Age-friendly primary health care (PHC)

Age-friendly recommendations for PHC centers include:

1. making the PHC center accessible through "universal design"
2. making available assistive devices that increase functional capacity
3. providing codes of "age-friendly" conduct for primary health care staff
4. improving general procedures to be followed in the area of social care, i.e. facilitating a smooth transition from acute care centers to home-based care
5. promoting an inclusive approach by focusing on the entire family, including its older members

(WHO, 2017)
Research question

How can we cultivate a culture of “age-friendly” conduct among primary health care staff?
Cultivating a culture of “age-friendly” conduct among primary health care staff – A cross-cultural approach

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Problems identified in PHC centers

1. Limited health care staff (understaffed) → Long queue
2. Lack of staff’s knowledge and skills about gerontology, e.g. younger staff do not know how to handle elderly patient (geriatric care)
3. Lack of staff’s awareness of the accumulation of disabilities experienced by older people
4. No compassion and respect → unwelcoming and less responsive to the specific needs of the elderly patients
5. Lack of spirit of “age-friendliness” in PHC setting
6. Physical barriers such as accessibility (facilities and transportation)
Objectives

1. To identify the **knowledge, attitude and practices (KAP)** of PHC staff in delivering geriatric services
2. To categorize the **needs and concerns** of elderly patients regarding geriatric care in PHC centers
3. To develop a **theoretical model of delivering age-friendly services** in PHC setting based on ground-based theory approach
Fill in the gap
Methods

- Community-based qualitative study
- Interview questionnaires, focus group discussions (otagaisama)

Subjects

- Health care staff
- Elderly patients and their caregiver
Target location

Primary health care settings in
- Thailand
- Indonesia
- Philippines
- Japan

Keywords

- age-friendly, primary health care, health care staff
Timeline

Jan 2018
Finalized protocol

Feb 2018
Submit for ethical approval

Apr – June 2018
Fieldwork
Data collection

July – Aug 2018
Data analysis

Sep – Oct 2018
Writing a manuscript for publication
Presentation in conferences