

MODULE 1

Community & Healthcare



Community & Healthcare

Transportation

Housing

Social Participation

Outdoor Spaces & Buildings

Respect and Social Inclusion

EUROPEAN SENIORS FRIENDLY COMMUNITIES GUIDELINE

MODULE: COMMUNITY AND HEALTH CARE

THEORETICAL INTRODUCTION

Community health care is a vital aspect of public health, focusing on improving the well-being of populations by addressing health disparities, promoting preventive care, and ensuring accessibility to essential health services. It integrates multiple theoretical concepts, including **Primary Health Care (PHC)**, **Social Determinants of Health (SDOH)**, **Health Promotion**, and **Community Participation**.

Primary Health Care (PHC) is a foundational concept emphasising universal access to essential health services, equity, and preventive care. It was formalised in the Alma-Ata Declaration (1978), highlighting the importance of community-based approaches in healthcare delivery.

Social Determinants of Health (SDOH) refers to non-medical factors influencing health outcomes, such as socioeconomic status, education, environment, and access to healthcare services. The WHO identifies SDOH as key contributors to health inequities, requiring interventions beyond clinical settings to ensure holistic care.

Health Promotion involves strategies that empower individuals and communities to take control of their health. The Ottawa Charter for Health Promotion (1986) emphasises enabling, mediating, and advocating for health through policies, education, and community initiatives. Preventive measures such as vaccinations, screening programs, and lifestyle modifications are integral to this concept.





Community Participation is crucial for effective health interventions. Theories like Freire's Empowerment Model emphasise participatory education, where communities actively engage in identifying and solving health issues. The Social Ecological Model also highlights the influence of individual, interpersonal, organisational, and societal factors on health outcomes.

In summary, community health care is a multidisciplinary field that integrates social, economic, and environmental factors to achieve equitable health outcomes. By applying these theoretical concepts, health professionals can design sustainable interventions that improve community well-being.



STATUS QUO

Across Europe, seniors face significant barriers in accessing healthcare services, highlighting a pressing need for more inclusive and senior-friendly systems. Long waiting times, a shortage of medical professionals, and an increasing reliance on digital platforms for appointments create substantial obstacles for older adults who require timely and accessible care. The lack of available doctors, particularly in rural areas, means that many seniors must wait extended periods to receive basic medical attention, impacting their overall well-being.

Furthermore, home-based healthcare services remain largely insufficient, leaving seniors with mobility challenges struggling to reach hospitals and clinics. While aging populations increasingly require medical support at home, current healthcare systems rely heavily on in-person visits to medical facilities, which are often difficult or impractical for seniors with limited mobility. The absence of widespread home visit programs adds to the burden on older adults and their families, reinforcing a sense of dependency that many wish to avoid.

Another critical issue is the digitalisation of healthcare services, which, while beneficial for some, disproportionately excludes seniors. Many essential services, including appointment booking, prescription renewals, and medical consultations, are now managed through online platforms and mobile applications. However, a significant portion of the elderly population lacks digital literacy skills or access to the necessary technology, leaving them unable to navigate these systems independently. As a result, many seniors depend on family members or caregivers to access healthcare, undermining their autonomy and creating additional stress for caregivers.

Compounding these issues is the fragmentation of healthcare services, where a lack of coordination among different providers leaves seniors confused about where to seek assistance. Medical, social, and community-based services often operate in isolation, making it difficult for older individuals to find the support they need. Without clear communication channels and a streamlined approach to healthcare, seniors frequently encounter gaps in service delivery, delaying treatment and increasing their vulnerability.

Additionally, mental health and social well-being remain largely overlooked in discussions about senior healthcare. Loneliness and social isolation have a profound impact on seniors' emotional and physical health, yet mental health services tailored to older adults are scarce. While social participation is essential for maintaining cognitive and emotional well-being, many seniors experience limited engagement opportunities, contributing to increased stress, anxiety, and depression.

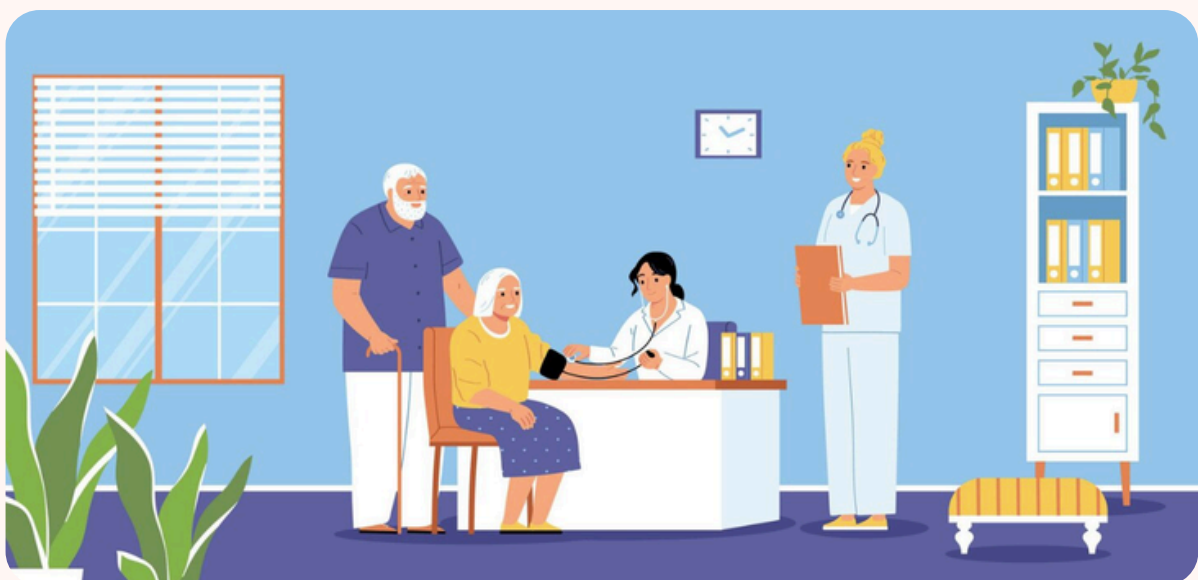
STATUS QUO

The stigma surrounding mental health in older populations further discourages them from seeking the help they need, resulting in unmet psychological and emotional needs

In summary, the current healthcare landscape presents numerous challenges for older adults, many of whom struggle to access timely, affordable, and inclusive medical support. Addressing these barriers requires a more integrated approach, incorporating home-based care, digital accessibility training, improved service coordination, and greater attention to mental health and social inclusion. Only by tackling these fundamental issues can European communities become truly senior-friendly and support the well-being of aging populations.

Country-Specific Findings

- Italy: Public healthcare is underfunded, leading to long waits and dependence on private care. Many seniors don't know about available healthcare services.
- Ireland: Although medical cards provide entitlement to healthcare services, many older adults still face difficulties accessing care because of long waiting lists, shortages of GPs and specialists, and limited availability of providers participating in public schemes. Access to dental, hearing, therapy, and non-urgent GP services can therefore be delayed or uneven depending on the region.
- Spain: Doctor shortages and age discrimination make healthcare inaccessible. Appointments are often digital-only, excluding seniors who cannot use technology.





LEARNING OUTCOMES	
EDUCATORS	
Knowledge	<ul style="list-style-type: none"> • Understand key concepts of community health care, including Primary Health Care (PHC), Social Determinants of Health (SDOH), and health promotion strategies. • Recognise the importance of preventive care, chronic disease management, and mental health in community settings. • Learn about evidence-based methods for educating diverse populations on health-related issues.
Skills	<ul style="list-style-type: none"> • Develop and implement community health education programs tailored to different age groups and cultural backgrounds. • Use interactive and participatory teaching strategies to engage learners effectively. • Assess health literacy levels and adapt communication to improve understanding and behavior change.
Attitudes	<ul style="list-style-type: none"> • Promote inclusivity and respect for diverse cultural and socioeconomic backgrounds. • Encourage lifelong learning and adaptation to evolving public health challenges. • Foster collaboration with health professionals, stakeholders, and local actors.

LEARNING OUTCOMES

STAKEHOLDERS AND LOCAL ACTORS

Knowledge

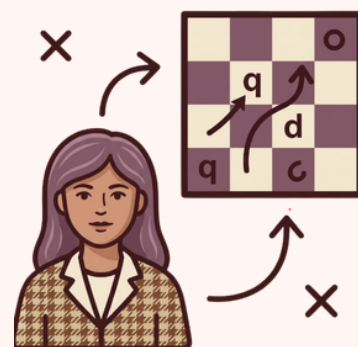
- Gain insight into public health policies, healthcare accessibility, and the impact of community-based interventions.
- Understand the role of local governance, NGOs, and healthcare institutions in promoting community health.
- Learn about funding opportunities and resources for sustainable health initiatives.

Skills

- Develop partnerships with healthcare providers, educators, and community members to implement effective programs.
- Advocate for policies that improve community health and reduce inequalities.
- Use data-driven decision-making to allocate resources efficiently.

Attitudes

- Commit to ethical leadership and social responsibility in healthcare initiatives.
- Prioritise community engagement and participation in health-related decision-making.
- Support innovative and sustainable solutions for long-term health improvement.



LEARNING OUTCOMES

SENIORS

Knowledge

- Increase awareness of healthy aging practices, including nutrition, physical activity, and mental health care.
- Understand common age-related health conditions and preventive strategies.
- Learn about available healthcare services and community resources.

Skills

- Apply self-care techniques to maintain independence and well-being.
- Navigate the healthcare system and advocate for personal health needs.
- Participate in community activities that promote social engagement and mental well-being.

Attitudes

- Develop a proactive and positive approach to aging.
- Foster resilience and adaptability in managing health challenges.
- Encourage intergenerational learning and sharing of experiences within the community.

These objectives ensure that each group contributes to and benefits from a strong, health-focused community ecosystem.



EDUCATIONAL TOOLS	
ACTIVITY TITLE: "Communication and Health: Simulation Workshop for Educators"	
Target: <i>for educators</i>	
Duration	75 Minutes
Materials*	<ol style="list-style-type: none"> 1. Cards with simulated situations 2. Role-play props (canes, simulated glasses, etc.) 3. Clock or stopwatch 4. Observation forms with evaluation criteria
Description (2000 characters):	<p>Activity: Role-Playing Communication Scenarios Objective: To help educators practice clear, empathetic, and adaptive communication with older adults by simulating real-life challenges.</p> <p>Step 1: Introduction to Communication Barriers (10–15 minutes) Start with a brief group discussion or mini-lecture introducing common barriers to communication with older adults, such as:</p> <ul style="list-style-type: none"> • Hearing and vision impairments • Memory difficulties • Fear or mistrust (e.g., of technology or health interventions) • Emotional factors (e.g., isolation, fear, frustration) <p>Step 2: Role-Play in Pairs or Trios (40 minutes) Participants form small groups (2–3 people). They rotate roles between "educator," "senior," and "observer." Each group receives a scenario card, such as:</p> <ul style="list-style-type: none"> • A senior who doesn't understand how to renew their digital prescription • A senior who is afraid of getting vaccinated • An isolated older adult who refuses to join community health activities

	<p>The “educator” must:</p> <ul style="list-style-type: none"> • Use clear, slow, and adapted language • Maintain eye contact and use visual examples • Build trust and encourage participation <p>Each simulation lasts 5–7 minutes, followed by brief structured feedback from the “observer.”</p> <p>Step 3: Group Feedback and Reflection (15–20 minutes)</p> <p>After the simulations, come together as a group to share:</p> <ul style="list-style-type: none"> • What communication strategies worked best? • What challenges came up repeatedly? • How did the role of the “senior” feel? <p>What did observers notice that helped or hindered effective communication?</p>
<p>Tips for trainers</p>	<ul style="list-style-type: none"> • Provide examples of good communication at the beginning (you can use a short video or demonstrate it in person). • Make sure roles rotate so everyone experiences different points of view. • Encourage reflection afterward: What did they feel? What worked? What can be improved? • Validate the use of empathy and active listening as key tools, beyond the technical content. • Invite participants to share real-life experiences if they feel comfortable, enriching collective learning.
<p><i>*if needed add here tables, pictures or other materials to be used for the activity</i></p>	



ACTIVITY TITLE: "Learning Circle: Planning Community Interventions"	
Target: <i>for educators</i>	
Duration	90 Minutes
Materials*	1. Whiteboard or flipchart 2. Markers 3. A3 sheets or flipcharts 4. Cards with fictitious community/senior profiles 5. Computers or tablets (optional for quick search)
Description (2000 characters):	<p>Activity: Designing Health Interventions for Senior Adults</p> <p>Objective: To provide educators with hands-on experience planning community-based health interventions collaboratively and contextually.</p> <p>Step 1: Introduction to the Scenario (10–15 minutes) Participants are divided into small groups. Each group receives a fictional but realistic community profile, which includes:</p> <ul style="list-style-type: none"> • Sociodemographic data • Local health and social challenges • Health literacy levels • Available resources and stakeholders <p>Step 2: Group Work – Planning the Intervention (45 minutes) Each group takes on the role of a community health program planning team. Their task is to design a short, educational intervention targeting older adults in the assigned community. They will answer the following guiding questions:</p> <ul style="list-style-type: none"> • What is the priority health issue in this community? • Which stakeholders need to be involved? • What educational methods will they use? (talks, visual materials, games, etc.) • How will they ensure the active participation of seniors? • How will they evaluate the impact of the intervention? <p>Step 3: Group Presentations (20 minutes) Each group presents their proposal to the full group (5 minutes per group). Encourage brief follow-up questions or peer feedback.</p>

	<p>Step 4: Group Reflection and Debrief (10 minutes)</p> <p>Facilitated discussion to reflect on:</p> <ul style="list-style-type: none"> • Which proposals were the most creative or feasible? • Common patterns or gaps across group strategies • Key takeaways about adapting interventions to real-life community needs
<p>Tips for trainers</p>	<ul style="list-style-type: none"> • Encourage proposals that are not exclusively clinical, but rather address psychosocial and structural issues (such as social isolation or digital barriers). • Encourage materials to be inclusive and adapted to people with low literacy or digital skills.
<p><i>*if needed add here tables, pictures or other materials to be used for the activity</i></p>	



ACTIVITY TITLE: "Open Talk: Citizen Listening on Health and Well-being in Old Age"	
Target: <i>for stakeholders and local actors</i>	
Duration	90 Minutes
Materials*	<ol style="list-style-type: none"> 1. Open or visible space (square, market, cultural center, fair) 2. Tables and chairs 3. Visible signs with key questions 4. Cards for writing opinions or suggestions 5. Voice recorder (optional, with consent) 6. Ballot box or mailbox for anonymous proposals
Description (2000 characters):	<p>Activity: Stakeholders engage in dialogue with older adults through an informal listening space</p> <p>Objective: To gather first-hand insights from older adults about their experiences with health, well-being, and community life, while building trust between stakeholders and citizens.</p> <p>Step 1: Setting Up the Citizen Clinic (15 minutes)</p> <p>Stakeholders organise an open, informal space in a public setting commonly used by seniors (e.g., a community center, park, or clinic waiting area).</p> <p>Several thematic panels are displayed, each with a guiding question such as:</p> <ul style="list-style-type: none"> • "What helps you stay well in your daily life?" • "What is most difficult when visiting a doctor or asking for help?" • "What would you like your neighborhood to be like in 10 years if you're still living here?" <p>Step 2: Gathering Voices (45 minutes)</p> <p>Seniors are invited to engage in short, informal conversations with facilitators or to write their answers on sticky notes or cards posted on the panels.</p> <p>The tone should be respectful, friendly, and non-institutional, creating a safe space for open expression.</p>

	<ul style="list-style-type: none"> • What educational methods will they use? (talks, visual materials, games, etc.) • How will they ensure the active participation of seniors? • How will they evaluate the impact of the intervention? <p>Step 3: Feedback Collection and Observation (15 minutes) Stakeholders take notes, observe recurring themes, and collect all written contributions.</p> <p>Special attention is paid to expressions of unmet needs, hidden barriers, or aspirations that can inform future planning.</p> <p>Step 4: Sharing Back with the Community (15 minutes) Responses are compiled into a citizen report or transformed into a participatory mural or visual display.</p> <p>This material is shared with the local community and used to support policy dialogue, planning, or advocacy.</p>
<p>Tips for trainers</p>	<ul style="list-style-type: none"> • Choose a location that is highly accessible, safe, and familiar to the senior population. • Offer a welcoming space: coffee, water, comfortable chairs, and good signage. • Train stakeholders in active listening, without promising immediate solutions. • Publicly validate each contribution ("what you say is important, and we will include it in our final report"). • Document the results and, if possible, provide public feedback to the community to close the participatory cycle.
<p><i>*if needed add here tables, pictures or other materials to be used for the activity</i></p>	

ACTIVITY TITLE: "Neighbourhood Walk: Detecting Obstacles to Healthy Aging"	
Target: <i>for stakeholders and local actors</i>	
Duration	2 hours (1 hour of walking + 1 hour of reflection)
Materials*	<ol style="list-style-type: none"> 1. Neighbourhood/area map (can be printed or used as an app like Google Maps) 2. Camera phones or digital cameras 3. Notebooks or observation sheets (with categories: accessibility, signage, transportation, community resources, etc.) 4. Reflective vests if using public spaces
Description (2000 characters):	<p>Activity: Participatory walk and reflection with older adults</p> <p>Objective: To assess the age-friendliness of a neighborhood by walking through it with seniors and stakeholders, identifying barriers, resources, and opportunities for healthy aging.</p> <p>Step 1: Introduction and Team Formation (10 minutes)</p> <ul style="list-style-type: none"> • Participants (stakeholders, local authorities, health professionals, NGOs) are introduced to the purpose of the activity. • Mixed small groups are formed, each including older adults and stakeholders. • Each group receives simple data collection tools (clipboards, phones/cameras, map outlines, post-its). <p>Step 2: Participatory Walkthrough (60 minutes)</p> <p>Groups walk through a predefined area of the community, documenting:</p> <ul style="list-style-type: none"> • Physical barriers (e.g., broken sidewalks, lack of benches or ramps) • Existing resources (e.g., pharmacies, parks, community centers) • Underused spaces that could serve health or social purposes • Real-time comments and stories from older adults about the neighborhood • Photos and notes are collected as evidence.

	<p>Step 3: Debrief and Mapping Session (35 minutes)</p> <p>Back at the meeting point (e.g., city hall or civic center), the groups:</p> <ul style="list-style-type: none"> • Share their findings verbally • Create a mind map or poster organizing barriers, assets, and opportunities • Group the ideas into short-term, medium-term, and long-term solutions <p>Step 4: Final Reflection (15 minutes)</p> <p>Open circle question:</p> <ul style="list-style-type: none"> • "What could we improve with a low budget and a strong will?" • Encourage each participant to propose at least one feasible action.
<p>Tips for trainers</p>	<ul style="list-style-type: none"> • Invite active seniors from the neighborhood to participate as "experience guides." • Ensure accessibility along the route and frequent breaks (seating, hydration). • Provide simple data collection sheets with pictograms or concrete items. • Encourage active listening without interrupting or justifying seniors' comments. • Encourage them to translate what they observe into real actions, even small ones (e.g., adding a bench, improving signage, opening a community space on weekends).
<p><i>*if needed add here tables, pictures or other materials to be used for the activity</i></p>	



ACTIVITY TITLE: "Wellness Recipe Book: Knowledge and Flavors for a Healthy Life"	
Target: <i>for seniors</i>	
Duration	2 sessions of 90 minutes each
Materials*	1. Printed or blank recipe sheets 2. Markers, colored pencils, scissors, glue 3. Magazine clippings or printed images (food, people, nature, etc.) 4. Large table for group work 5. Recorder or cell phone for recording stories (optional)
Description (2000 characters):	<p>Objective: To celebrate and share health-promoting traditions by combining food, memory, and emotional well-being through a participatory creative process.</p> <p>Session 1: Sharing Recipes and Wellness Practices (90 minutes)</p> <p>Step 1: Welcome and Warm-up (10–15 minutes) Ask participants:</p> <ul style="list-style-type: none"> • What food reminds you of feeling well? • What small daily habit helps you feel good emotionally? • Create a relaxed, storytelling atmosphere. <p>Step 2: Collecting the Recipes (50–60 minutes) Participants are invited to share:</p> <ul style="list-style-type: none"> • A healthy traditional recipe (e.g., herbal tea, light dish, home remedy) • A personal wellness practice (e.g., gardening, walking with friends, dancing, etc.) • Each person writes or draws their recipe on a recipe card and decorates it freely with pens, stickers, or cutouts. <p>Optional: Record a short audio story to go with it.</p>

	<p>Step 3: Wrap-Up and Teaser for Next Session (10–15 minutes) Briefly present a few examples. Explain that next time the group will turn their creations into a shared cookbook and celebrate their collective knowledge.</p> <p>Session 2: Creating and Celebrating the Cookbook (90 minutes)</p> <p>Step 1: Welcome Back and Review (10 minutes) Recall the recipes and practices shared. Arrange them on a table or wall for all to see.</p> <p>Step 2: Collective Assembly and Sharing (45–50 minutes)</p> <ul style="list-style-type: none"> • Work in small groups to name the cookbook, finalise the recipes, and bind or assemble the materials. • Each group can present a few entries, explain their meaning, or show a demo (e.g., tea preparation, breathing technique). • Optional: display some printed versions or digital slides. <p>Step 3: Celebration and Distribution (25–30 minutes)</p> <ul style="list-style-type: none"> • Give a printed or digital copy of the cookbook to each participant. • Discuss ways to share it with others (e.g., local health center, community library). • Close with a round of appreciation: <ul style="list-style-type: none"> ◦ What did you enjoy most? ◦ What practice from someone else will you try this week?
<p>Tips for trainers</p>	<ul style="list-style-type: none"> • Value all contributions without medical judgment, including traditional knowledge. • Provide healthy suggestions if there is an openness to it (for example, salt-free or lower-sugar versions). • Encourage peer-to-peer sharing, humor, and mutual recognition. • If someone has difficulties writing, they can dictate their recipe to someone else. • This activity can lead to a community publication or intergenerational health fair.
<p><i>*if needed add here tables, pictures or other materials to be used for the activity</i></p>	

ACTIVITY TITLE: “Memory Trail: A Walk with Memory and Movement”	
Target: <i>for seniors</i>	
Duration	1 session of 2 hours
Materials*	<ol style="list-style-type: none"> 1. Map of the neighborhood or town (can be printed or hand-drawn) 2. Post-its or colored cards 3. Adhesive tape 4. Camera or cell phone for recording 5. Optional: portable audio for background music
Description (2000 characters):	<p>Objective: To combine light physical activity with storytelling and collective memory, strengthening social bonds and community identity.</p> <p>Step 1: Welcome and Introduction (15–20 minutes)</p> <ul style="list-style-type: none"> • Meet at an accessible starting point (e.g., neighborhood center, plaza). • Distribute a simple map or outline of the walking route. • Explain the activity: <p>Participants will walk through familiar streets and be invited to share personal stories tied to specific locations. Provide blank memory cards with prompts like:</p> <ul style="list-style-type: none"> • “I used to go here with my children...” • “This is where I met my partner...” • “This building meant a lot to me because...” <p>Participants can write or draw on their cards.</p> <p>Step 2: Guided Memory Walk (60 minutes)</p> <ul style="list-style-type: none"> • The group takes a gentle walk through the neighborhood. • At each designated stop, participants may: <ul style="list-style-type: none"> ◦ Share a memory out loud Place their card at the location as a symbolic “memory footprint” • Optional: Play background music from their youth or pause for short chats and rest stops.

	<p>Step 3: Reflection and Mural Creation (30–35 minutes)</p> <ul style="list-style-type: none"> • Return to the starting point. • Collect all cards, photos, and thoughts. • In small groups, assemble a "Memory Map" mural: <ul style="list-style-type: none"> ◦ Glue the cards to a large map ◦ Add printed or drawn images from the walk ◦ Decorate with colors, symbols, and key words from the stories shared • Display the mural in the community center or local facility. <p>Final reflection: Ask the group:</p> <ul style="list-style-type: none"> ◦ How did it feel to remember and share those places? ◦ Did you learn something new about your neighborhood or each other? ◦ What space felt most meaningful to you?
<p>Tips for trainers</p>	<ul style="list-style-type: none"> • Make sure the route is safe, short, and accessible (avoid uneven ground and heavy traffic). • Allow frequent breaks for rest and conversation. • Validate and celebrate each story as part of the community's heritage. • This activity can also be done in an intergenerational format with children or young people. • Encourage them to continue walking with peers or neighbours as a healthy habit.
<p><i>*if needed add here tables, pictures or other materials to be used for the activity</i></p>	



TRAINING RESOURCES

<p>LE CONDIZIONI DI SALUTE DELLA POPOLAZIONE ANZIANA IN ITALIA REPORT ISTAT ANNO 2019</p>	<p>Official Report 2019 on health conditions of the elderly population in Italy</p>	<p>https://www.istat.it/it/files/2021/07/Report-anziani-2019.pdf</p>
<p>Superare il modello delle RSAcura, territorio, domiciliarità</p>	<p>A critical analysis of the RSA model in Piedmont, with proposals to strengthen community care, home-based services, and a more humane, sustainable, and personalized care system.</p>	<p>https://www.cislpiemonte.it/pensionati-fnp/wp-content/uploads/sites/6/2021/02/Documento-Unitario-sulle-RSA.pdf</p>
<p>Acción comunitaria para ganar salud... o cómo trabajar en común para mejorar las condiciones de vida</p>	<p>This guide is a response to the commitment to strengthen community orientation within Strategy D of the Strategic Framework for Primary and Community Care.</p>	<p>https://www.sanidad.gob.es/areas/promocionPreencion/entornosSaludables/local/estrategia/herramientas/docs/Guia_Accion_Comunitaria_Ganar_Salud.pdf</p>
<p>Estrategia de Salud Comunitaria de Extremadura</p>	<p>The Extremadura Community Health Strategy provides a common working model adapted to the reality of our region. It integrates the various actions necessary to strengthen the community-oriented nature of Primary Care and enables the involvement of its various stakeholders, including citizens, throughout the entire process.</p>	<p>https://saludextremadura.ses.es/saludcomunitaria/estrategia-salud-comunitaria-extremadurahttps://saludextremadura.ses.es/saludcomunitaria/assets/pdf/estrategia_de_salud_comunitaria_de_extremadura.pdf</p>

TRAINING RESOURCES

<p>Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity</p>	<p>The provision of integrated care is key for older people. The WHO Guidelines on Integrated Care for Older People (ICOPE) propose evidence-based recommendations for health care professionals to prevent, slow or reverse declines in the physical and mental capacities of older people. These recommendations require countries to place the needs and preferences of older adults at the centre and to coordinate care.</p>	<p>https://iris.who.int/bitstream/handle/10665/258981/9789241550109-eng.pdf?sequence=1</p>
<p>Delivering Integrated Community Care for the Elderly: A Qualitative Case Study in Southern China</p>	<p>The rapid aging and increasing care demands among the elderly population present challenges to China's health and social care system. The concept of aging in place has prompted the implementation of integrated community care (ICC) in the country. This study aims to provide empirical insights into the practices of integrated care policies and approaches at the community level. Data for this study were collected through six months of participatory observations at a local community health service center in a southern Chinese city</p>	<p>https://pmc.ncbi.nlm.nih.gov/articles/PMC11203458/pdf/ijerph-21-00680.pdf</p>

BIBLIOGRAPHY

World Health Organization (WHO). (1978). Declaration of Alma-Ata: International Conference on Primary Health Care.

World Health Organization (WHO). (1986). Ottawa Charter for Health Promotion.

World Health Organization (WHO). (2007). Global Age-friendly Cities: A Guide. Geneva: WHO.

Freire, P. (1970). Pedagogy of the Oppressed. Continuum.

Kolb, D. A. (1984). Experiential Learning: Experience as the Source of Learning and Development. Prentice Hall.

UNESCO Institute for Lifelong Learning. (2016). Learning in Later Life. Hamburg: UNESCO.

United Nations. (2020). Decade of Healthy Aging 2021–2030.



Assessments Section



MODULE: COMMUNITY AND HEALTH CARE

EDUCATORS

Theme: Health Literacy, Preventive Care, and Communication

1. What is Primary Health Care (PHC)?

- A. Only hospital care for serious illness
- B. Homeopathic treatments
- C. A basic and universal approach to essential healthcare
- D. Emergency medical services

2. True or False: The Ottawa Charter is related to promoting health and empowering communities.

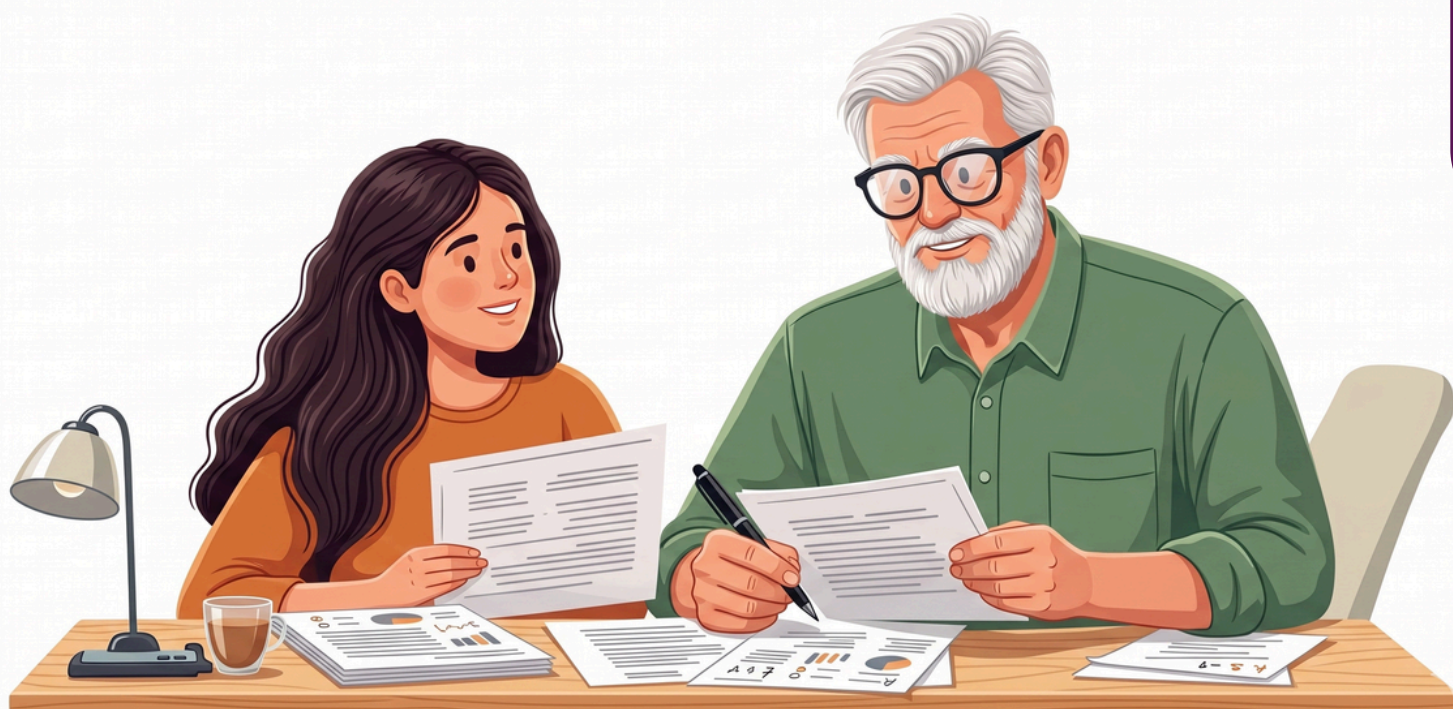
– Yes / No

3. Which of the following is not a Social Determinant of Health (SDOH)?

- A. Education
- B. Internet connection speed
- C. Income
- D. Housing

4. Do you feel confident designing educational strategies adapted to low health literacy among seniors?

– Yes / No



MODULE: COMMUNITY AND HEALTH CARE

STAKEHOLDERS AND LOCAL ACTORS

Theme: Policy Integration, Access, and Participation

5. Which issue most commonly affects seniors in accessing healthcare in Europe?
 - A. Too much home care
 - B. Digital-only systems and long wait times
 - C. Excessive physical activity
 - D. Shortage of walking groups

6. True or False: Mental health is often overlooked in aging care systems.
– Yes / No

7. Which of the following best defines an inclusive healthcare system?
 - A. One that provides only in-person care
 - B. One designed by policymakers without user input
 - C. One that offers physical, mental, and social health services adapted to user needs
 - D. One that prioritizes efficiency over communication

8. Would you involve senior citizens directly in evaluating local healthcare services?
– Yes / No



MODULE: COMMUNITY AND HEALTH CARE

SENIORS

Theme: Autonomy, Self-care, and Support Access

9. What is a sign of healthy aging?
- A. Avoiding physical movement
 - B. Staying isolated
 - C. Maintaining social, physical, and emotional activity.
 - D. Refusing medical care
10. True or False: You have the right to understand and question medical instructions.
– Yes / No
11. Have you ever used a community service (e.g., health info point, local clinic) to improve your well-being?
– Yes / No
12. What could help you feel more independent in managing your health?
- A. Clear, simple information
 - B. Relying only on family
 - C. Skipping checkups
 - D. Avoiding new technologies
13. Would you feel comfortable participating in community workshops about mental or physical health?
– Yes / No

