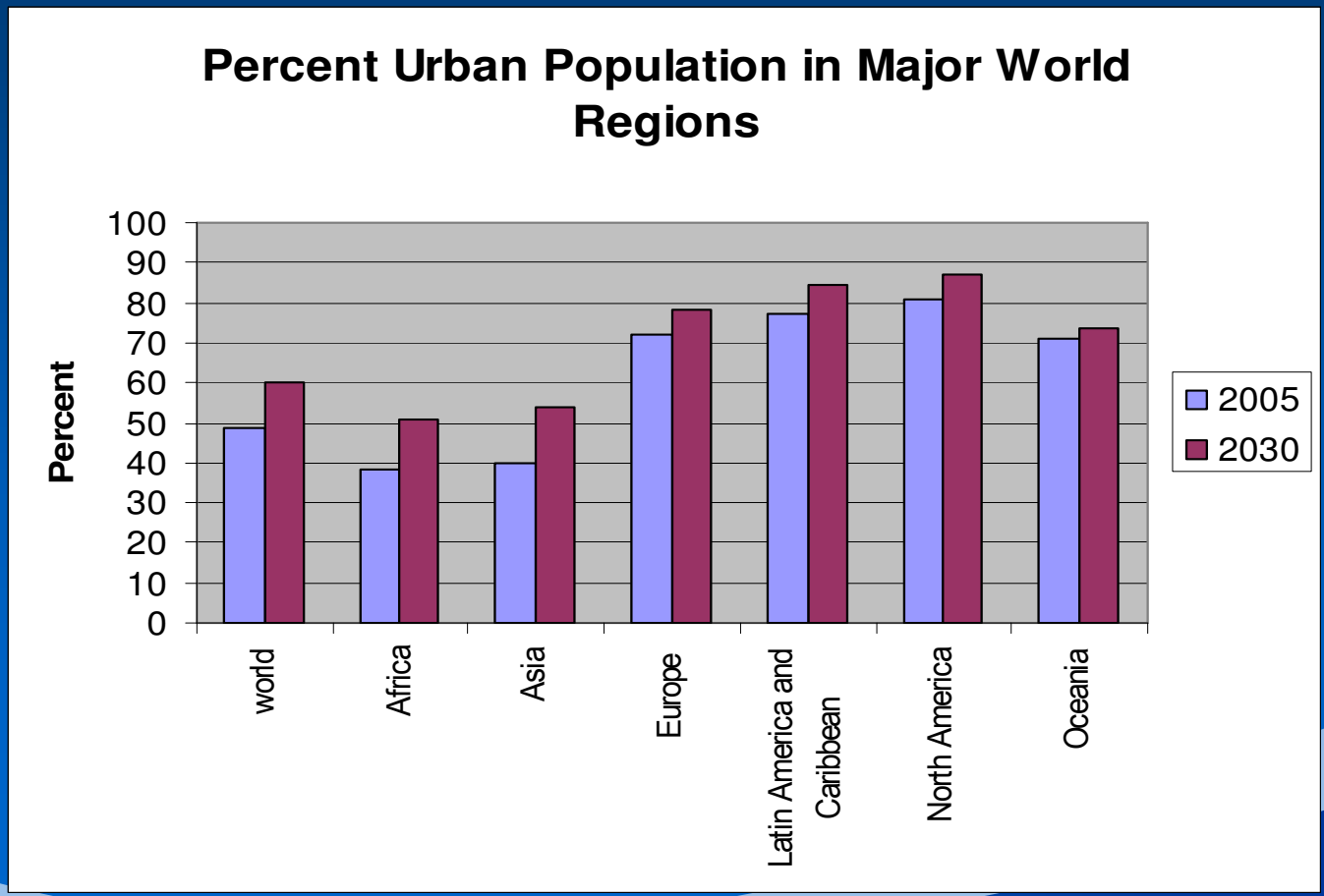
Age-friendly Cities project



Sequence in each city

- Listening to older people's voices
- Analysis by experts
- Workshop with policy-makers

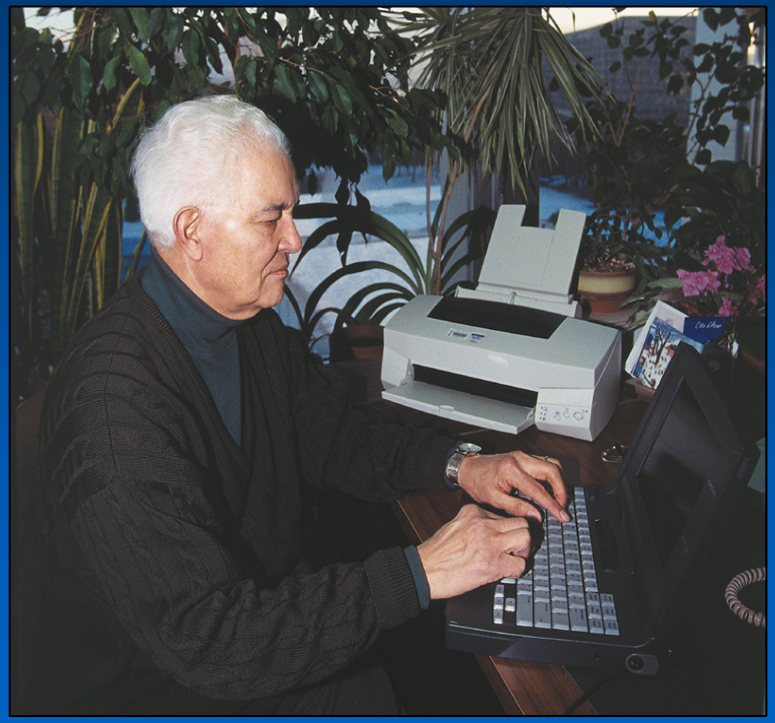
A growing global city



More older people in cities in the developing world

- the number of persons aged 60 + in developing countries will be 9 times greater than now
- the share of older persons living in urban areas will be 16 times greater

Contrasts in urban ageing



What is an Age-Friendly City?

Inclusive and accessible urban environment that promotes active ageing

Figure 6. Age-friendly city topic areas

Age-Friendly Collaborating Cities

AMERICAS
Argentina, La Plata
Brazil, Rio de Janeiro
Canada, Halifax
Canada, Portage La Prairie
Canada, Saanich
Canada, Sherbrooke QB
Costa Rica, San Jose
Jamaica, Kingston
Jamaica, Montego Bay
Mexico, Cancun
Mexico, Mexico City
Puerto Rico, Mayaguez
Puerto Rico, Ponce
USA, Portland

EUROPE
Germany, Ruhr
Ireland, Dundalk
Italy, Udine
Russia, Moscow
Russia, Tuymazy
Switzerland, Geneva
Turkey, Istanbul
UK, Edinburgh
UK, London

AFRICA
Kenya, Nairobi

SOUTH-EAST ASIA
India, Delhi
India, Udaipur

EASTERN MEDITERRANEAN
Jordan, Amman
Lebanon, Tripoli
Pakistan, Islamabad

WESTERN PACIFIC
Australia, Melbourne
Australia, Melville
China, Shanghai
Japan, Himeji
Japan, Tokyo

BC Ministry of Health

An Encompassing and Empowering Research Process

- Identification of structural, organizational, economic, attitudinal barriers
- "Bottom-up" process to develop criteria relevant to older persons

Focus groups with older persons to determine

- *What aspects of the city are "age-friendly"?*
- *What are the barriers and problems?*
- *How can the city become more age-friendly?*

With complementary focus groups with informal caregivers and service providers

Key Findings

No city is perfect

No city is too far behind

Key Findings: Lived Exclusion and Inclusion

"There are few seating areas.. You get tired and you need to sit down " (Melville, AU)

"Cross lights are made for Olympic runners" (Halifax, CA)

Much information is available but finding needed information is complicated (Moscow, Russia)

"As your faculties begin to fade, this kind of thing appears to cause more in terms of stress" (Halifax, Canada)

Structures and spaces

- Seating, toilets, sidewalks, structural barriers
- Clean and green
- Bus drivers and seating
- Reserved Parking
- Accessible, safe and secure
- Appropriate housing, close to services

"We are not going out in the evenings. I don't go anywhere… They might kill you" (Tuymazy, Russia)

"I have my retirement salary but how can I live with this little money?" (Istanbul, Turkey)

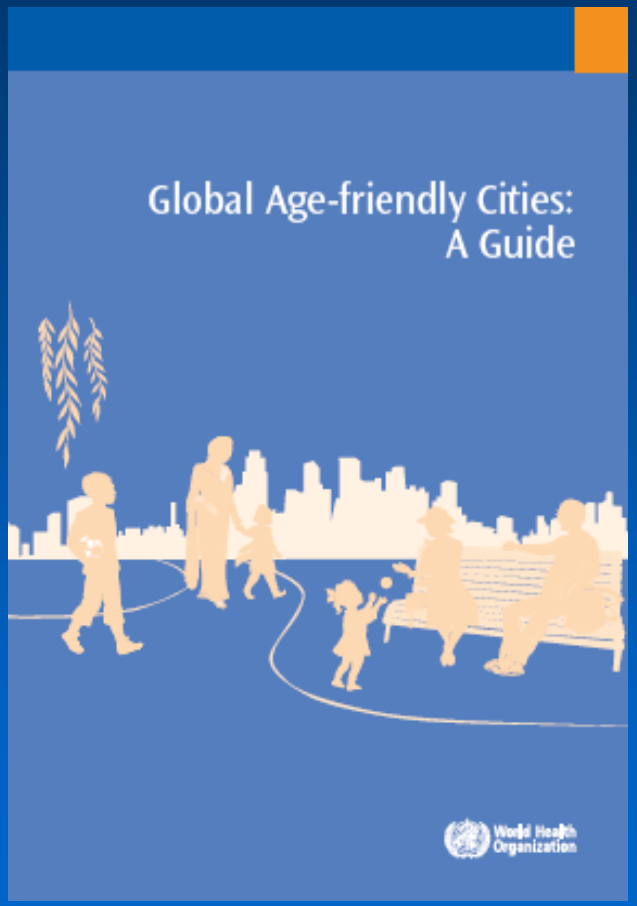
"The doorman is really nice, he looks after 4 people in my building" (Rio de Janeiro, Brazil)

"People would notice if you weren't at mass" (Dundalk, Ireland)

Services, Attitudes and Behaviours

- Affordable
- Close to home
- Considerate, personalized, friendly and flexible
- Reach the hard-to-reach
- Integrates ages, abilities and cultures

The WHO Guide and Checklist



World Health Organization

Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

Outdoor spaces and buildings

- ☐ Public areas are clean and pleasant.
- ☐ Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- ☐ Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- ☐ Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- ☐ Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
- ☐ Drivers give way to pedestrians at intersections and pedestrian crossings.
- ☐ Cycle paths are separate from pavements and other pedestrian walkways.
- ☐ Outdoor safety is promoted by good street lighting, police patrols and community education.
- ☐ Services are situated together and are accessible.
- ☐ Special customer service arrangements are provided, such as separate queues or service counters for older people.
- ☐ Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- ☐ Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

Transportation

- ☐ Public transportation costs are consistent, clearly displayed and affordable.
- ☐ Public transportation is reliable and frequent, including at night and on weekends and holidays.

Beyond the Release of the Guide

- Age-friendly planning and action in collaborating cities
- Dissemination to other countries and communities
- Validation of the Guide
- Age-friendly Rural and Remote Community Guide

Beyond the Release of the Guide (2)

- International age-friendly cities network
  - Age-friendly city best practices inventory
  - Best practice conferences (Essen 2007; Istanbul 2008)
- International age-friendly communities research
  - "Ageing in a foreign land"

The growing presence of older persons in our increasingly urban and globalized world…

Reminds us of our common Humanity.

We must...

Design for Diversity

*And Promote **Solidarity***

Solidarity is the tenderness of peoples,
Jorge Luis Borges

Ageing and Life Course Programme (ALC)
http://www.who.int/ageing/en/

Age-Friendly Cities
http://www.who.int/ageing/age_friendly_cities/en/index.html

Age-Friendly Cities material
http://www.who.int/ageing/age_friendly_cities_material/en/index.html